E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

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OMB No. 1545-0074

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

Filing Status Check only				ed filing separately (N						spou	fying survi se (QSS)	Ü
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you cl	heck	ed the HOH or	r QSS I	oox, enter	the c	:hild's	name if the	e qualifying
Your first name	and mi	iddle initial	Last nar	me					Y	Your social security number		
SAI MANG	ЭJ		BELL	AMKONDA					3	324-87-9028		
If joint return, s	pouse's	s first name and middle initial	Last nar	me					S	Spouse's social security number		
AKHILA							A	APPLIED FOR				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Α	pt. no.	Pı	esiden	tial Election	n Campaigr
7411 JOS	SHUA	RD									ere if you, o	,
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	pplete spaces below. State Z				ode			f filing joint	
FRISCO				TX				33		_	this fund. C w will not c	•
Foreign countr	y name		F	Foreign province/state/county F				n postal cod		your tax or refund.		
											You Spouse	
Digital Assets		ny time during 2022, did you: (a) rece lange, gift, or otherwise dispose of a			-		-				Yes	⊠ No
Standard		eone can claim: You as a de						(() () ()				
Deduction	_	Spouse itemizes on a separate return				•						
Age/Blindnes	s You:	Were born before January 2, 19	958	Are blind Spo	use:	: Was bor		re Januar			☐ Is blir	
Dependent	s (see	instructions):		(2) Social security		(3) Relationship		p (4) Check the bo			,	,
If more	(1) Fi	irst name Last name		number		to you		Child tax	cred	it C	Credit for other	er dependents
than four												
dependents, see instruction	s											
and check												
here L												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)						1a	9	1,368.
	b	Household employee wages not re	ported	on Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	,								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene-	fits 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 instructi	ons) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	ee instr	uctions)		<u>1</u> i						
	Z	Add lines 1a through 1h								1z	9	1,368.
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds .			3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b		
Deduction for—	6a	Social security benefits	ба		b Ta	axable amoun	t			6b		
Single or Married filing	С	If you elect to use the lump-sum el	ection n	nethod, 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	e 10 .							8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9	9	1,368.
surviving spouse, \$25,900	10	Adjustments to income from Scheo								10		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	9	1,368.
household, \$19,400	12	Standard deduction or itemized	•	-						12		5,900.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	1	,
any box under Standard	14	Add lines 12 and 13								14	2.	5 , 900.
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15		5,468.		
see instructions.	آ آ			,								-, - · · ·

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	7,446.	_
Credits	17	Amount from Schedule 2, lin	e3				[17		_
	18	Add lines 16 and 17					[18	7,446.	_
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19		_
	20	Amount from Schedule 3, lin	e 8					20		_
	21	Add lines 19 and 20					[21		_
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	7,446.	_
	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	7,446.	_
Payments	25	Federal income tax withheld							,	_
. aye	а	Form(s) W-2				25a 12	,267.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	12,267.	
16	26	2022 estimated tax payment	s 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 from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T					[33	12,267.	_
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amour	t you overpaid		34	4,821.	_
neiulia	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 🗀	35a	4,821.	_
Direct deposit?	b	Routing number 0 8 1					Savings			_
See instructions.	d	Account number 2 9 1	0 1 6 6	8 2 3	7 3					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24						07		
Tou Owe	38	For details on how to pay, g Estimated tax penalty (see in	_	-		38		37		
Third Party		you want to allow another								_
Designee		structions	•				mplete be	ow.	X No	
3	De	signee's		Phone		Perso	nal identifica	ation		_
	nai	me		no.		numb	er (PIN)			┙
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,		,		, ,	
Here			picto. Decidiation			oca on an imormatio		•	nt you an Identity	
	10						I		N, enter it here	
Joint return?					SOFTWARE D	EVELOPER	(see ins	st.)		
See instructions.	Sp	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation				on			nt your spouse an	
Keep a copy for your records.							ldentity (see ins		ection PIN, enter it he	re
,				Casail address	HOME MAKER		(000 1110			_
		one no. (251) 508-515 eparer's name	b Preparer's signat	Email address	MANOJ12B8@	Date COM	PTIN		Check if:	_
Paid		'			רווסשא שאידאיי			יחי	Self-employed	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/05/2023	P020827			_
Use Only		m's name GLOBAL TAX		MOMTOW N	T 00016				678) 965-9522	_
			Y CT E BRU	MOWICK N			Firm's	ΕIIN	84-3171965	_
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (202	22)



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

OMB No. 1545-0074

	taxpayer identification nu	mber (ITIN) is i	for U.S. feder	al tax purposes	only.	· · ·	n type (check one box):				
Before you begin • Don't submit th	ı: iis form if you have, or are eli	gible to get, a U	J.S. social sec	urity number (SS	SN).		ly for a new ITIN ew an existing ITIN				
	ubmitting Form W-7. Read ederal tax return with Form										
_	alien required to get an ITIN to	_			. (
	t alien filing a U.S. federal tax ret	•									
c U.S. resider	nt alien (based on days present	in the United St	tates) filing a U.	S. federal tax retu	'n						
d Dependent	of U.S. citizen/resident alien	If d , enter relatio	nship to U.S. ci	tizen/resident alier	ı (see instr	ructions) 🕨					
e 🛭 Spouse of U	J.S. citizen/resident alien			ΓΙΝ of U.S. citizen/							
4 Names also a	t alian atudant weeks	SAI MANOJ					324-87-9028				
	t alien student, professor, or rese spouse of a nonresident alien ho			turn or claiming a	ıı exceptic	71.1					
h Other (see in		, unig a 0.0. visa									
	on for a and f : Enter treaty count	ry ▶		and treaty ar	ticle numb	er ►					
Name	1a First name		Middle name	,	Last n						
(see instructions)	AKHILA					I					
Name at birth if different ▶	1b First name					t name					
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 7411 JOSHUA RD										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	FRISCO TX USA 75033										
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)											
Birth Information	4 Date of birth (month / day / year) Country of birth										
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date										
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other ☐ Date of entry into										
						Date of entry into the United States					
	Issued by: INDIA	(MM/DD/YY									
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	No/Don't know. Skip line 6f. Vos. Complete line 6f. If more than one list on a sheet and attach to this form (see instructions)										
	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										
		ITIN		II		and					
	name under which it was is		Last name								
	6g Name of college/university		First name	Middle							
	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 o	ructions)	Date (month / day / year)		Phone number						
your roodius.	Name of delegate, if appli	cable (type or pri	Delegate's rela to applicant		nship	☐ Parent ☐ Court-appointed guardiar☐ Power of attorney					
Acceptance	Signature	Signature			H	Phone					
Agent's	Name and Pile file of	Na			Fax	T					
Use ONLY	Name and title (type or pri	int)	Name of company		Office co	PTIN					
	<u>1 '</u>				Office code						