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 Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (HC)H) [fying su se (QSS		g	
one box.	-	u checked the MFS box, enter the nonis a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	QSS box, en	ter the	child's	name if	the qu	ualifying	
Your first name	e and middle initial Last name Yo						Your social security number						
GAYATRI	GAYATRI BHIMANI 6						668-65-7677						
If joint return, spouse's first name and middle initial Last name S						Spouse's social security number							
SUDHAKAR UPPALAPATI A						APPLIED FOR							
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		Presiden	tial Elec	tion C	ampaign	
750 OLD	LANG	CASTER ROAD					A509			ere if you			
City town or post office. If you have a foreign address, also complete spaces below. State						spouse if filing jointly, want \$3 to go to this fund. Checking a							
BERWYN				PA 1			19312			w will no			
Foreign countr	y name		F	Foreign province/state/county				Foreign postal code your		our tax or refund.			
											You Spous		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			☐ Yes	; X	No	
Standard	Som	eone can claim:	ependent	t Your sp	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retu	n or you	were a dual-sta	tus alien								
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn before Janu				blind		
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check	the box	k if qualifi	es for (se	e instr	ructions):	
If more	(1) Fi	rst name Last name		number		to you	Child	Child tax cred		edit Credit for other depende			
than four													
dependents, see instruction	s												
and check _													
here											Ш		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					1a		<u>87,</u>	673.	
	b	Household employee wages not r	•						1b				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions) .					1c	-			
attach Forms	d	Medicaid waiver payments not rep		. ,	ee instru	ctions)			1d	-			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		*					1e	-			
was withheld.	f	Employer-provided adoption bene							1f	-			
If you did not	g	Wages from Form 8919, line 6.							1g	-			
get a Form W-2, see	h	Other earned income (see instruct							1h	-		0.	
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1</u> i							
	Z	Add lines 1a through 1h							1z	-	87,	673.	
Attach Sch. B	2a		2a			axable interes			2b				
if required.	3a		3a			rdinary divide			3b	+			
	4a	IRA distributions	4a			axable amoun			4b				
Standard Deduction for—	5a	_	5a			axable amoun			5b	+			
Single or	6a	,	6a		1	axable amoun	t		6b	-			
Married filing separately,	С	If you elect to use the lump-sum e		•	,	,				4			
\$12,950	7	Capital gain or (loss). Attach Sche		•	•			. L	7				
Married filing jointly or	8	Other income from Schedule 1, lir							8	-			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-					9		<u>87,</u>	673.	
surviving spouse, \$25,900	10	Adjustments to income from Sche							10				
Head of household,	11	Subtract line 10 from line 9. This is	•	-					11			673.	
\$19,400	12	Standard deduction or itemized		•	,				12		<u>25,</u>	900.	
If you checked any box under	13	Qualified business income deduct							13				
Standard	14	Add lines 12 and 13								14 25,900.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This	ıs your t	axable incom	ne		15		61,	773.	

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	7,002.
Credits	17	Amount from Schedule 2, lin	17						
	18	Add lines 16 and 17	18	7,002.					
	19	Child tax credit or credit for	19						
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,002.
	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	7,002.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2							
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	7						
	d	Add lines 25a through 25c	,					25d	12,921.
	26	2022 estimated tax payment						26	,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	1						
	29	American opportunity credit				28			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	12,921.
	34	If line 33 is more than line 24						34	5,919.
Refund	35a	Amount of line 34 you want				•		35a	5,919.
Direct deposit?	b	Routing number 1 1 1			c Type:		Savings	OOa	3,323.
See instructions.	d	Account number 2 8 8			l l l		Oavings		
	36	Amount of line 34 you want a			od tov	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							
	38	Estimated tax penalty (see in				38			
Third Party Designee		you want to allow another	•				Complete	helow.	X No
Doolgiloo		signee's		Phone			sonal identi		
	nar			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature	Date	Your occupation			nt you an Identity		
Joint return?				SOFTWARE DEVELOPER (S				IN, enterit here	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa			nt your spouse an		
your records.								ection PIN, enter it here	
,		(0.40) 0.00 2.00	7	Farail adduses	HOME MAKE				
		one no. (940) 882-399 eparer's name		Email address	GAYATRI.B1	994@GMAIL.C	MC PTIN		Check if:
Paid		•	Preparer's signat		OHDER ERT.	Date		0700	_
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAN	1 02/25/2023	P0208		Self-employed
Use Only		m's name GLOBAL TAX			T 00016				(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	INSWICK N	J 08816		Firm	ı's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/17/23 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.

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	taxpayer identification num	ber (ITIN) is fo	or U.S. feder	al tax purposes	only.		on type (check one box):		
Before you begin • Don't submit th	: is form if you have, or are eligi	ble to get, a U.	S. social sec	urity number (S	SN).		pply for a new ITIN enew an existing ITIN		
must file a U.S. fe	ubmitting Form W-7. Read the deral tax return with Form \ alien required to get an ITIN to cl	N-7 unless yo	u meet one		•				
_	alien filing a U.S. federal tax retur		neni						
	t alien (based on days present ir		tes) filing a U.	S. federal tax retu	'n				
	of U.S. citizen/resident alien) If					ructions)			
	.S. citizen/resident alien	d or e , enter nar	ne and SSN/I	ΓIN of U.S. citizen/			structions) ▶		
_	,	GAYATRI BH					668-65-7677		
	alien student, professor, or resea		. federal tax re	eturn or claiming a	n exceptic	n			
_ '	spouse of a nonresident alien hold	ling a U.S. visa							
h ☐ Other (see in	·								
	on for a and f : Enter treaty country 1a First name		ddle name	and treaty ar	Last n				
Name	SUDHAKAR	1011	adic name			ame ALAPATI	ī		
(see instructions) Name at birth if	1b First name	Mi	ddle name		Last n		-		
different	15 The Hame	1.4	adio namo		Lastin	41110			
	2 Street address, apartment nu	ımber, or rural ro	ute number. It	you have a P.O.	box, see	separate ir	nstructions.		
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Apt A509750 OLD LANCASTER ROAD								
Mailing	City or town, state or province, and country. Include ZIP code or postal code where appropriate.								
Address	BERWYN		PA USA				A 19312		
Foreign (non- U.S.) Address	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 country. I	nclude postal						
Birth	4 Date of birth (month / day / year)	Country of birt	h	City and state or	province	(optional)	5 Male		
Information	03/10/1992	INDIA					☐ Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax	I.D. number (i	fany) 6c Type	of U.S. vis	sa (if any), n	umber, and expiration date		
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.								
	USCIS documentation Other Date of entry into								
				the United States					
	Issued by: INDIA No.: M1691764 Exp. date: 08/31/2024 (MM/DD/YYYY):								
	6e Have you previously received		ternal Revenu	e Service Number	(IRSN)?				
	No/Don't know. Skip li		Patraca albert	and all all all the Help	f /		1		
	Yes. Complete line 6f. I	and							
	6f Enter ITIN and/or IRSN ► I		IRSN						
	name under which it was issued ▶								
	6g Name of college/university or company (see instructions) ▶								
	City and state ▶		,	Length o	f stav ▶				
Cian	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying								
Sign Here	documentation and statements, and information with my acceptance ager	to the best of n	ny knowledge a	nd belief, it is true	correct, a	nd complete	e. I authorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if de	legate, see instru	/ year)	Phone num	ber				
	Name of delegate, if applica	able (type or prin	Delegate's relation to applicant		nship		Parent Court-appointed guardia Power of attorney		
Acceptance	Signature			Date (month / day	/ year)	Phone			
Acceptance Agent's	7				Fax				
Use ONLY	Name and title (type or print	t)	Name of c	ompany	EIN		PTIN		
	/				Office co	ode			