1040		rtment of the Treasury-Internal Revenue Servi S. Individual Income Tax		ırn	202	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the nation is a child but not your dependent	ame of yo	-	eparately (N se. If you ch					spo	lifying sun use (QSS) s name if th	0	
Your first name	and mi	ddle initial	Last nam	ne						Your social security number			
SUMAN SI	NGH		BALA	JI						448-39-1630			
lf joint return, sp	oouse's	first name and middle initial	Last nam	ne					Spouse's social security			curity number	
MANUSHA			GANIN	MIDI						APPL	IED FO	R	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ns.				A	Apt. no.	Preside	ntial Election	on Campaigr	
51J READ	ING	ROAD									here if you,		
City, town, or po EDISON	ost offic	ce. If you have a foreign address, also co	mplete sp	nplete spaces below. State NJ					ZIP code 08817		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
Foreign country	name		Foreign province/state/county			Foreign postal code		· ·					
									You Spouse				
Digital Assets Standard	exch	ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a eone can claim:	digital a	isset (or	a financial i	ntere		-			Yes	X No	
Deduction		Spouse itemizes on a separate return			·		·						
Age/Blindness	You:	Were born before January 2, 1	958	Are blir	nd Spo	use	: 🗌 Was bor		pre January 2		Is bl		
Dependents	s (see i	instructions):	(2)		Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see	instructions):	
If more	(1) Fi	rst name Last name		number			to you		Child tax ci	redit	Credit for ot	her dependents	
than four													
dependents, see instructions											[
and check													
here 🗌											[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruct	ions)					. 1a	1 (62,187.	
	b	Household employee wages not re	eported c	on Form(s) W-2..					. 1b)		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see inst	tructions	;)					. 10	;		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	I			
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	1		
get a Form	h	Other earned income (see instructions)							. 1h	1	0.		
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
	z	Add lines 1a through 1h								. 1z	: (62,187.	
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b)	100.	
if required.	3a	Qualified dividends	3a			b C	rdinary divider	nds .		. 3b)		
	4a	IRA distributions	4a			bТ	axable amount	t		. 4b			
Standard	5a	Pensions and annuities	5a			bΤ	axable amount	t		. 5b			
Deduction for-	6a	Social security benefits	6a			bΤ	axable amount	t		. 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 \ldots \Box								7			
 Married filing 	8	Other income from Schedule 1, line	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	(62 , 287.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26)		
Head of	11								. 11	(62 , 287.		
household, \$19,400	12	Standard deduction or itemized	deductio	ons (from	n Schedule	A)				. 12		25,900.	
If you checked	13	Qualified business income deducti	on from	Form 89	95 or Form	899	5-A			. 13			
any box under Standard	14	Add lines 12 and 13								. 14		25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								. 15		36,387.	
See Instructions.													

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	3,954.
Credits	17	Amount from Schedule 2, lir	ne3					[17	
	18	Add lines 16 and 17						[18	3,954.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			[19	
	20	Amount from Schedule 3, lir	ne8					[20	
	21	Add lines 19 and 20						[21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				[22	3,954.
	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	3,954.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	8,7	773.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	· · · · ·						25d	8,773.
15	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			Г	26	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro				28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	Indable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				Г	33	8,773.
Refund	34	If line 33 is more than line 24							34	4,819.
Refutio	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, cheo	ck here		. 🗆 🗄	35a	4,819.
Direct deposit?	b									
See instructions.	d	Account number 3 8 1						Ũ		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36	-			
Amount	37	Subtract line 33 from line 24	. This is the am	ount vou owe						
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions							37	
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		structions	•				Yes. Com	plete bel	ow.	X No
		signee's		Phone				l identifica	tion r	
	nai			no.			number	. ,		
Sign		der penalties of perjury, I declare tief, they are true, correct, and corr								
Here					1, 2, 7					t you an Identity
	ŶŎ	ur signature		Date	Your occupation					N, enter it here
Joint return?					TECHNICAL	ARCH	ITECT	(see ins	t.) [
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati					t your spouse an
Keep a copy for your records.					_		Identity (see ins		ction PIN, enter it here	
your rocordo.					HOME MAKEF			(See 115)	
		one no. (908) 720-918		Email address	BSUMAN1900					
Paid		eparer's name	Preparer's signat			Date		TIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/10)/2023 P(020827		Self-employed
Use Only		m's name GLOBAL TA			- 0001.0			Phone I		678)965-9522
			Y CT E BRU	NSWICK N				Firm's E	IN	84-3171965
Go to www.irc.a	ov/Form	n1010 for instructions and the late	et information							Earm 1040 (2022)

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 02/05/23 PRO

Form **1040** (2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service			rate instruc		ermanen	it reside	1115.				
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax pu	irposes	only.			ype (check one bo	ox):	
 Before you begin Don't submit th 	:: is form if you have, or are eligi	ble to get, a U.S.	social sec						for a new ITIN an existing ITIN		
	ubmitting Form W-7. Read th ederal tax return with Form V								b, c, d, e, f, or g ,	you	
	alien required to get an ITIN to cla	-	efit								
	t alien filing a U.S. federal tax retur										
	t alien (based on days present in		-								
d 🗋 Dependent of	of U.S. citizen/resident alien] If	d, enter relationsh	ip to U.S. cit	izen/resid	ent alien	(see ins	tructions) 🕨	•			
e 🛛 Spouse of L		d or e, enter name SUMAN SINGH					alien (see ir		tions)►		
f 🗌 Nonresident	alien student, professor, or resea	rcher filing a U.S. f	ederal tax re								
	spouse of a nonresident alien hold	ing a U.S. visa									
h 🗌 Other (see in	,										
	on for a and f : Enter treaty country 1a First name		and treaty article num Middle name Last								
Name	MANUSHA	WIGC	Niddle hame				Last name GANIMIDI				
(see instructions) Name at birth if	1b First name	Mido	/liddle name				name				
different ►											
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Applicant's Mailing	51J READING ROAD										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	EDISON NJ USA 08817										
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address											
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth	4 Date of birth (month / day / year)	Country of birth		City and	state or	province	e (optional)	5	Male		
Information	06/05/1984	INDIA		- ,			(-1)		K Female		
Other	6a Country(ies) of citizenship	6b Foreign tax I.I	D. number (if	any)	6c Type	of U.S. v	isa (if any), r	humbe	er, and expiration da	ate	
Information	INDIA										
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
									_		
	Issued by: INDIA No.: U8850841 Exp. date: 01/24/2031 (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).										
	off 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										
Sign Here	Under penalties of perjury, I (appli documentation and statements, and information with my acceptance agen	I to the best of my	knowledge a	nd belief, i	it is true,	correct,	and complet	te. I a	uthorize the IRS to		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)				Date (month / day / year) Phone number						
	Name of delegate, if applicable (type or print)			Delegate's relationship to applicant			Parent Power of	rent Court-appointed guardian wer of attorney			
Acceptance	Signature			Date (month / day /		/ year)	Phone				
Agent's						EIN	Fax				
Use ONLY	Name and title (type or print	INAME OF CO	Name of company			PTIN					
	· · ·						Office code				

REV 02/05/23 PRO