E 1040 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.

Filing Status Check only	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separately (MFS)	Head of	hous	ehold (HOF)		ifying surv ıse (QSS)	iving	
one box.	If yo	u checked the MFS box, enter the n	ame of y	our spouse. If you o	hecke	ed the HOH or	r QS	S box, ente	r the c	hild's	name if th	e qualifying	
	pers	on is a child but not your dependent	t:										
Your first name and middle initial La				me					Yo	ur so	cial securit	y number	
ASHOK KUMAR K				ALI					3.	318-89-4009			
If joint return, spouse's first name and middle initial Las				me					Sp	Spouse's social security number			
SREE SUDHA KAMSALI								A)	APPLIED FOR				
										on Campaign			
								Check here if you, or your spouse if filing jointly, want \$3					
City, town, or p	paces below.	Stat	е	ZIP	code		to go to this fund. Checking a						
MORRISVILLE					NC		27	560	bc	x belo	w will not	change	
Foreign country	/ name		F	Foreign province/state/	county	unty For		oreign postal code yo		your tax or refund.			
										You Spou			
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a									Yes	⊠ No	
Standard		eone can claim: You as a de						, ,					
Deduction		Spouse itemizes on a separate retur	•	•									
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bo		fore Janua			☐ Is bli		
Dependents	s (see	instructions):		(2) Social securit	/	(3) Relationship		(4) Check the box		qualif	ies for (see	instructions):	
If more	(1) Fi	rst name Last name		number	to you			Child tax credit		: (Credit for other depender		
than four												<u> </u>	
dependents, see instructions												<u> </u>	
and check	,												
here L										$\perp \perp$			
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	7	72,046.	
Attack Farm(a)	b	Household employee wages not re								1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•	,						1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26											
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	9	Wages from Form 8919, line 6								1g			
get a Form W-2, see	h									1h		0.	
instructions.	i	Nontaxable combat pay election (see instructions)							4-	-	72 046		
	<u>z</u>	Add lines 1a through 1h	 o-	<u>.</u>	 L T-				•	1z		72,046.	
Attach Sch. B if required.	2a	. –	2a 3a			xable interes			•	2b 3b			
	3a 4a		4a			dinary divide			•	4b			
Standard	т а 5а	_	та 5а			ıxable amoun ıxable amoun			•	5b			
Deduction for—	6a		6a						•	6b			
Single or Married filing	C	_	s 6a b Taxable amount										
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
\$12,950 Married filing	8	Other income from Schedule 1, line 10									_	7,000.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										55,046.	
Qualifying surviving spouse,	10	Add lines 12, 25, 35, 45, 35, 66, 7, and 6. This is your total income										, . 10 .	
\$25,900 • Head of	11										55,046.		
household,	household, 12 Standard deduction or itemized deductions (from Schodule A)									25,900.			
\$19,400 If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A										,,,,,,,	
any box under Standard	14	Add lines 12 and 13									2	25,900.	
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income										39,146.	
see instructions.												, <u> </u>	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	f any from Form	(s): 1 881	4 2 4972	3 🔲 _		. 16	4,284.
Credits	17	Amount from Schedule 2, line	э3					. 17	
	18	Add lines 16 and 17						. 18	4,284.
	19	Child tax credit or credit for o	other dependent	s from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18.	If zero or less, e	enter -0				. 22	4,284.
	23	Other taxes, including self-er	nployment tax, f	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is y	our total tax					. 24	4,284.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	6,1	45.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .						. 25d	6,145.
If you have a	26	2022 estimated tax payment	s and amount ap	oplied from 20	21 return	.,		. 26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit fron	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	э15			31			
	32	Add lines 27, 28, 29, and 31.	. 32						
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments				. 33	6,145.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you ov e	erpaid .	. 34	1,861.
riorana	35a	Amount of line 34 you want r			is attached, che	ck here		☐ 35a	1,861.
Direct deposit?	b	Routing number 1 1 1			c Type:	Checking	g 🗌 Sav	ings	
See instructions.	d	Account number 8 2 7	6 5 3 5	9 0					
	36	Amount of line 34 you want a	pplied to your 2	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another structions	•				Yes. Comp	olete below.	X No
		signee's		Phone				identification	
		me		no.		·	number (,	
Sign		der penalties of perjury, I declare the lief, they are true, correct, and comp							
Here	Yo	ur signature	ĺ	Date	Your occupation			If the IRS se	ent vou an Identity
		a. e.g. ata. e	Juio	. car cocapanen			Protection F	PIN, enter it here	
Joint return?					SW ENGINE	ER		(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here		
					HOME MAKE	R		(see inst.)	
	Ph	one no. (469)600-6643	3	Email address	KAMSALIASH	IOK@GMA	IL.COM		
Doid	Pre	eparer's name	Preparer's signati	ure		Date	PT	IN	Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/23	<u>/202</u> 3 P0	2082703	Self-employed
Preparer	Fir	m's name GLOBAL TAX	ES LLC					Phone no.	(678)965-9522
Use Only	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Co to unusuimo m	a/[a.w	n 10.40 for instructions and the lates	t information						F 1040 (2002)



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):

• Don't submit th		orm if you have, or are eligil	ble to get, a	a U.S.	social sec	urity nu	ımber (SS	SN).			a new ITIN n existing ITIN	
		itting Form W-7. Read the ral tax return with Form V									c, d, e, f, or g, you	
a Nonresident	alie	n required to get an ITIN to cla	aim tax treaty	y benef	it							
b Nonresident	t alie	n filing a U.S. federal tax retur	n									
		en (based on days present in			_							
d Dependent of	of U.	S. citizen/resident alien If	d, enter relat	tionship	o to U.S. cit	izen/res	ident alier	(see ins	tructions) 🕨			
		J	d or e, enter	MAR :	KAMSALI	- - 					ns) ► 8-89-4009	
f Nonresident	t alie	n student, professor, or resear	rcher filing a	U.S. fe	deral tax re	turn or o	claiming a	n excepti	on			
		se of a nonresident alien hold	ing a U.S. vi	sa								
h Other (see in												
Additional information		r a and f: Enter treaty country	>			and	d treaty ar					
Name	1a	First name		Middle	e name			Last				
(see instructions)	SREE SUDHA								MSALI			
Name at birth if different •	16	First name		Middle	e name			Last	name			
Applicant's Mailing		2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 1224 MARTIN TAVERN RD										
Address		City or town, state or province MORRISVILLE					NC	USA	7	27	560	
Foreign (non- U.S.) Address	3	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)		City or town, state or province	e, and count	ry. Incli	ude postal	code wh	nere appro	priate.				
Birth Information	4	Date of birth (month / day / year) $02/14/1987$	Country of INDIA	birth		City ar	nd state or	province	(optional)		Male Female	
Other Information	6a	Country(ies) of citizenship INDIA	tax I.D	tax I.D. number (if any) 6c Type of U.S. vis				isa (if any), n	umber,	and expiration date		
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other											
	Issued by: INDIA No.: V3205085 Exp. date: 10							2031	the United (MM/DD/Y			
	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		TIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		aa a		RSN		,.	and	
	0.										ana	
	name under which it was issued ►											
	6g Name of college/university or company (see instructions) ▶											
	City and state ▶ Length of stay ▶											
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying 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.											
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)					Date (month / day / year) Pr			Phone num	Phone number		
your rootus.	Name of delegate, if applicable (type or print)					Delegate's relationship to applicant			Parent Court-appointed guardian Power of attorney			
Acceptance		Signature			 			Phone	Phone			
Agent's	Name and title (type or print)				Name of company			FINI	Fax	D7	TINI	
Use ONLY	Name and title (type of print)				Ivallie Ol CC	ompany EIN Office co			PTIN ode			