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

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 separately | (MFS)    | ☐ Head of                    | household (HOH)   |                                 | ifying su<br>use (QSS     |            |             |
|---|---------------|---|-------------------------------|----------------------|----------|------------------------------|---|---------------------------------|---------------------------|------------|-------------|
| one box.  | •             | u checked the MFS box, enter the nonis a child but not your dependent                       | ,                             | our spouse. If you   | ı check  | ed the HOH or                | QSS box, enter th   | ne child's                      | name if                   | the qua    | ılifying    |
| Your first name                                   | and mi        | ddle initial  | Last na                       | me                   |          |                              |   | Your social security number     |                           |            |             |
| MOHAN   |               |   | KUKK                          | AMUDI                |          |                              |   | 650-45-7529                     |                           |            |             |
| If joint return, s                                | pouse's       | first name and middle initial   | Last na                       | me                   |          |                              |   | Spouse's social security number |                           |            |             |
| DEEPTHI   |               |   | KUKK                          | AMUDI                |          |                              |   | APPLIED FOR                     |                           |            |             |
| Home address                                      | (numbe        | r and street). If you have a P.O. box, see  | instruction                   | ons.                 |          |                              | Presidential Election Campaign                                    |                                 |                           |            |             |
| 1305 ME   | MOGA          | CREEK DRIVE   |                               |                      | 109      |                              | Check here if you, or your  |                                 |                           |            |             |
| City, town, or p                                  | ost offic     | ce. If you have a foreign address, also co  | mplete s <sub>l</sub>         | paces below.         | ZIP code |                              | spouse if filing jointly, want \$3 to go to this fund. Checking a |                                 |                           |            |             |
| IRVING  |               |   | TX                            |                      |          |                              | 75038   |                                 | box below will not change |            |             |
| Foreign country                                   | y name        |   | Foreign province/state/county |                      |          |                              | Foreign postal code   | your tax                        | your tax or refund.       |            |             |
|   |               |   |                               |                      |          | You                          |   |                                 | Spouse                    |            |             |
| Digital<br>Assets                                 |               |   |                               |                      |          |                              |   |                                 | Yes                       | i 🗵 N      | No          |
| Standard  |               | eone can claim: You as a de   |                               | <u>_</u>             |          | a dependent                  | , ,   |                                 |                           | -          |             |
| Deduction   |               | Spouse itemizes on a separate retur   | •                             | •                    |          | •                            |   |                                 |                           |            |             |
| Age/Blindness                                     | You:          | ☐ Were born before January 2, 1   | 958                           | Are blind            | pouse    | : Was bor                    | n before January  |                                 |                           | olind      |             |
| Dependent   | s (see        | instructions):  |                               | (2) Social secu      | rity     | (3) Relationsh               |   |                                 | •                         |            | ,           |
| If more   | <b>(1)</b> Fi | rst name Last name  |                               | number               |          | to you                       | Child tax c   | redit                           | Credit for                | other depe | endents     |
| than four   |               |   |                               |                      |          |                              |   |                                 |                           |            |             |
| dependents,<br>see instruction                    | s ——          |   |                               |                      |          |                              |   |                                 |                           | Ш_         |             |
| and check   | , —           |   |                               |                      |          |                              |   |                                 |                           | Ш_         |             |
| here  |               |   |                               |                      |          |                              |   |                                 |                           | Ш          |             |
| Income  | 1a            | Total amount from Form(s) W-2, b  | ox 1 (see                     | e instructions) .    |          |                              |   | . 1a                            |                           | 47,1       | <u>25.</u>  |
| A44(-)  | b             |   |                               |                      |          |                              |   |                                 |                           |            |             |
| Attach Form(s)<br>W-2 here. Also                  | С             | F   |                               |                      |          |                              |   |                                 |                           |            |             |
| attach Forms                                      | d             | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                     |                               |                      |          |                              |   |                                 |                           |            |             |
| W-2G and<br>1099-R if tax                         | е             | ,   |                               |                      |          |                              |   |                                 |                           |            |             |
| was withheld.                                     | f             | Employer-provided adoption bene   | . <u>1f</u>                   | _                    |          |                              |   |                                 |                           |            |             |
| If you did not                                    | g             | Wages from Form 8919, line 6  |                               |                      |          |                              |   |                                 |                           |            |             |
| get a Form<br>W-2, see                            | h             | ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '   |                               |                      |          |                              |   |                                 |                           |            | 0.          |
| instructions.                                     |               | i Nontaxable combat pay election (see instructions)   |                               |                      |          |                              |   |                                 |                           | 40 1       | 0.5         |
|   | <u>z</u>      | Add lines 1a through 1h   |                               | · · · · · · i        |          |                              |   | . 1z                            |                           | 47,1       | <u> 25.</u> |
| Attach Sch. B if required.                        | 2a            | ' <u>-</u>  | 2a                            |                      |          | axable interes               |   | . 2b                            |                           |            |             |
| ii required.                                      | 3a            |   | 3a                            |                      |          | ordinary divide              |   | . 3b                            | _                         |            |             |
|   | 4a            | <del>-</del>  | 4a                            |                      |          | axable amoun                 |   |                                 |                           |            |             |
| Standard<br>Deduction for—                        | 5a            | <del>-</del>  | 5a                            |                      |          | axable amoun<br>axable amoun |   | . 5b                            |                           |            |             |
| Single or   | 6a            | ,   | 6a                            |                      | t        | . 6b                         |   |                                 |                           |            |             |
| Married filing separately,                        | c             | If you elect to use the lump-sum election method, check here (see instructions)             |                               |                      |          |                              |   |                                 |                           |            |             |
| \$12,950  | 7             | Capital gain or (loss). Attach Schedule D if required. If not required, check here          |                               |                      |          |                              |   |                                 |                           |            |             |
| <ul> <li>Married filing<br/>jointly or</li> </ul> | 8             | Other income from Schedule 1, line 10   |                               |                      |          |                              |   |                                 |                           | 17 1       |             |
| Qualifying surviving spouse,                      | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                |                               |                      |          |                              |   |                                 |                           | 47,1       | <u> </u>    |
| \$25,900  | 10            | Adjustments to income from Schedule 1, line 26  |                               |                      |          |                              |   |                                 |                           |            | <u> </u>    |
| <ul> <li>Head of household,</li> </ul>            | 11            |   | . 11                          |                      | 47,1     |                              |   |                                 |                           |            |             |
| \$19,400  | 12            | Standard deduction or itemized deductions (from Schedule A)                                 |                               |                      |          |                              |   |                                 |                           | 25,9       | <u> </u>    |
| If you checked any box under                      | 13            | Qualified business income deduction from Form 8995 or Form 8995-A                           |                               |                      |          |                              |   |                                 |                           | <u> </u>   |             |
| Standard<br>Deduction,                            | 14            | Add lines 12 and 13   |                               |                      |          |                              |   |                                 |                           | 25,9       |             |
| see instructions.                                 | 15            | Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b> |                               |                      |          |                              |   |                                 |                           |            | 25.         |

| Form 1040 (2022                 | 2)      |   |                       |                   |                    |                       |                   |                           | Page 2            |
|---------------------------------|---------|---|-----------------------|-------------------|--------------------|-----------------------|-------------------|---------------------------|-------------------|
| Tax and                         | 16      | Tax (see instructions). Check   | if any from Form      | (s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972  | 3 🗌                   |                   | 16                        | 2,136.            |
| Credits                         | 17      | Amount from Schedule 2, lin   | 17                    |                   |                    |                       |                   |                           |                   |
|                                 | 18      | Add lines 16 and 17   | 18                    | 2,136.            |                    |                       |                   |                           |                   |
|                                 | 19      | Child tax credit or credit for  | other dependen        | ts from Sched     | ule 8812           |                       |                   | 19                        |                   |
|                                 | 20      | Amount from Schedule 3, lin   | e8                    |                   |                    |                       |                   | 20                        |                   |
|                                 | 21      | Add lines 19 and 20   |                       |                   |                    |                       |                   | 21                        |                   |
|                                 | 22      | Subtract line 21 from line 18   | . If zero or less,    | enter -0          |                    |                       |                   | 22                        | 2,136.            |
|                                 | 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                        | 2,136.            |
| Payments                        | 25      | Federal income tax withheld   |                       |                   |                    |                       |                   |                           |                   |
| ,                               | а       | Form(s) W-2   |                       |                   |                    |                       |                   |                           |                   |
|                                 | b       | Form(s) 1099  |                       |                   |                    |                       |                   |                           |                   |
|                                 | С       | Other forms (see instructions   |                       |                   |                    | 25c                   |                   |                           |                   |
|                                 | d       | Add lines 25a through 25c   | ,                     |                   |                    |                       |                   | 25d                       | 5,964.            |
|                                 | 26      | 2022 estimated tax payment  |                       |                   |                    |                       |                   | 26                        | ,                 |
| If you have a qualifying child, | 27      | Earned income credit (EIC)  |                       |                   |                    | 27                    |                   |                           |                   |
| attach Sch. EIC.                | 28      | Additional child tax credit from  |                       |                   |                    |                       |                   |                           |                   |
|                                 | 29      | American opportunity credit   |                       |                   |                    | 28                    |                   |                           |                   |
|                                 | 30      | Reserved for future use .   |                       | •                 |                    | 30                    |                   |                           |                   |
|                                 | 31      | Amount from Schedule 3, lin   |                       |                   |                    | 31                    |                   |                           |                   |
|                                 | 32      | Add lines 27, 28, 29, and 31  | 32                    |                   |                    |                       |                   |                           |                   |
|                                 | 33      | Add lines 25d, 26, and 32. T  | ,                     | •                 | •                  |                       |                   | 33                        | 5,964.            |
|                                 | 34      | If line 33 is more than line 24   |                       |                   |                    |                       |                   | 34                        | 3,828.            |
| Refund                          | 35a     | Amount of line 34 you want  |                       |                   |                    | •                     |                   | 35a                       | 3,828.            |
| Direct deposit?                 | b       | Routing number 1 1 1  |                       |                   | c Type:            |                       | <b>-</b>          | OOU                       | 3,323.            |
| See instructions.               | d       | Account number 8 3 3  |                       |                   |                    |                       | _ Cavings         |                           |                   |
|                                 | 36      | Amount of line 34 you want a  |                       |                   | nd tay             | 36                    |                   |                           |                   |
| Amount                          | 37      | Subtract line 33 from line 24   | ••                    |                   |                    | 30                    |                   |                           |                   |
| You Owe                         |         | For details on how to pay, g  | 37                    |                   |                    |                       |                   |                           |                   |
|                                 | 38      | Estimated tax penalty (see in   |                       |                   |                    |                       |                   |                           |                   |
| Third Party Designee            |         | you want to allow another   | •                     |                   |                    |                       | Complete          | helow                     | X No              |
| Designee                        |         | nstructions   |                       |                   |                    |                       |                   |                           |                   |
|                                 | nai     |   |                       | no.               |                    |                       | mber (PIN)        |                           |                   |
| Sign<br>Here                    |         | der penalties of perjury, I declare tief, they are true, correct, and com |                       |                   |                    |                       |                   |                           |                   |
|                                 |         | ur signature  | Date                  | Your occupation   | nt you an Identity |                       |                   |                           |                   |
| Joint return?                   |         |   |                       | SENIOR TE         |                    | tection P<br>e inst.) | IN, enter it here |                           |                   |
| See instructions.               | Sp      | ouse's signature. If a joint return, I                                    | ooth must sign.       | Date              | Spouse's occupa    |                       |                   | ne IRS se                 | nt your spouse an |
| Keep a copy for your records.   |         |   |                       |                   |                    | Identi                |                   | ection PIN, enter it here |                   |
| your records.                   |         | HOME MAKER (see in  |                       |                   |                    |                       |                   | e inst.)                  |                   |
|                                 |         | one no. (469) 894-730   | 7                     | Email address     | MOHAN11PY          | @GMAIL.COM            | 1                 |                           |                   |
| Paid                            | Pre     | eparer's name   | Preparer's signat     | cure              |                    | Date                  | PTIN              |                           | Check if:         |
| Preparer                        | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM  | SYAM PRIYA            | RAM SAGAR         | GUPTA TALLAN       | M 02/01/2023          | 3 P0208           | 32703                     | Self-employed     |
| Use Only                        | Fir     | Firm's name GLOBAL TAXES LLC Phone  |                       |                   |                    |                       |                   | one no.                   | (678) 965-9522    |
|                                 | Fir     | m's address 245 ROONE   | Y CT E BRU            | NSWICK N          | J 08816            |                       | Firr              | n's EIN                   | 88-2145487        |
| Go to www.irs.go                | ov/Forn | n1040 for instructions and the late                                       | st information.       |                   | BAA                | REV 01/24/23 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 number (ITIN) is for U.S. federal tax purposes only.  Application type (check one box):   |  |   |   |                        |             |                                      |            |                   |   |  |  |  |
|---|--|---|---|------------------------|-------------|--------------------------------------|------------|-------------------|---|--|--|--|
| Before you begin • Don't submit th  |  | rm if you have, or are eligi  | ible to get, a                          | a U.S. social          | seci        | urity nur                            | mber (SS   | N).               |   | oply for a new ITIN<br>enew an existing ITIN |  |  |
|   |  | itting Form W-7. Read the rate return with Form \   |   |                        |             |                                      |            |                   |   |  |  |  |
|   |  | n required to get an ITIN to cl   |   | -                      |             |                                      | -          | •                 |   | •  |  |  |
| 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   |  |   |   |                        |             |                                      |            |                   |   |  |  |  |
| d Dependent   | of U.S   | S. citizen/resident alien ) If  | d, enter relat                          | tionship to U.S        | S. cit      | izen/resid                           | dent alien | (see ins          | tructions) 🕨                                      |  |  |  |
|   |  |   |   |                        |             |                                      |            |                   |   |  |  |  |
| e 🛛 Spouse of U   | J.S. c   |   | <b>d</b> or <b>e,</b> enter<br>MOHAN KU | name and SS<br>KKAMUDI | N/IT        |                                      |            |                   | alien (see in                                     | 650 45 5500                                  |  |  |
| f Nonresident   | t alier  | n student, professor, or resea  | rcher filing a                          | U.S. federal ta        | ax re       |                                      |            |                   |   |  |  |  |
| g Dependent/s   | spou   | se of a nonresident alien hold  | ding a U.S. vis                         | sa                     |             |                                      |            |                   |   |  |  |  |
| h Other (see in   | nstru  | ctions) ►   |   |                        |             |                                      |            |                   |   |  |  |  |
| Additional information  |  | r <b>a</b> and <b>f</b> : Enter treaty country  | <b>&gt;</b>                             |                        |             | and                                  | treaty art |                   |   |  |  |  |
| Name  | 1a   | First name  |   | Middle name            |             |                                      |            |                   | Last name   |  |  |  |
| (see instructions)  |  | DEEPTHI   |   |                        |             |                                      | KUKKAMUDI  |                   |   |  |  |  |
| Name at birth if different ▶  |  | First name  |   |                        |             |                                      |            | t name            |   |  |  |  |
| Applicant's   | 2  | 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. |   |                        |             |                                      |            |                   |   |  |  |  |
| Mailing   | Apt 109 1305 MEADOW CREEK DRIVE  |   |   |                        |             |                                      |            |                   |   |  |  |  |
| Address   |  | City or town, state or province, and country. Include ZIP code or postal code where appropriate.              |   |                        |             |                                      |            |                   |   |  |  |  |
|   |  | IRVING  |   |                        |             |                                      | TX         | USA               |   | 75038  |  |  |
| Foreign (non-<br>U.S.) Address  | 3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>       |   |   |                        |             |                                      |            |                   |   |  |  |  |
| (see instructions) City or town, state or province, and country. Include postal code where appropriate.   |  |   |   |                        |             |                                      |            |                   |   |  |  |  |
| Birth   | 4  | Date of birth (month / day / year   |   | birth                  |             | City and                             | d state or | province          | e (optional)                                      | 5 Male                                       |  |  |
| Information   |  | 03/25/1987  | INDIA                                   |                        |             |                                      |            |                   |   | ▼ Female                                     |  |  |
| Other Information   | 6a   | Country(ies) of citizenship INDIA   | <b>6b</b> Foreign                       | tax I.D. number        | er (if      | any)                                 | 6c Type    | of U.S. v         | risa (if any), n                                  | umber, and expiration date                   |  |  |
|   | 6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.  |   |   |                        |             |                                      |            |                   |   |  |  |  |
|   | USCIS documentation OtherDate of entry into  |   |   |                        |             |                                      |            |                   |   |  |  |  |
|   |  |   |   |                        |             |                                      |            | the United States |   |  |  |  |
|   |  | Issued by: INDIA No.: V9667646 Exp. date: 04/03/2032 (MM/DD/YYYY):  |   |                        |             |                                      |            |                   |   | YYY):  |  |  |
|   | 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 ► I  |   | 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 ▶    |   |   |                        |             |                                      |            |                   |   |  |  |  |
| Sign  Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including acceptance documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. |  |   |   |                        |             |                                      |            |                   | e. I authorize the IRS to share                   |  |  |  |
| Keep a copy for your records.   | Signature of applicant (if delegate, see instructions)  Date (month / day / year)  Phone r           |   |   |                        |             |                                      |            | Phone num         | nber  |  |  |  |
| , cai 1000103.  |  | Name of delegate, if applicable (type or print)   |   |                        |             | Delegate's relationship to applicant |            |                   | Parent Court-appointed guardian Power of attorney |  |  |  |
| Acceptance  | À  | Signature   |   | Date                   |             | Date (month / day / y                |            | Phone             |   |  |  |  |
| Agent's   | <b>/</b>   |   |   |                        |             |                                      |            |                   | Fax   |  |  |  |
| Use ONLY  | Name and title (type or print)   |   |   | Name                   | Name of cor |                                      | ompany     |                   |   | PTIN   |  |  |
|   |  |   | Office of                               |                        |             | Office of                            | code       |                   |   |  |  |  |