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	d filing separately	(MFS)	☐ Head of	household (H	OH)		lifying surv use (QSS)	iving	
one box.		u checked the MFS box, enter the n on is a child but not your dependent		our spouse. If you	ı check	ed the HOH or	QSS box, e	nter t	ne child's	name if th	e qualifying	
Your first name	and mi	ddle initial	Last nar	me					Your so	cial security	y number	
VIKRAM			RAVI	CHANDRAN					035-	89-3773	3	
If joint return, s	pouse's	first name and middle initial	Last nar	me					Spouse's social security number			
RANJITH	A		PUTT.	ASWAMY					APPL	APPLIED FOR		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.		Preside	ntial Electio	n Campaign	
550 SUM	MER I	OR SANDY SPRINGS								nere if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete spaces below. State Z			ZIP code			it tiling joint this fund. (	tly, want \$3		
ATLANTA					GA	A	30328			ow will not		
Foreign country name				oreign province/sta	te/count	ty	Foreign posta	code		or refund.	Ü	
										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			958	Are blind S	pouse	: Was bor	n before Jan			☐ Is bli		
Dependent				(2) Social secu	rity	(3) Relationsh	١٢				instructions):	
If more	(1) Fi	rst name Last name		number		to you	Chile	tax c	redit	Credit for oth	er dependents	
than four dependents,								<u> </u>				
see instruction	s ——							<u> </u>				
and check	, —							<u> </u>				
here								Ш		L		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1a	4	0,238.	
	b	Household employee wages not re	•	` '					. 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		` ,	e instru	ictions)			. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption bene	efits 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)		<u>1</u> i						
	Z	Add lines 1a through 1h							. 1z	4	0,238.	
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			axable interest			. 2b			
if required.	3a_	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds		. 3b			
	4a	IRA distributions	4a		b T	axable amoun	t		. 4b			
tandard	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b			
<b>Deduction for—</b> Single or	6a	Social security benefits	6a		b T	axable amoun	t		. 6b			
Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check he	re (see	instructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not re	quired	, check here			_ 7			
Married filing	8	Other income from Schedule 1, lin	ie 10 .						. 8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is your <b>total</b> i	income	э			. 9	4	10,238.	
surviving spouse, \$25,900	10	Adjustments to income from Sche	dule 1, li	ne 26					. 10			
Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	ljusted gross inc	ome				. 11	4	0,238.	
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedu	ıle A)				. 12	2	25,900.	
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Fo	rm 899	5-A			. 13			
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							. 15		4,338.	
JOE HISHUULIUIIS.	l											

Form 1040 (2022	2)								Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	1,433.	
Credits	17	Amount from Schedule 2, lin	17							
	18	Add lines 16 and 17	18	1,433.						
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19		
	20	Amount from Schedule 3, lin	ie 8					20	1,000.	
	21	Add lines 19 and 20						21	1,000.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			1	22	433.	
	23	Other taxes, including self-e	mplovment tax.	from Schedule	e 2. line 21			23	0.	
	24	Add lines 22 and 23. This is			•		1	24	433.	
Payments	25	Federal income tax withheld								
. ayınıcınıc	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	,					25d	3,289.	
	26	2022 estimated tax payment						26	,	
If you have a qualifying child,	27	Earned income credit (EIC)				27	İ			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812								
	29	American opportunity credit				29				
	30	Reserved for future use .								
	31	Amount from Schedule 3, lin				30				
	32		32							
	33	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>							3,289.	
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>						33 34	2,856.	
Refund	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							2,856.	
Direct deposit?	b	Routing number 0 6 1 0 0 0 0 5 2 c Type: X Checking Savings							,	
See instructions.	d	Account number 3 3 4								
	36	Amount of line 34 you want								
Amount You Owe	37	7 Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see instructions)								
Third Party		you want to allow another								
Designee		nstructions						elow.	× No	
		Designee's Phone Personal identifie						cation ,		
	naı			no.			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		I		nt you an Identity	
Joint return?					SOFTWARE ENGINEER				N, enter it here	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	If the	RS ser	nt your spouse an		
Keep a copy for your records.						I		ection PIN, enter it here		
your records.					HOME MAKER	(see in	ist.)			
		one no. (646) 387-305		Email address	VIKRAMVIKKI	114@GMAIL.CO				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/07/2023	P02082	703	Self-employed	
Use Only	Fire	m's name GLOBAL TA	XES LLC				Phone	no. (	678) 965-9522	
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form <b>1040</b> (2022)	

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

## **Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2022

Attachment Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VIKRAM RAVICHANDRAN & RANJITHA PUTTASWAMY

Your social security number 035-89-3773

Pai	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	1,000.
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
-1	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-line 20		8	1,000.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2** 

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-SR, or 1040-NR,	15	

### **Credit for Qualified Retirement Savings Contributions**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8880 for the latest information. OMB No. 1545-0074 Attachment Sequence No. 54

(b) Your spouse

Name(s) shown on return

Your social security number

VIKRAM RAVICHANDRAN & RANJITHA PUTTASWAMY

035-89-3773

(a) You



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a student (see instructions).

							(a) Tou		(b) 100	ii spouse
1		and Roth IRA contributions, and ABLE account contributions by the beneficiary for 2022. <b>Do not</b> include rollover contributions								
2	•	•								
2	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2022 (see instructions) 2									
3				•	,	3	2,38			
4				<b>before</b> the due date	· · · ·	3	2,30	0.		
4					,					
		xtensions) of your 2022 tax return (see instructions). If married filing jointly, include oth spouses' amounts in both columns. See instructions for an exception 4								
_						4		_		
5						5	2,38			
6		•		00		6	2,00	_		
7				take this credit		1	· · · —	7		2,000.
8				)40-NR, line 11*	8	40	,238.			
9	Enter the appl	icable decimal	amount from the tabl	e below.						
							_			
	If line	8 is-	A	And your filing status	is-					
		Rut not Married Head of Single, Married filing				ied filing				
	Over-					,				
			Enter or	line 9—	Qualifying survi	ving spouse	:			
		\$20,500	0.5	0.5	0.5					
	\$20,500	\$22,000	0.5	0.5	0.2					
	\$22,000	\$30,750	0.5	0.5	0.1			9	×	.5
	\$30,750	\$33,000	0.5	0.2	0.1					
	\$33,000	\$34,000	0.5	0.1	0.1					
	\$34,000	\$41,000	0.5	0.1	0.0					
	\$41,000	\$44,000	0.2	0.1	0.0					
	\$44,000	\$51,000	0.1	0.1	0.0					
	\$51,000	\$68,000	¥ = , = = =							
	\$68,000									
	+-3,000	Note:		you can't take this cre			_ [			
10	Multiply line 7			· · · · · · · · · ·				10		1,000.
11				from the Credit Limit		 he instruct		11		1,433.
12				utions. Enter the sm				••		<u> </u>
	•		•	· · · · · · · ·				12		1,000.
	C CC110G	0 (. 0 10	,,					14		±,000.

<sup>\*</sup> See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



# **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

An IRS individual	taxpayer identific	ation numl	ber (ITIN) is	s for U.S. feder	al tax pu	rposes	only.		ion type (check one box):		
Before you begin • Don't submit th	: is form if you have,	or are eligib	ole to get, a	U.S. social sec	curity num	ber (SSI	V).		oply for a new ITIN enew an existing ITIN		
	ubmitting Form Wederal tax return w								ox <b>b, c, d, e, f,</b> or <b>g, you</b> s).		
a Nonresident	alien required to get	an ITIN to cla	im tax treaty	benefit		-	•		•		
	alien filing a U.S. fed										
c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return											
d Dependent	of U.S. citizen/residen	t alien ) If	<b>d,</b> enter relati	ionship to U.S. ci	tizen/reside	ent alien	see inst	ructions) 🕨			
e 🗵 Spouse of U	e ☒ Spouse of U.S. citizen/resident alien    If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ►  VIKRAM RAVICHANDRAN 035-89-3773  f ☐ Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception										
f Nonresident	alien student, profess	sor, or resear	cher filing a l	U.S. federal tax re	eturn or cla	iming an	exception	on			
g Dependent/s	spouse of a nonreside	ent alien holdi	ing a U.S. vis	a							
h Other (see in	,										
Additional information	on for a and f: Enter tr	eaty country		N 41 1 11	and t	reaty arti	_				
Name	1a First name			Middle name			Last r				
(see instructions)	RANJITHA			NA' - Lallan				TASWAM	Y		
Name at birth if different ▶	<b>1b</b> First name			Middle name			Last r				
Applicant's	2 Street address, a	•			f you have	a P.O. b	ox, see	separate i	nstructions.		
Mailing	550 SUMME										
Address	City or town, sta	te or province	e, and countr	y. Include ZIP co	de or posta				20220		
	ATLANTA			l un de munde e P		GA	USA		30328		
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.  City or town, state or province, and country. Include postal code where appropriate.										
(see instructions)	City or town, sta	te or province	e, and countr	y. Include postal	code wher	e approp	riate.				
Birth	4 Date of birth (mont		Country of I	birth	City and state or province (				e (optional) 5 Male		
Information	10/06/199		INDIA						▼ Female		
Other Information	6a Country(ies) of ci	itizenship	6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date								
	6d Identification do	cument(s) sub	omitted (see	instructions)	Passpor	t 🗌	Driver's	s license/St	ate I.D.		
	USCIS documentation Other Date of entry into										
	the United States							•			
	Issued by: INDIA No.: U8872050 Exp. date: 02/10/2031 (MM/DD/YYYY):								YYY):		
	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							e instructio	ns).		
	6f Enter ITIN and/o	r IRSN ► I	ΓIN	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		atements, and	to the best of	of my knowledge a	and belief, it	t is true,	correct, a	and complete	cation, including accompanying e. I authorize the IRS to share		
Here	,		•								
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)  Date (mo					nth / day /	year)	Phone num	nber		
	Name of delega	ate, if applica	ble (type or p	orint)	rint) Delegate's relation to applicant			hip Parent Court-appointed gr			
Accortonce	Signature				Date (mor	nth / day /	year)	Phone	<u> </u>		
Acceptance	<b>y</b>							Fax			
Agent's Use ONLY	Name and title	(type or print)	)	Name of c	ompany		EIN		PTIN		
USC ONLI	Office cod					ode	de				