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

2022

OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separate	ly (MFS)	☐ Head of	household (H	IOH)			ng surviv (QSS)	/ing	
one box.		u checked the MFS box, enter the r on is a child but not your dependen		our spouse. If yo	u check	ed the HOH or	QSS box, e	nter t	he child's	nar	ne if the	qualifying	
Your first name	Your first name and middle initial Last name					Your so	Your social security number						
GOPALAKRISHNAN RAI				ADHAKRISHNAN						204-27-4884			
If joint return, spouse's first name and middle initial Last na				t name					Spouse's social security number				
LABHYA ASHOK KUMAR							APPL	APPLIED FOR					
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.		Preside	ntial	Election	n Campaign	
646-ARABIAN CIRCLE									Check here if you, or your spouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also complete spa-				spaces below. State ZI			ZIP code					y, want \$3 hecking a	
MARYSVILLE				ОН			43040				will not cl		
Foreign country name			F	Foreign province/state/county			Foreign posta	your tax			_		
										L	You	Spouse	
Digital Assets		ny time during 2022, did you: (a) recange, gift, or otherwise dispose of					-				Yes	⊠ No	
Standard	Som	eone can claim:	ependent	Your spe	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	tus alien								
Age/Blindnes	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	n before Jar	nuary	2, 1958] Is blin	ıd	
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Chec	k the l	oox if quali	fies t	ior (see in	nstructions):	
If more	(1) Fi	rst name Last name		number		to you	Chil	Child tax cre		redit Credit for other d		r dependents	
than four]	
dependents, see instruction	s]	
and check _	, —											<u>]</u>	
here]							Ш		Ц_	L		
Income	1a	Total amount from Form(s) W-2, k	,	,					. 1a	1	25	5 , 000.	
A44 I- F (-)	b	Household employee wages not a	•	. ,					. 1b				
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								:			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10				
W-2G and 1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							. 1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f				
If you did not	g	Wages from Form 8919, line 6 .											
get a Form W-2, see	h	Other earned income (see instruc								-		0.	
instructions.	i	Nontaxable combat pay election (see instructions)									21	E 000	
		Add lines 1a through 1h	o-		 I			•	. 1z			5,000.	
Attach Sch. B if required.	2a	Tax-exempt interest Qualified dividends	2a 3a		-	axable interes Irdinary divide		•	. 2b				
	3a		4a					•	. 4b				
Mdd	4a 5a	IRA distributions Pensions and annuities	5a			axable amoun axable amoun			. 5b				
Standard Deduction for—	6a	Social security benefits	6a			axable amoun			. 6b				
Single or	C	-		method check he				•					
Married filing separately,	7	If you elect to use the lump-sum election method, check here (see instructions) L Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
\$12,950 Married filing	8	Other income from Schedule 1, line 10								+			
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								+	21	5,000.	
Qualifying surviving spouse,	10	Adjustments to income from Schedule 1, line 26								,		<i>5</i> ,000.	
\$25,900 Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								+	21	5,000.	
household,	12	Standard deduction or itemized deductions (from Schedule A)								:		5,000.	
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A										<i>5,</i> 500.	
any box under	14	Add lines 12 and 13									21	5,900.	
Standard Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							. 14			0.	
see instructions.					,				1				

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	0.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	0.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0					22	0.	
	23	Other taxes, including self-e							23	0.	
	24	Add lines 22 and 23. This is							24	0.	
Payments	25	Federal income tax withheld from:									
Taymonto	а	Form(s) W-2				25a	3	,707.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	,						25d	3,707.	
	26	2022 estimated tax paymen							26		
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .		•		30					
	31	Amount from Schedule 3, lir				31					
	32	,					o orodite		32		
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							33	3,707.	
	34								34	3,707.	
Refund		If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						35a	3,707.		
Di	35a								35a	3,707.	
Direct deposit? See instructions.	b	Routing number 0 4 4 0 0 0 0 3 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 For details on how to pay, g		•					37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee	ins	instructions								X No	
	De nai	signee's ne	Phone Personal in no. number (F					identification PIN)			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Here							1		, ,		
	Your signature			Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?				DESIGN ENGI			,		e inst.)		
See instructions.	Sp	ouse's signature. If a joint return,	Date Spouse's occupation			If th	the IRS sent your spouse an				
Keep a copy for		,	Speace of cocapanion				Ider	dentity Protection PIN, enter it here			
your records.			SOFTWARE ENGINEER					inst.)			
	Ph	Phone no. (937) 594-1500			Email address GOPAL.TMAX@GMAIL.COM						
Paid	Pre	eparer's name	Preparer's signat	ature Date P1				PTIN	N Check if:		
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	RAM SAGAR GUPTA TALLAM 02/02/2023 P02				P0208	082703 Self-employed			
Preparer	Firm's name GLOBAL TAXES LLC Phor						ne no.	(678) 965-9522			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							ı's EIN	88-2145487		
Go to www.irs.a	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01	/28/23 PRO			Form 1040 (2022)	
Ü										. ,	



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 Before you begin: 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) ▶ GOPALAKRISHNAN RADHAKRISHNAN 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 Middle name Last name Name LABHYA ASHOK KUMAR (see instructions) 1b First name Middle name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 646-ARABIAN CIRCLE **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 43040 MARYSVILLE USA 3 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 04/03/1995 Information TNDTA ▼ 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.: U6370826 Exp. date: 12/31/2029 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** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code