1040	Department of the Treasury-Internal Revenue Service			urn	rn 20 22		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 X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of	-	separately use. If you					spou	use (QSS)	-
Your first name	and middle initial Last name								Your social security number			
DEEPAK K	TIMAT	3	BAU	Ŧ						683-14-5682		
	-	first name and middle initial	Last na							Spouse's social security number		
CELIA			BAU	ŗ						APPLIED FOR		
-	(numbe	r and street). If you have a P.O. box, see		-				A	Apt. no.			on Campaigr
											nere if you,	
City town or post office. If you have a foreign address, also complete spaces below. State ZIP code sp									spouse if filing jointly, want \$3			
CLARKSBU		· · · · , · · · · · · · · · · · · · · ·		'				208		Ŭ		Checking a
Foreign country name									gn postal code			
Digital	At ar	ny time during 2022, did you: (a) rece	eive (as	a reward	d, award, o	r pay	ment for prope	rty or	services); or	(b) sell,	You	Spouse
Assets	exch	ange, gift, or otherwise dispose of a	ı digital	asset (or	r a financia	inter	est in a digital	asset)	? (See instru	ictions.)	Yes	🗙 No
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur			•		a dependent า					
Age/Blindness	You:	Were born before January 2, 1	958 [Are b	lind Sp	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4	 Check the b 	ox if quali	fies for (see	instructions):
If more	(1) Fi	rst name Last name			number		to you		Child tax c	redit	Credit for ot	her dependents
than four											[
dependents, see instructions											[
and check											[
here 🗌											[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	tions) .					. 1a	12	25,238.
moonio	b	Household employee wages not re	eported	on Form	n(s) W-2 .					. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see in	struction	is)					. 1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d		
W-2G and	е	Taxable dependent care benefits f	rom Fo	m Form 2441, line 26						. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits fror	rom Form 8839, line 29						. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form	h	Other earned income (see instruction	ions)							. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			1 i					
	z	Add lines 1a through 1h								. 1z	12	25,238.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b		
if required.	3a	Qualified dividends	3a		271.	b	Drdinary divider	nds .		. 3b		271.
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b		
Standard	5a	Pensions and annuities	5a			bΤ	axable amoun	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 e	elect to use the lump-sum election method, check here (see instructions)									
separately, \$12,950								7				
 Married filing 	8	Other income from Schedule 1, line 10								. 8		
jointly or Qualifying	9		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9	12	25,509.
surviving spouse,	10	Adjustments to income from Schedule 1, line 26							. 10		<u> </u>	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11	12	25,509.	
household,	12	Standard deduction or itemized	-		-					. 12		25,900.
\$19,400 • If you checked	13	Qualified business income deducti					95-A			. 13		_,
any box under Standard	14	Add lines 12 and 13								. 14		25,900.
Deduction,	15	Subtract line 14 from line 11. If zer				your	taxable incom	е.		. 15		99,609.
see instructions.						-						

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

Form **1040** (2022)

Form 1040 (2022	2)									Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	13,127.
Credits	17	Amount from Schedule 2, line	e3					[17	
	18	Add lines 16 and 17						[18	13,127.
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			[19	
	20	Amount from Schedule 3, line	e8					[20	
	21	Add lines 19 and 20						[21	
	22	Subtract line 21 from line 18.						[22	13,127.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			[23	0.
	24	Add lines 22 and 23. This is y	your total tax					[24	13,127.
Payments	25	Federal income tax withheld								
, ,	а	Form(s) W-2				25a	20,	283.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	6)			25c				
	d	Add lines 25a through 25c							25d	20,283.
Mining a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			[26	
If you have a l qualifying child,	27	Earned income credit (EIC) .				27		Ī		
attach Sch. EIC.	28	Additional child tax credit fron				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line				31				
	32	Add lines 27, 28, 29, and 31.				Indable	credits		32	
	33	Add lines 25d, 26, and 32. Th	hese are your to	tal payments	· · · · ·			[33	20,283.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you o	verpaid		34	7,156.
neiuliu	35a	Amount of line 34 you want r	refunded to you	I. If Form 8888	is attached, che	ck here		. 🗆 [35a	7,156.
Direct deposit?	b	Routing number 1 2 1				Checkir				
See instructions.	d	Account number 3 2 5			5 5 5		Ĩ			
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36	-			
Amount	37	Subtract line 33 from line 24.	. This is the amo	ount vou owe						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37		
	38	Estimated tax penalty (see in	structions) .			38		Γ		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions				[Yes. Com	plete be	low.	X No
		signee's		Phone			Persona number	al identific	ation	
	nai			no.				. ,		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and comp			1 2 0			,		, 0
Here		ur signature		Date	Your occupation					nt you an Identity
	10			Duto						N, enter it here
Joint return?					SOFTWARE H	ENGINI	EER	(see in	st.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER							t your spouse an	
your records.						1			st.)	ection PIN, enter it here
	Dh	one no. (562)500-8042	<u>ີ</u>	Email address				(,	
		one no. (562)500-8042 parer's name	2 Preparer's signat		DEEPAK3054	Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM						02082	702	Self-employed
Preparer		n's name GLOBAL TAX		TADAG INAN	JULIA IAUUAM		., 2023 P			678)965-9522
Use Only		n's address 245 ROONEY		NGWICK N	J 08816			Firm's		· · · · · · · · · · · · · · · · · · ·
		1040 for instructions and the later		TIONICIC IN	D 08810		5/00 DD 0	1 1111 5		84-3171965

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

REV 02/05/23 PRO BAA

Form **1040** (2022)

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

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service	e	 For use by individuals who are not U.S. citizens or permanent residents. See separate instructions. 									
Before you begin	r U.S. federal tax purposes only.					Application type (check one box Apply for a new ITIN Renew an existing ITIN					
	S. social security number (SSN).										
must file a U.S. f	ubmitting Form W-7. Read the ederal tax return with Form V	V-7 unless you	meet one							c, d, e, f, or g, yo	u
_	t alien required to get an ITIN to cla		əfit								
	t alien filing a U.S. federal tax retur nt alien (based on days present in		c) filing a LL	S fodora	l tox rotur	n					
	of U.S. citizen/resident alien		. 0				stru	ctions) 🕨			
e 🛛 Spouse of L		d or e, enter name DEEPAK KUMAI			S. citizen/					ions) ► 83-14-5682	
f 🗌 Nonresident	t alien student, professor, or resea	rcher filing a U.S. f	ederal tax re	turn or c	laiming a	n except	ion				
g Dependent/ h Other (see in	spouse of a nonresident alien hold nstructions) ►	ling a U.S. visa									
Additional information	on for a and f : Enter treaty country				I treaty ar	ticle num	ıbe	r 🕨			
Name	1a First name	Mido	Middle name				nar	ne			
(see instructions)	CELIA						UG				
Name at birth if different ►	1b First name	Mido	Middle name Last n					ne			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 13808 TRIBUTE PKWY										
Address	City or town, state or provinc CLARKSBURG	e, and country. Inc	clude ZIP co	de or po:	stal code MD	where ap USA	•	opriate.	2	0871	
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)	City or town, state or provinc	e, and country. Inc	clude postal	code wh	ere appro	priate.					
Birth	4 Date of birth (month / day / year)	Country of birth		City an	d state or	province	e (o	ptional)	5	Male	
Information	06/15/1984	INDIA							K Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.		f any)	6c Type	of U.S. v	visa	(if any), ni	umber	r, and expiration date	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation										
								ne United			
	Issued by: INDIA No.: U3015594 Exp. date: 04/04/2031 (MM/DD/YYY) 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?							YYY):			
	No/Don't know. Skip line 6f.										
	Yes. 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								,	an	d
	name under which it was iss										
	First name Middle name Last name										
	6g Name of college/university or company (see instructions) ►										
	City and state				Length of	,					
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanyin documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to shar information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.										
Keep a copy for your records.	Signature of applicant (if del	tions)	Date (month / day / year) Pł				Phone number				
-	Name of delegate, if applica	ble (type or print)	nt) Delegate's relati to applicant			nship		Parent Co Power of attorr		ourt-appointed guardia	n
Acceptance	Signature		Date (month / day / year)			Pł	Phone				
Agent's						Fax					
Use ONLY	Name and title (type or print	Name of co	Name of company EIN Office			code					

REV 02/05/23 PRO