<b>1040</b>		rtment of the Treasury—Internal Revenue Servi <b>5. Individual Income Tax</b>		ırn	202	2	OMB No. 1545	-0074	IRS Use	Only-	Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single $\mathbf{X}$ Married filing jointly $\mathbf{D}$ u checked the MFS box, enter the na on is a child but not your dependent	ame of y	-	eparately (N ise. If you cl					, _	spou	lifying surv use (QSS) s name if th	U
Your first name	and mi	ddle initial	Last nan	ne							Your so	cial securit	y number
PRAVIN B	HAGV	VANRAO	BABAI	R							687-43-7126		
If joint return, sp	ouse's	first name and middle initial	Last nan	ne						Spouse's social security num			curity numbe
VARSHA			BABAI	R					APP			IED FOI	З
Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ns.				A	Apt. no.		Preside	ntial Electio	on Campaigr
2627 COR	BEAI	J DRIVE										nere if you,	
		ce. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP c	ode		•		tly, want \$3
IRVING						T	ζ	750	38		•		Checking a
Foreign country	name		F	oreign pro	ovince/state/o				in postal co		box below will not change your tax or refund.		
Digital Assets		y time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						-				Yes	No
Standard	Som	eone can claim: 🗌 You as a de	pendent	`	Your spouse	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate return	n or you	were a c	dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	use	: 🗌 Was bor	n befo	ore Janua	ary 2,	1958	🗌 Is bl	ind
Dependents	(see	instructions):		<b>(2)</b> S	ocial security		(3) Relationsh	ip (4	I) Check th	ne box	k if quali	fies for (see	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number			to you		Child ta	ax cre	dit	Credit for oth	ner dependents
than four									[			[	
dependents, see instructions											[		
and check												[	
here 🗌									[			[	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	ions)						1a	1 4	49,113.
moome	b	Household employee wages not re	eported of	on Form(	s) W-2						1b	)	
Attach Form(s)	с	Tip income not reported on line 1a	(see ins	tructions	s)						1c	:	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s)	W-2 (see ir	nstru	ictions)				1d	I	
W-2G and	е	Taxable dependent care benefits f	rom Forr	n 2441,	line 26 .						1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g	j	
get a Form	h	Other earned income (see instructi	ons) .								1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	z	Add lines 1a through 1h									1z	4	49,113.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest				2b	)	
if required.	3a	Qualified dividends	3a			b C	rdinary divider	nds .			3b	)	
	4a	IRA distributions	4a			bТ	axable amount	t			4b	)	
Standard	5a	Pensions and annuities	5a			bТ	axable amouni	t			5b	)	
Deduction for –	6a	Social security benefits	6a			bТ	axable amount	t			6b	)	
Single or Married filing	с	If you elect to use the lump-sum elect	lection m	nethod, d	check here (	see	instructions)			. 🗆	]		
separately, \$12,950	7	Capital gain or (loss). Attach Schee	dule D if	required	. If not requ	ired	, check here			. 🗆	7		
Married filing	8	Other income from Schedule 1, line									8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9	4	19,113.
surviving spouse,	10	Adjustments to income from Sche									10		,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	-								11		19,113.
household,	12	Standard deduction or itemized	•		-						12		25,900.
\$19,400 • If you checked	13	Qualified business income deducti					5-A .				13		,
any box under	14					200					14		25,900.
Standard Deduction,	15	Subtract line 14 from line 11. If zer				our f	axable incom	е			15		23,213.
see instructions.				,	o io y	2 GI 1						2	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2022	2)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	2,376.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	2,376.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	200.
	21	Add lines 19 and 20						21	200.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,176.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is						24	2,176.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				25a 6	,215.		
	b	Form(s) 1099				25b			
	c	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	6,215.
	26	2022 estimated tax payment						26	0,210,
If you have a qualifying child,	27	Earned income credit (EIC)				27		20	
attach Sch. EIC.	28	Additional child tax credit from				28			
)	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	30	Amount from Schedule 3, lir				31		-	
		Add lines 27, 28, 29, and 31						20	
	32 33	Add lines 25d, 26, and 32. T			-			32	6,215.
								33 34	4,039.
Refund	34	If line 33 is more than line 24				•	· ·		4,039.
Direct deposit?	35a	Amount of line 34 you want Routing number $1 1 1 1$						35a	4,035.
See instructions.	b	Account number 7 7 7			c Type: 🗙	Checking	Savings		
	d								
A	36	Amount of line 34 you want	,			36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions .						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•		rn with the IRS?		omplete b	elow.	X No
Ū	De	signee's		Phone			onal identif	ication	
	nai	ne		no.		num	oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation If			IRS ser	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE E	ENGINEER (S		nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an action PIN, enter it here
your records.					HOME MAKER	2	(see		
	Ph	one no. (214)207-746	5	Email address	PRAVINBABA		M		
		eparer's name $(214)207 - 740$	Preparer's signat		INAVINDADA		PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM				02/22/2023	P02082	202	Self-employed
Preparer				TATH DAGAR	MALLA IALIAN	02/22/2023			678) 965-9522
Use Only			Y CT E BRU	INGWICK N	т 08816				
		m's address 245 ROONE		TIONICK N	J U0010			s EIN	84-3171965

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 02/10/23 PRO

Form **1040** (2022)

Department of the Treasury

## **Additional Credits and Payments**

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information

2022
Attachment Sequence No. 03

Internal I	Revenue Service Go to www.irs.gov/rorm/o40 for instructions and the rate		S	equence No. 03	
,	s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number
	/IN BHAGWANRAO & VARSHA BABAR		687-4	13-71	126
Par	I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required		1		
2	Credit for child and dependent care expenses from Form 244 Form 2441	Attach	2		
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	200.
5	Residential energy credits. Attach Form 5695			5	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801				
С	Adoption credit. Attach Form 8839				
d	Credit for the elderly or disabled. Attach Schedule R				
е	Alternative motor vehicle credit. Attach Form 8910	6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936				
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6ј			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	5			7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR, or 104	0-NR,		
	line 20		•••	8	200.
			(CO	ntini	ied on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 02/10/23 PRO

Schedule 3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

Par	t II Other Payments and Refundable Credits								
9	Net premium tax credit. Attach Form 8962		9						
10	Amount paid with request for extension to file (see instructions) .		10						
11	Excess social security and tier 1 RRTA tax withheld		11						
12	<b>2</b> Credit for federal tax on fuels. Attach Form 4136								
13	Other payments or refundable credits:								
а	Form 2439	13a							
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b							
С	Reserved for future use	13c							
d	Credit for repayment of amounts included in income from earlier years	13d							
е	Reserved for future use	13e							
f	Deferred amount of net 965 tax liability (see instructions)	13f							
g h	Reserved for future use	13g 13h							
z	Other payments or refundable credits. List type and amount:	13z							
14	Total other payments or refundable credits. Add lines 13a through	13z	14						
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15						
	BAA REV	02/10/23 PRO	Schedule 3	(Form 1040) 202					

Department of the Treasury

PRAVIN BHAGWANRAO & VARSHA BABAR

Internal Revenue Service Name(s) shown on return

## **Credit for Qualified Retirement Savings Contributions**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

(b) Your spouse

2,000.

687-43-7126

(a) You

2,290.

2,290.

2,290.

2,000.

. .

49,113.

REV 02/10/23 PRO

7

1

2

3

4

5

6

8

Your social security number



10 11 12 You cannot take this credit if either of the following applies.

• The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2022. **Do not** include rollover contributions . . . .
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions) . .

- 6 In each column, enter the **smaller** of line 5 or \$2,000 . . . .
- Add the employee on line 6. If zero, step you cop't take this eredit
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* .
- 9 Enter the applicable decimal amount from the table below.

If line 8 is—		A					
Over-	But not over—	Married Head of filing jointly household Enter on line 9–		Single, Married filing separately, or Qualifying surviving spouse			
	\$20,500	0.5	0.5	0.5			
\$20,500	\$22,000	0.5	0.5	0.2			
\$22,000	\$30,750	0.5	0.5	0.1	9	x	.1
\$30,750	\$33,000	0.5	0.2	0.1			
\$33,000	\$34,000	0.5	0.1	0.1			
\$34,000	\$41,000	0.5	0.1	0.0			
\$41,000	\$44,000	0.2	0.1	0.0			
\$44,000	\$51,000	0.1	0.1	0.0			
\$51,000	\$68,000	0.1	0.0	0.0			
\$68,000		0.0	0.0	0.0			
Note: If line 9 is zero, stop; you can't take this credit.							
Multiply line 7 by line 9							200.
Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions						2	,376.
-		-		maller of line 10 or line 11 h			
and on Schedule 3 (Form 1040), line 4							200.

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form **8880** (2022)

Form <b>W-7</b>
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

## Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service			arate instruc		permanen	it reside	nts.				
An IRS individua	I taxpayer identification numb	ber (ITIN) is for	U.S. feder	al tax p	ourposes	only.			oe (check one l	box):	
Before you begin		ala ta gat a LIS	social soc	social security number (SSN).					or a new ITIN an existing ITI	N	
Reason you're si	ubmitting Form W-7. Read the ederal tax return with Form W	e instructions fo	r the box y	ou cheo	ck. Cauti	on: If y	ou check b	ox <b>b,</b>			
_	t alien required to get an ITIN to cla			Ji ule e	xceptioi	13 (566	Instruction	5).			
_	t alien filing a U.S. federal tax returr	-	Sinc								
_	nt alien (based on days present in		s) filing a U.S	S. federa	al tax retur	n					
_	of U.S. citizen/resident alien ] If o		-				tructions) 🕨				
	P	<b>d</b> or <b>e,</b> enter name RAVIN BHAGI	WANRAO E	ABAR					ons)►	6	
f 🗌 Nonresident	t alien student, professor, or resear	cher filing a U.S. f	federal tax re	turn or o	claiming ar	n except	ion				
	spouse of a nonresident alien holdi	ng a U.S. visa									
,											
	on for <b>a</b> and <b>f</b> : Enter treaty country		dle name	and	d treaty art		name				
Name (see instructions)	VARSHA						BAR				
Name at birth if	1b First name	Mido	dle name				name				
different ►											
Applicant's	2 Street address, apartment nur	mber, or rural rout	te number. <b>If</b>	you ha	ve a P.O. I	box, see	e separate i	nstruc	tions.		
Mailing	2627 CORBEAU DRIVE										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	IRVING TX USA 75038										
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
(See Instructions)											
Birth	4 Date of birth (month / day / year)	Country of birth		City an	d state or	province	e (optional)	5	Male		
Information	03/11/1982	INDIA						×	Female		
Other Information	6a Country(ies) of citizenship INDIA6b Foreign tax I.D. number (if any)6c Type of U.S. visa (if any), number, and expiration						date				
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
	the United States Issued by: INDIA No.: U4685752 Exp. date: 03/11/2030 (MM/DD/YYYY);										
	Issued by: INDIA No.: U4685752 Exp. date: 03/11/2030 (MM/DD/YYYY): <b>6e</b> Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	No/Don't know. Skip line 6f.										
	<b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).										
	6f Enter ITIN and/or IRSN ► ITIN IRSN and										
	name under which it was issued ▶										
	First name Middle name Last name										
	6g Name of college/university or company (see instructions) ►										
	City and state ► Length of stay ► Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying										
Sign Here	Under penalties of perjury, I (applic documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief	, it is true,	correct,	and complete	e. I aut	thorize the IRS to		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)				Date (month / day / year) I			Phone number			
	Name of delegate, if applicat	ole (type or print)	Delegate's relationship to applicant			_	Parent Court-appointed guard Power of attorney				
Acceptance	Signature			Date (m	onth / day /	' year)	Phone				
Agent's	Name and title (type or print)		Name of a	mnon			Fax				
Use ONLY	Name and title (type or print)			Name of company EIN Office co			PTIN				
	1 7										

REV 02/10/23 PRO