E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

| 2022 | 2 |
|------|---|
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

| Filing Statu | s 🗌 S | Single X Married filing jointly | Marrie | ed filing separately | y (MFS) | Head of | household (H | OH) | | , | g surviv QSS) | ing | |
|----------------------------------|------------|---|------------------------|----------------------|-----------------|----------------|---------------|---------------|-------------|------------------------|------------------|--------------------------|--|
| one box. | - | u checked the MFS box, enter the r on is a child but not your dependen | | our spouse. If you | u check | ed the HOH or | QSS box, e | nter t | | , | , | qualifying | |
| Your first name | e and mi | ddle initial | Last na | me | | | | | Your so | cial s | ecurity | number | |
| ARUN KUI | MAR | | VOOR | VOORADI | | | | | | 661-04-2422 | | | |
| If joint return, s | spouse's | first name and middle initial | Last na | me | | | | | Spouse | s soc | ial secu | rity number | |
| RACHANA | | | KYRA | MKONDA | | | | | APPL | IED | FOR | | |
| Home address | (numbe | r and street). If you have a P.O. box, see | e instruction | ons. | | | Apt. no. | | Preside | ntial | Election | Campaign | |
| 110 W C | ITYL | INE DR | | | | | 4017 | | | | f you, or | | |
| City, town, or p | post offi | ce. If you have a foreign address, also c | omplete s _l | paces below. | Sta | te | ZIP code | | | | | v, want \$3 necking a | |
| RICHARD | SON | | | | TX | | 75082 | | | | ill not ch | | |
| Foreign countr | y name | | F | oreign province/sta | ate/count | у | Foreign posta | l code | your tax | or re | efund. | | |
| | | | | | | | | | | | You [| Spouse | |
| Digital Assets | | ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of | ` | | | | • | , . | . , | | Yes [| ⊠ No | |
| Standard | Som | eone can claim: You as a de | ependent | Your spo | use as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retu | rn or you | were a dual-stat | us alien | | | | | | | | |
| Age/Blindnes | s You: | ☐ Were born before January 2, | 1958 | Are blind | Spouse: | : Was bor | n before Jan | uary | 2, 1958 | | ls bline | d | |
| Dependent | s (see | instructions): | | (2) Social secu | ırity | (3) Relationsh | ip (4) Check | the b | ox if quali | fies fo | r (see in: | structions): | |
| If more | | rst name Last name | | number | | to you | Child | Child tax cre | | credit Credit for othe | | dependents | |
| than four | | | | | | | | | | | | | |
| dependents, see instruction | | | | | | | | | | | | | |
| and check | 15 | | | | | | | | | | | | |
| here | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, k | oox 1 (see | e instructions) . | | | | | . 1a | | 8.9 | ,194. | |
| | b | Household employee wages not r | eported | on Form(s) W-2 . | | | | | . 1b | | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | | |
| W-2G and | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | | . 1f | | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | . 19 | | | | |
| get a Form | h | Other earned income (see instruc- | tions) . | | | | | | . 1h | | | 0. | |
| W-2, see instructions. | i | Nontaxable combat pay election | (see instructions) | | | | | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | . 1z | | 89 | ,194. | |
| Attach Sch. B | 2 a | Tax-exempt interest | 2a | | | axable interes | | | . 2b | | | | |
| if required. | 3a_ | Qualified dividends | 3a | | b O | rdinary divide | nds | | . 3b | | | | |
| | 4a | IRA distributions | 4a | | | axable amoun | | | | <u> </u> | | | |
| Standard | 5a | Pensions and annuities | 5a | | | axable amoun | | | . 5b | | | | |
| Deduction for— Single or | 6a | Social security benefits | 6a | | | axable amoun | t | | . 6b | | | | |
| Married filing separately, | С | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | | |
| \$12,950 | 7 | Capital gain or (loss). Attach Sche | | required. If not re | equired, | check here | | | | | | | |
| Married filing jointly or | 8 | Other income from Schedule 1, lin | | | | | | | . 8 | | | | |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | - | income | | | | . 9 | | 89 | ,194. | |
| surviving spouse, \$25,900 | 10 | Adjustments to income from Sche | | | | | | | . 10 |) | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This i | | | | | | | . 11 | \neg | | ,194. | |
| \$19,400 | 12 | Standard deduction or itemized | | | | | | | . 12 | | 25 | ,900. | |
| If you checked any box under | 13 | Qualified business income deduc- | | | | | | | . 13 | _ | | | |
| Standard | 14 | Add lines 12 and 13 | | | | | | | | | | ,900. | |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If ze | ro or less | s, enter -0 This i | s your t | axable incom | ie | ٠ | . 15 | | 63 | 3,294. | |

| Form 1040 (2022 | 2) | | | | | | | | Page 2 |
|----------------------|---------|--|---|-------------------|---------------------|------------------------|-----------------|----------------|-------------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | 7,182. |
| Credits | 17 | Amount from Schedule 2, lir | - | | | | | 17 | |
| 0.04.10 | 18 | Add lines 16 and 17 | 🗔 | 18 | 7,182. | | | | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lir | ie 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | 7 | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | 7 | 22 | 7,182. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 7,182. |
| Payments | 25 | Federal income tax withheld | | | | | | | <u> </u> |
| • | а | Form(s) W-2 | | | | 25a 13, | ,979. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 2 | 5d | 13,979. |
| If you have a | 26 | 2022 estimated tax paymen | ts and amount a | pplied from 20 | 21 return | | 2 | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | ie 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ndable credits | [| 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | (| 33 | 13,979. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amour | nt you overpaid | [| 34 | 6 , 797. |
| riorana | 35a | Amount of line 34 you want | | | is attached, chec | k here | . 🗌 🛭 | 5a | 6 , 797. |
| Direct deposit? | b | Routing number 1 1 1 | | | | Checking S | avings | | |
| See instructions. | d | Account number 4 8 8 | 0 9 0 4 | 3 0 6 8 | 3 4 | | | | |
| - | 36 | Amount of line 34 you want | applied to your | 2023 estimate | ed tax | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party Designee | | you want to allow another structions | • | | n with the IRS? | | mplete belo | ow. | X No |
| | | signee's | | Phone | | | nal identificat | tion _ | |
| | | me | | no. | | | er (PIN) | | |
| Sign Here | | der penalties of perjury, I declare t lief, they are true, correct, and com | | | 1 , 0 | | , | | , , |
| 11010 | Yo | ur signature | Date | Your occupation | | | you an Identity | | |
| Joint return? | | | | (see inst | | l, enter it here | | | |
| See instructions. | Sp | ouse's signature. If a joint return, I | SOFTWARE ENGINEER Date Spouse's occupation | | | | S sent | your spouse an | |
| Keep a copy for | - 1 | , | | | opodos s socupation | | | | tion PIN, enter it here |
| your records. | | HOME MAKER (see | | | | | (see inst | .) | |
| | | one no. (469) 260-554 | | Email address | AKVOORADI@ | | | | |
| Paid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: |
| Preparer | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | | RAM SAGAR | GUPTA TALLAM | 04/11/2023 | P020827 | 03 | Self-employed |
| Use Only | Fin | m's name GLOBAL TA | | | | | Phone n | o. (6 | 78)965-9522 |
| | Fin | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's E | IN | 84-3171965 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | st information. | | BAA | REV 03/22/23 PRO | | | Form 1040 (2022) |



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

| An IRS individual | taxpayer identification n | umber (ITIN) i | s for U.S. feder | al tax purposes | only. | | ion type (check one box): | | | |
|---|---|--|---|------------------------|-------------------|-------------------|--|--|--|--|
| Before you begin • Don't submit th | ı: is form if you have, or are e | ligible to get, a | a U.S. social sec | urity number (SS | SN). | ⋉ Ap | oply for a new ITIN enew an existing ITIN | | | |
| | u <mark>bmitting Form W-7.</mark> Reace ederal tax return with For | | | | | | | | | |
| a Nonresident | alien required to get an ITIN to | claim tax treaty | / benefit | | | | | | | |
| b Nonresident | alien filing a U.S. federal tax r | eturn | | | | | | | | |
| c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return | | | | | | | | | | |
| d Dependent | of U.S. citizen/resident alien | If d, enter relat | tionship to U.S. cit | izen/resident alien | (see instr | uctions) 🕨 | | | | |
| | | | | | | | | | | |
| e 🛛 Spouse of U | J.S. citizen/resident alien | | name and SSN/I7 AR VOORADI | TN of U.S. citizen/ | | | 661 04 0400 | | | |
| f Nonresident | alien student, professor, or re | searcher filing a | U.S. federal tax re | turn or claiming ar | n exceptio | n | | | | |
| g Dependent/s | spouse of a nonresident alien h | nolding a U.S. vis | sa | | | | | | | |
| h Other (see in | , | | | | | | | | | |
| Additional information | on for a and f : Enter treaty coul | ntry ► | | and treaty art | _ | | | | | |
| Name | 1a First name | | Middle name | | Last na | | | | | |
| (see instructions) | RACHANA | | | | | AMKOND | A | | | |
| Name at birth if different ▶ | 1b First name | | Middle name Last | | | name | | | | |
| Applicant's | 2 Street address, apartmen | · · | | you have a P.O. | oox, see s | separate i | nstructions. | | | |
| Mailing | 110 W CITYLINE | | | | | | | | | |
| Address | ' ' | City or town, state or province, and country. Include ZIP code or postal code where appropriate. | | | | | | | | |
| | RICHARDSON | | | TX | USA | | 75082 | | | |
| 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 prov | · | ry. Include postal | code where appro | priate. | | | | | |
| Birth | 4 Date of birth (month / day / y | rear) Country of | birth | City and state or | province (| optional) | 5 Male | | | |
| Information | 05/26/1996 | INDIA | | | | | | | | |
| Other Information | 6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration | | | | | | | | | |
| mormadon | 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 | (YYY): | | | | | | | | |
| | Issued by: INDIA No.: R2058242 Exp. date: 08/29/2027 (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? | | | | | | | | | |
| | 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 | | IR | SN | | and | | | |
| | name under which it was | | | | | | | | | |
| | First name Middle name Last name | | | | | | | | | |
| | 6g Name of college/university or company (see instructions) ▶ | | | | | | | | | |
| | City and state ► Length of stay ► | | | | | | | | | |
| Sign | Under penalties of perjury, I (a documentation and statements, information with my acceptance a | and to the best | of my knowledge a | nd belief, it is true, | correct, ar | nd complet | e. I authorize the IRS to share | | | |
| Here | 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 delegate, see instructions) Date (month / c | | | | | Phone num | nber | | | |
| | Name of delegate, if app | olicable (type or p | print) Delegate's relation to applicant | | Power of attorney | | ☐ Court-appointed guardian f attorney | | | |
| Acceptance | Signature | | | Date (month / day / | year) F | Phone | | | | |
| Agent's | | | | F | Fax | | | | | |
| Use ONLY | Name and title (type or p | print) | Name of co | ompany | EIN | | PTIN | | | |
| | 7 | | Office co | | | ode | | | | |