<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		urn	202	2	OMB No. 1545-	-0074	IRS Use (	Dnly—D	o not w	rite 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 n on is a child but not your dependent	ame of y								spou	lifying sun use (QSS) name if th	0	
Your first name	and mi	ddle initial	Last na	me						Ye	Your social security number			
SUDARMAI	ΉТ		SUND	ARARA	UTU					7	745-94-4250			
		first name and middle initial	Last na							_	Spouse's social security number			
ANBALAGA	N		GUNA	SEKAR	AN							IED FO	-	
		r and street). If you have a P.O. box, see						A	Apt. no.	_			on Campaigr	
		CREEK DRIVE										nere if you,		
		ce. If you have a foreign address, also co	omplete s	paces bel	low.	Sta	ite	ZIP o	ode	sp	ouse	if filing join	itly, want \$3	
RALEIGH			inpiere e					276			0		Checking a	
Foreign country	name		F					-	n postal co		box below will not change your tax or refund.			
	• ·													
Digital		ny time during 2022, did you: (a) rec						•	,	. ,		Yes	X No	
Assets		ange, gift, or otherwise dispose of a	-				a dependent	asseij	1 (See ins	sirucii	0115.)		MINU	
Standard Deduction		eone can claim:	•											
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore Janua	ry 2, 1	958	🗌 ls bl	ind	
Dependents	(see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4	I) Check th	e box i	f qualif	fies for (see	instructions):	
If more		rst name Last name			number		to you	.	Child ta	x credi	it	Credit for ot	her dependents	
than four												[		
dependents,												[		
see instructions and check	,											[		
here												[		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)						1a		46,219.	
meome	b	Household employee wages not re	eported	on Form	(s) W-2						1b			
Attach Form(s)	с	Tip income not reported on line 1a	s)						1c					
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	n Form(s	s) W-2 (see ir	nstru	uctions)				1d				
W-2G and	е	Taxable dependent care benefits f	m 2441,	1, 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 instruct	ions) .								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z	4	46,219.	
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest				2b			
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .			3b			
	4a	IRA distributions	4a			bТ	axable amount	t			4b			
Standard	5a	Pensions and annuities	5a			bТ	axable amount	t			5b			
Deduction for-	6a	Social security benefits	6a			bТ	axable amount	t			6b			
<ul> <li>Single or Married filing</li> </ul>	с	If you elect to use the lump-sum election method, check here (see instructions)												
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
<ul><li>\$12,950</li><li>Married filing</li></ul>	8	Other income from Schedule 1, lin		•							8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9		46,219.		
surviving spouse,	10	Adjustments to income from Schedule 1, line 26								10		-,/		
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11	-	46,219.		
household,	12	Standard deduction or itemized deductions (from Schedule A)							12		25,900.			
\$19,400 • If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A							13					
any box under	14								14		25,900.			
Standard Deduction,	15			our:	taxable incom	е		•••	15		20,319.			
see instructions.		Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>												

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

Form **1040** (2022)

Form 1040 (2022	2)										F	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		2,03	33.
Credits	17	Amount from Schedule 2, lir	ne3						17			
	18	Add lines 16 and 17							18		2,03	33.
	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	3. If zero or less,	enter -0					22		2,03	33.
	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		2,03	33.
Payments	25	Federal income tax withheld										
	а	Form(s) W-2				25a	5,	564.				
	b	Form(s) 1099				25b						
	с	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c							25d		5,56	64.
If	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return				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	3, 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	undable	credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33		5,56	64.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>c</b>	verpaid		34		3,53	31.
Refuild	35a	Amount of line 34 you want				•	-	. 🗆 🛛	35a		3,53	31.
Direct deposit?	b	Routing number 0 5 3				Check		1				
See instructions.	d	Account number 2 3 7		5060			Ĭ	Ũ				
	36	Amount of line 34 you want		2023 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	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	r person to disc	cuss this retu	rn with the IRS?	See						
Designee		•	•				Yes. Con	nplete b	elow.	X No	)	
		signee's		Phone				al identifi	cation I			
	na			no.			numbe					
Sign		der penalties of perjury, I declare ief, they are true, correct, and con										
Here		ur signature		Date	Your occupation				• •		Identity	
	10	ur signature		Dale	Four occupation					N, enter	,	/
Joint return?					TECHNOLOGY	Y LEA	D	(see ir	nst.)			
See instructions.	Sp	Spouse's signature. If a joint return, both must		Date Spouse's occupat							oouse ar	
Keep a copy for your records.							Identi (see ir	-	ection PI	N, enter	it here	
,					TRANSPORT			`	131.)			
		one no.	Droporte etc.	Email address	ANBUMATHI.2					Ch!	<i>.</i>	
Paid		eparer's name	Preparer's signat			Date		PTIN		Check		
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/2	8/2023 P	02082			lf-emplo	
Use Only		m's name GLOBAL TA			- 00016						965-9	
	Fir		Y CT E BRU	NSWICK N	1 08810			Firm's	s EIN	84-	3171	
Coto unun iro a	ou/Earr	n1040 for instructions and the late	at information		<b>DAA</b>	DE1 ( 00)				Гот		(0000)

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

BAA REV 02/24/23 PRO

Form **1040** (2022)

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

## Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See sepa	arate instruc		ermanen	t reside	nts.			
An IRS individual	l taxpayer identification nun	nber (ITIN) is for	U.S. feder	al tax pı	irposes	only.	Applicati	ion ty	pe (check one box)	):
Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social se									or a new ITIN an existing ITIN	
must file a U.S. fo	ubmitting Form W-7. Read the deral tax return with Form	W-7 unless you	meet one						, <b>c, d, e, f,</b> or <b>g, y</b>	ou
	alien required to get an ITIN to c	-	efit							
	t alien filing a U.S. federal tax retu nt alien <b>(based on days present i</b>		a) filing a LL	2 fodoral	tox rotur	-				
	of U.S. citizen/resident alien )		-				tructions)			
e 🛛 Spouse of U	J.S. citizen/resident alien	f <b>d</b> or <b>e,</b> enter name SUDARMATHI	and SSN/IT	IN of U.S	. citizen/r	esident	alien (see ins	struct	ions) ► 45-94-4250	
	alien student, professor, or resea		ederal tax re	turn or cla	aiming ar	i except	on			
	spouse of a nonresident alien hold	ding a U.S. visa								
h Other (see in	nstructions) ► on for <b>a</b> and <b>f</b> : Enter treaty country			and			hor N			
Name	<b>1a</b> First name		lle name	anu	treaty art		name			
(see instructions)	ANBALAGAN						NASEKARA	AN		
Name at birth if different	1b First name	Middle name			Last	Last name				
	2 Street address, apartment n	umber, or rural rout	e number. If	you have	e a P.O. I	oox, see	separate ir	nstruc	ctions.	
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 15004 ARROW CREEK DRIVE									
Mailing Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
Audress	RALEIGH NC USA 27617									
Foreign (non- 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	) Country of birth		City and	state or	province	e (optional)	5 5	Male	
Information	10/25/1982	INDIA							Female	
Other Information	6a Country(ies) of citizenship INDIA6b Foreign tax I.D. number (if any)6c Type of U.S. visa (if any), number, and expiration						r, and expiration date	;		
mormation	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation									
	the United States									
	Issued by: INDIA No.: W9459534 Exp. date: 02/19/2033 (MM/DD/YYYY):									
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									
	<ul> <li>No/Don't know. Skip line 6f.</li> <li>Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).</li> </ul>									
	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 ►									
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 de	tions)	Date (month / day / year) Phone r			Phone num	Imber			
,	Name of delegate, if applic		Delegate's relationship to applicant			Parent	Parent Court-appointed guard			
Acceptance	Signature						Phone Fax			
Agent's	Name and title (type or print)			Name of company EIN Offic			PTIN			
Use ONLY							e code			

REV 02/24/23 PRO