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

OMB No. 1545-0074

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

-	: 🗌 S	Single X Married filing jointly	Marri	ed filing separately	y (MFS)	Head of	hous	sehold (HOH)		ifying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If you	ı check	ed the HOH or	r 09	S hav ente	r the c	•	ise (QSS) name if the	a gualifying
ONC DOX.	-	on is a child but not your dependen		your spouse. If you	a Gricon		ı QU	o box, crite	1 1110 0	TIIIG 3	name ii tii	qualifying
Your first name			Last na	ame					Yo	our so	cial security	number
ARJYA				BASU						160-98-6786		
				Last name						Spouse's social security number		
									'	APPLIED FOR		
DAISY BASU Home address (number and street). If you have a P.O. box, see instructions. Apt. 1						Apt. no.		Presidential Election Campaign				
							Check here if you, or your					
1800 SILAS DEANE HWY City, town, or post office. If you have a foreign address, also comple				plete spaces below. State ZIF				spou			if filing joint	,
ROCKY HILL								to			this fund. (
Foreign country name				Foreign province/sta							ow will not on or refund.	cnange
r oreign country name				Toreign province/sta	ite/couri	101		reight postal code year t		ar tax	You Spouse	
 Digital	At an	ny time during 2022, did you: (a) red	coive (as	a reward award	or navr	ment for prope	rtv c	r carvicae).	or (b)			
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard		eone can claim: You as a de				a dependent	4000	7. (OOO III.	, ao in	3110.)		
Deduction		Spouse itemizes on a separate retu	•									
Age/Blindness	You:	Were born before January 2,	1958 [Are blind	Spouse	: Was bo	rn be	efore Janua	ry 2, 1	958	☐ Is blii	nd
Dependents					e box it	ox if qualifies for (see instructions)						
If more	•	First name Last name		number		to you		Child tax credit		dit Credit for other dependent		
than four												
dependents,											Ī	
see instructions and check	S								1		Ī	
here									1	\Box	Γ	
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions) .						1a	3	9,806.
income	b	Household employee wages not r	reported	on Form(s) W-2.						1b		<u> </u>
Attach Form(s)	С							1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26						1e				
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						1g				
get a Form	h	Other earned income (see instruc	ee instructions)					1h		0.		
W-2, see	i	Nontaxable combat pay election (see instructions)										
instructions.	z						1z	3	9,806.			
Attach Sch. B	2a	Tax-exempt interest	2a b Taxable interest				2b					
if required.	3a	Qualified dividends	3a		b Ordinary dividends				3b			
	4a	IRA distributions	4a		b Taxable amount				4b			
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	ıt.			6b		
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							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	3	9,806.	
surviving spouse,	10	Adjustments to income from Schedule 1, line 26							10			
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your adjusted gross income							11	3	9,806.	
household,	12	Standard deduction or itemized	•	•						12		5,900.
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	1	-,	
any box under Standard	14	Add lines 12 and 13							14	2.	5,900.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15		3,906.		
see instructions.												- , - 5 5 .

Form 1040 (2022)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		. 16	1,	,393.	
Credits	17	Amount from Schedule 2, line 3									
	18	Add lines 16 and 17							1,	,393.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19			
	20	Amount from Schedule 3, lin	ie 8					. 20			
	21	Add lines 19 and 20						. 21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	1,	,393.	
	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	1,	,393.	
Payments	25	Federal income tax withheld									
	а	Form(s) W-2									
	b	Porm(s) 1099									
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						. 25d	5 ,	,700.	
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			. 26			
qualifying child,	27	Earned income credit (EIC)									
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit	from Form 8863	B, 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 ref	undable credit	s .	. 32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	5 ,	,700.	
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amou	ınt you overpai	d .	. 34	4 ,	,307.	
nerana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	4 ,	,307.	
Direct deposit?	b	Routing number 0 1 1			c Type:	Checking [Saving	gs			
See instructions.	d	Account number 3 8 5 0 3 0 5 3 7 9 4 1									
	36	Amount of line 34 you want applied to your 2023 estimated tax 36									
Amount	37	Subtract line 33 from line 24. This is the amount you owe .									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see in				38					
Third Party		you want to allow another	•				0		V Na		
Designee		tructions		Phone		_		te below.	× No		
	nar	signee's ne		no.			ımber (PII	entification N)		\Box	
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying scl	hedules and state	ments, an	d to the bes	st of my know	vledge and	
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any kn	owledge.	
Here	Yo	ur signature	Date	Your occupation		If the IRS sent you an Identity					
					SOFTWARE ENGINEER				Protection PIN, enter it here (see inst.)		
Joint return? See instructions.		ouse's signature. If a joint return, t	Date Spouse's occupation					nt vour enous			
Keep a copy for	Sp	ouse's signature. If a joint return, i	Spouse's occupation				f the IRS sent your spouse an dentity Protection PIN, enter it here				
your records.					HOME MAKE	(:	see inst.)				
	Ph	one no. (860)816-164	9	Email address	ARJYABASU	@YAHOO.CO	M				
	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/05/202	3 P02	082703	Self-en	nployed	
Preparer	Fire							(678)965	-9522		
Use Only	Fire		Y CT E BRU	NSWICK N	J 08816			irm's EIN		45487	
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 01/28/23 PR	0			040 (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

Application type (check one box):

Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ d Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ ARJYA BASU f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Last name Middle name Name DAISY BASU (see instructions) Middle name 1b First name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1800 SILAS DEANE HWY, Apt 214N Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 06067 ROCKY HILL USA Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male **Birth** 05/07/1987 Information ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other USCIS documentation Date of entry into the United States No.: R3040242 Exp. date: 09/05/2027 Issued by: INDIA (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 **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 documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code