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	ied filing separately	(MFS)	Head of	hous	ehold (HOF	l) 🗌		ifying survi	ving	
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If you	ı chack	ed the HOH o	, OS	Shov ente	r tha c		ise (QSS)	a qualifying	
one box.		on is a child but not your depender		your spouse. If you	CHECK	ed the HOH of	QO	o box, ente	i tile c	illiu S	name ii uii	qualifying	
Your first name		, ,	Last na	ame					Y	our so	cial security	number	
				SARILLA						082-08-1683			
				ARTILIA ast name						Spouse's social security number			
				ARILLA					'	APPLIED FOR			
		r and street). If you have a P.O. box, se						Apt. no.		Presidential Election Campaign			
	•		o mondo	.0110.				168		Check here if you, or your			
2140 W 130111 1EKK							sp	spouse if filing jointly, want \$3					
								to			this fund. C	0	
LEAWOOD Foreign country name			Foreign province/state/county			Foreign postal code				ow will not on or refund.	cnange		
				Totalgh province/state/county				yough poolal code		You Spouse			
 Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award,	or payr	nent for prope	rtv o	r services);	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of									Yes	⊠ No	
Standard	Som	eone can claim: You as a de	epender	nt	use as	a dependent							
Deduction		Spouse itemizes on a separate retu											
Age/Blindness	You:	Were born before January 2,	1958	Are blind S	Spouse	: Was bo	rn be	fore Janua	rv 2. 1	958	☐ Is blir	nd	
	ents (see instructions): (2) Social security (3) Relationship (4) Check the bo					, ,							
If more	,	rst name Last name		number	,	to you		Child tax credit		redit Credit for other dependen		er dependents	
than four									1			1	
dependents,									1				
see instructions and check	s ——								1				
here]											<u></u>	
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instructions) .						1a	5	4,202.	
IIICOIII C	b	Household employee wages not i	reported	l on Form(s) W-2 .						1b			
Attach Form(s)	С								1c				
W-2 here. Also attach Forms	d								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	ned income (see instructions)							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
matructions.	z	Add lines 1a through 1h							1z	5	4,202.		
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	t.			4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	t.			5b			
	6a	Social security benefits	6a		b T	axable amoun	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											
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	5	4,202.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26											
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	5	4,202.	
household, \$19,400	12	Standard deduction or itemized	deduc	tions (from Schedi	ule A)					12		5,900.	
If you checked any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
	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			
220 111011 40110113.													

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 .	. 16	2,988.
Credits	17	Amount from Schedule 2, line 3	. 17	
	18	Add lines 16 and 17	. 18	2,988.
	19	Child tax credit or credit for other dependents from Schedule 8812	. 19	
	20	Amount from Schedule 3, line 8	. 20	
	21	Add lines 19 and 20	. 21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	. 22	2,988.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	. 23	0.
	24	Add lines 22 and 23. This is your total tax	. 24	2,988.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2	38.	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	. 25d	9,788.
	26	2022 estimated tax payments and amount applied from 2021 return		
If you have a 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, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits .	. 32	
	33	Add lines 25d, 26, and 32. These are your total payments	-	9,788.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .		6,800.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here		6,800.
Direct deposit?	b	Routing number 1 0 1 1 0 0 0 4 5 c Type: X Checking Savir		
See instructions.	d	Account number 5 1 8 0 1 1 0 9 3 7 2 1		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe .		
		For details on how to pay, go to www.irs.gov/Payments or see instructions	. 37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	ete below.	X No
		esignee's Phone Personal is me no. number (P	dentification	
Sign		ider penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of		
Here	Yo	our signature Date Your occupation	If the IRS se	nt you an Identity
				IN, enter it here
Joint return?		INFORMATION TECHNOLOGY	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		nt your spouse an ection PIN, enter it here
your records.		HOME MAKER	(see inst.)	ECTION FIN, enter it here
	——Ph	one no. (913)203-2589 Email address SUNILKUMAR_SARILLA@INFOSYS.COM		
Paid		eparer's name Preparer's signature Date PTII	N	Check if:
			2082703	Self-employed
Preparer				678)965-9522
Use Only			Firm's EIN	84-3171965
0- 1	//	and 40 few instance and the latest information		54-31/1903



Application for IRS Individual Taxpaver 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) ▶ SUNIL KUMAR SARILLA 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 SWAPNA PRIYA SARILLA (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 2140 W 138TH TERR, Apt 168 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 66224 LEAWOOD 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** 12/29/1987 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 **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.: V8191441 Exp. date: 02/29/2032 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