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

2022	2
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OMB No. 1545-0074

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

Filing Statu	s 🗌 s	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household	HOH)	H) [ifying surv	iving	
Check only one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. If you	check	ed the HOH or	QSS box	, ente	r the		` ,	e qualifying	
Your first name	and mi	ddle initial	Last nar	me					١	our so	cial security	y number	
NAGENDRA	A GUI	PTHA	KURM	MALA						272-87-8107			
If joint return, spouse's first name and middle initial Last name									5	Spouse's social security number			
BALA TEJASWI APPAN				PANA					I	APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt.	no.	F	Presider	tial Electio	n Campaign	
21702 P	ATTY	JEAN TER									ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code					tly, want \$3	
ASHBURN				VA 20			20147				w will not	Checking a change	
			Foreign province/state/county			Foreign po				your tax or refund.			
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				,	,	•	,	Yes	⊠ No	
Standard		eone can claim: You as a de				a dependent	, ,						
Deduction	_	Spouse itemizes on a separate retur	•			•							
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor					☐ Is bli		
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip (4) CI	neck th	e box	if qualif	ies for (see i	nstructions):	
If more	(1) Fi	rst name Last name		number		to you		Child ta	ıx cre	dit	Credit for oth	er dependents	
than four													
dependents, see instruction	s												
and check _													
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	4	0,248.	
	b	, , , , , , , , , , , , , , , , , , , ,								1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e			
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 instruct	ions) .							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i							
	Z	Add lines 1a through 1h	. , .						ceck the box if qualifies for nild tax credit Credit f The second control co	4	0,248.		
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.,			2b			
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t			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 total income								9	4	0,248.	
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 adjusted gross income								11	4	0,248.	
household, \$19,400	12	Standard deduction or itemized	deducti	i ons (from Schedul	e A)					12	2	25,900.	
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								14	2	25,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is	your t	taxable incom	ne			15	1	4,348.	
	,												

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	1,433.
Credits	17	Amount from Schedule 2, lir	-					17	·
	18	Add lines 16 and 17							1,433.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	·
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	1,433.
	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	1,433.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 5	,869.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	5,869.
If you have a	26	2022 estimated tax paymen	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	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	5,869.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	4,436.
	35a	Amount of line 34 you want			3 is attached, ched	ck here	. 🗆 🗓	35a	4,436.
Direct deposit?	b	Routing number 0 5 1				Checking S	Savings		
See instructions.	d								
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g				,		37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mplete bel	ow.	X No
		signee's		Phone			nal identifica	tion _F	
		me		no.			er (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	ur signature		Date	Your occupation		If the IR	S sent	you an Identity
						Protecti (see ins		I, enter it here	
Joint return? See instructions.			SOFTWARE ENGINEER				<u> </u>		
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation				on			your spouse an ction PIN, enter it here
your records.		HOME MAKER (see							
	Ph	one no. (470) 908-445	9	Email address	NAGENDRAGUPT	HA.K@GMAIL.CO	 M		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/12/2023	P020827	03	Self-employed
Preparer	Fin	Firm's name GLOBAL TAXES LLC Pho						10. (6	578)965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/23 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 Before you begin: 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) ▶ NAGENDRA GUPTHA KURMALA 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 Middle name Last name Name BALA TEJASWI APPANA (see instructions) Middle name 1b First 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 21702 PATTYJEAN TER **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 20147 **ASHBURN** USA 3 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 08/18/1998 TNDTA ▼ 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 INDIA 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.: P9994182 Exp. date: 04/23/2027 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** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code