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

2022	
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OMB No. 1545-0074

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

_	s 🗌 S	Single X Married filing jointly [	Marri	ed filing separately	(MFS)	Head of	hous	ehold (HOH	l) 🗌		lifying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the i	name of	vour enquee If you	chack	ad the HOH o	r 089	S hav ente	r tha c		use (QSS)	e auglifying
OHE DOX.		on is a child but not your depender		your spouse. If you	CHECK		ı QO	J DOX, GITTE	i tile c	TIIIU 3	name ii uii	e qualifying
Your first name			Last na	ame					Yo	our so	cial security	v number
SHRIRAM VENKATRAMAN										599-94-2418		
			+	VENKATRAMAN  Last name						Spouse's social security number		
, , , , ,									Ι.	APPLIED FOR		
								Presidential Election Campaign				
							Check here if you, or your					
City town or post office. If you have a foreign address, also complete spaces below.  State. 7IP code.								spouse if filing jointly, want \$3				
ALLEN				TX				to			this fund. (	_
Foreign country name				Foreign province/sta				DOX D			ow will not a cor refund.	Snange
				. o. o.g., p. o voo, o.a.	.0,000						You Spouse	
 Digital	Δt an	ny time during 2022, did you: (a) red	ceive (as	a reward award	or navn	nent for prope	rtv c	r carvicae).	or (b)	coll		<del></del>
Assets		ange, gift, or otherwise dispose of									Yes	X No
Standard		eone can claim:  You as a d		<u></u>			-	.,. (000	71.001.1	<u></u>		
Deduction	_	Spouse itemizes on a separate retu	•									
Age/Blindness	You:	Were born before January 2,	1958 [	Are blind S	pouse	: Was bo	rn be	fore Janua	ry 2, 1	958	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social secu	ritv	(3) Relationsh	ain	(4) Check th	e box if	f qualif	ies for (see i	instructions):
If more		First name Last name		number		to you		Child tax credit		t	Credit for other dependents	
than four										$\neg$		
dependents,												<u> </u>
see instructions and check	s ——											<u> </u>
here												<u> </u>
Income	1a	Total amount from Form(s) W-2, I	oox 1 (se	ee instructions) .						1a	11	3,408.
IIICOIIIC	b	Household employee wages not	reported	on Form(s) W-2 .						1b		
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 instructions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
motractions.	Z	Add lines 1a through 1h							1z	11	3,408.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b		
if required.	3a	Qualified dividends	3a			rdinary divide				3b		
	4a	IRA distributions	4a		b Ta	axable amoun	ıt.			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	ıt.			5b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amoun	ıt.			6b		
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 <b>total income</b>								9	11	3,408.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10		
Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11	11	3,408.
household, \$19,400	12	Standard deduction or itemized	d deduct	tions (from Schedu	ıle A)					12	2	25,900.
If you checked	13	Qualified business income deduc	tion fron	n Form 8995 or Fo	rm 899	5-A				13		
any box under Standard	14	Add lines 12 and 13							14	2	25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	8	37,508.
,												

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	10,490.
Credits	17	Amount from Schedule 2, lin	ie 3				[	17	
	18	Add lines 16 and 17						18	10,490.
	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	10,490.
	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 <b>total tax</b>					24	10,490.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25</b> a 17	7,930.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	17,930.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812							
	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 payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	17,930.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	7,440.
riciana	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	. 🗆 [	35a	7,440.
Direct deposit?	b	Routing number 3 2 1			c Type:	Checking	Savings		
See instructions.	d	Account number 9 3 4 3 3 2 0 9 5 9							
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>		you want to allow another	person to disc	cuss this retu	rn with the IRS?				
Designee	ins	structions				<b> Yes.</b> Co	omplete be	elow.	X No
	De nai	signee's		Phone no.			onal identifid ber (PIN)	cation	
0:		der penalties of perjury, I declare t	hat I have evening		J		, ,	the bee	t of my knowledge and
Sign		ief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	ur signature	Date Your occupation				IRS ser	nt you an Identity	
		3				Protec	ction P	IN, enter it here	
Joint return?			SOFTWARE ENGINEER				nst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	Date Spouse's occupation					nt your spouse an	
your records.				HOME MAKE	(see in		ection PIN, enter it here		
	———Ph	one no. (817)691-409		Email address		X@GMAIL.COM	л , , , , , , , , , , , , , , , , , , ,		
		eparer's name	Preparer's signat		SHRIKAM.U.	Date	PTIN		Check if:
Paid		•			מווסדים די אד.ד.א א		P02082	703	Self-employed
Preparer									
Use Only			Y CT E BRU	MOWICK M	J 08816		Firm's		678)965-9522 84-3171965
0-1				TANANT CIV IN			FIIIIIS	LIIN	84-3171965
GO TO WWW.Irs.g	uv/r-orn	n1040 for instructions and the late	sı ıntormation.		BAA	REV 02/10/23 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

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) ▶ SHRIRAM VENKATRAMAN 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 VEENA SHRIRAM (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 1011 EMIL PLACE Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75013 ALLEN 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** Information 06/28/1980 ▼ 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 TNDTA 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.: V1816852 Exp. date: 07/22/2031 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 ▶ **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