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

2022

OMB No. 1545-0074

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

Filing Status	s 🗌 s	Single Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (HOH)		alifying	g surviv	/ing
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, enter t		,	,	qualifying
Your first name	and mi	ddle initial	Last na	me				Your se	ocial s	ecurity	number
JYOTHI I	DWAR/	AKINATH	GARG	ESWARI				095-	33-	7609	
If joint return, s	pouse's	first name and middle initial	Last na	me				Spouse	's soc	ial secu	rity number
VADIRAJA	A		GOPA	LAKRISHNA				APPL	IED	FOR	
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ential	Election	Campaign
8604 VAI	LLEY	RANCH PARKWAY W					1007			if you, o	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s _l	paces below.	Sta	te	ZIP code			0,	y, want \$3
IRVING					T	ζ	75063	1 -		ill not cl	hecking a hange
Foreign country	y name		F	oreign province/stat	te/coun	ty	Foreign postal code				90
										You	Spouse
Digital Assets		ny time during 2022, did you: (a) recange, gift, or otherwise dispose of a	,				,	. ,		Yes	⊠ No
Standard		eone can claim: You as a de		<u>_</u>		a dependent	, (,			
Deduction		Spouse itemizes on a separate retur		•		•					
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind S	pouse	: Was bor	n before January			ls blin	
Dependent				(2) Social secur	rity	(3) Relationsh			1	•	•
If more	(1) Fi	rst name Last name		number		to you	Child tax	credit	Credi	t for othe	r dependents
than four									<u> </u>]
dependents, see instruction	s								<u> </u>]
and check	,]
here									<u> </u>]
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .				. 1	3	60),295.
	b	Household employee wages not re						. 11)		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)				. 10	>		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W-2 (see	e instru	ıctions)		. 10	_ t		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line 26				. 10	•		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	29 .			. 1	f		
If you did not	g	Wages from Form 8919, line 6 .						. 19	3		
get a Form	h	Other earned income (see instruct	ons) .					. 11	1		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1</u> i					
	Z	Add lines 1a through 1h						. 1	2	60	295.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t	. 21)		
if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds	. 31)		
	4a	IRA distributions	4a		b T	axable amoun	t	. 41)		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	t	. 51)		
Deduction for—	6a	Social security benefits	6a		b T	axable amoun	t	. 61)		
 Single or Married filing 	С	If you elect to use the lump-sum e	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							'		
Married filing	8	Other income from Schedule 1, line 10									
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. 9		60),295.
surviving spouse, \$25,900	10	Adjustments to income from Sche		-				. 10)		
Head of	11	Subtract line 10 from line 9. This is	your a c	djusted gross inc	ome			. 1	1	60),295.
household, \$19,400	12	Standard deduction or itemized	-					. 12			5,900.
If you checked	13	Qualified business income deduct		`	,			. 13			
any box under Standard	14									2:	5,900.
Deduction,	15	Subtract line 14 from line 11. If zer									4,395.
see instructions.					, .		-				, <u>, , , , , , , , , , , , , , , , , , </u>

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	3,714.
Credits	17	Amount from Schedule 2, lir	-					17	
3134113	18	Add lines 16 and 17						18	3,714.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	· .
	20	Amount from Schedule 3, lir	ne 8					20	200.
	21	Add lines 19 and 20					[21	200.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	3,514.
	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	3,514.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				25a 6	,792.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	6 , 792.
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, lir	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	6,792.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	3,278.
riorana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗆 📗	35a	3,278.
Direct deposit?	b	Routing number 0 2 1			c Type:	Checking :	Savings		
See instructions.	d	Account number 8 6 2	6 9 2 5	1 1 1					
	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?		omplete be	low.	⊠ No
· ·		signee's		Phone			onal identific	ation	
		me		no.			per (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
11010	Yo	ur signature		Date Your occupation					nt you an Identity
laint vatuus 0				SENIOR SOFTWARE CONSULTAN			/aaa in		N, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hoth must sign	Date	Spouse's occupati			 RS ser	nt your spouse an
Keep a copy for	Op	oudo o dignataror ir a joint rotarry	2011 aat a.g		opouco o occupan	···	Identity	y Prote	ection PIN, enter it here
your records.					SUPPLIER QUA	ALITY ENGINEE	R (see in:	st.)	
		one no. (551) 225-222		Email address	JYOTHIDGAF	RG@GMAIL.CO			
Paid	Pre	eparer's name	Preparer's signat	cure		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/01/2023	P02082	703	Self-employed
Use Only	Fin	m's name GLOBAL TA					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 03/22/23 PRO			Form 1040 (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 J GARGESWARI & V GOPALAKRISHNA

Your social security number 095-33-7609

Pai	Nonretundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		. 1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attac	ch . 2	
3	Education credits from Form 8863, line 19		. 3	
4	Retirement savings contributions credit. Attach Form 8880		. 4	200.
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	6I		
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	-SR, or 1040-N	·	
	line 20		. 8	200.
			(continu	ed 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	-	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

Name(s) shown on return

Your social security number

J GARGESWARI & V GOPALAKRISHNA

095-33-7609



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) You	I	(b) You	r spous
		ontributions, and AB 122. Do not include ro				•				
•	•				1					
) or other qualified er (D) plan contributions					0 0	0.0		
	. , , ,	. , .	•		2		2,0			
					3		2,0	83.		
		ed after 2019 and		`						
		return (see instruction oth columns. See instruction								
					4		0 0	0.0		
		zero or less, enter -0-			5 6			83.		
		naller of line 5 or \$2,00					Z , U	00.		2 000
		zero, stop ; you can't		1				-		2,000
		1040, 1040-SR, or 10		8		60,	295.			
inter the appi	icable decimal	amount from the table	e below.							
		_								
If line	8 is-	A	and your filing status	s is—						
If line		Married	Head of	Single, Marr	ied filir	ng				
If line Over—	8 is— But not over—	Married filing jointly	Head of household	Single, Marr separate	ly, or					
	But not	Married filing jointly Enter on	Head of household	Single, Marr	ly, or					
	But not	Married filing jointly Enter on 0.5	Head of household line 9—	Single, Marr separate	ly, or ving sp					
Over—	But not over—	Married filing jointly Enter on 0.5	Head of household	Single, Marr separate Qualifying survi	ly, or ving sp					
Over—	But not over— \$20,500	Married filing jointly Enter on 0.5 0.5 0.5	Head of household line 9—	Single, Marr separate Qualifying survi	ly, or ving sp			9	x	.1
Over— \$20,500	But not over— \$20,500 \$22,000	Married filing jointly Enter on 0.5	Head of household line 9— 0.5 0.5	Single, Marr separate Qualifying surviv 0.5 0.2	ly, or ving sp			9	x	.1
Over— \$20,500 \$22,000	But not over— \$20,500 \$22,000 \$30,750	Married filing jointly Enter on 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5	Single, Marr separate Qualifying surviv 0.5 0.2	ly, or ving sp			9	x	.1
Over— \$20,500 \$22,000 \$30,750	But not over— \$20,500 \$22,000 \$30,750 \$33,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5 0.5 0.5	Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1	ly, or ving sp			9	×	.1
Over— \$20,500 \$22,000 \$30,750 \$33,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5 0.2 0.1	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1	ly, or ving sp			9	x	.1
Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5 0.5 0.1 0.1	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.0	ly, or ving sp			9	х	.1
Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.	Head of household line 9— 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.0 0.0	ly, or ving sp			9	x	.1
Over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.	Head of household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.0 0.0 0.0	ly, or ving sp			9	x	.1
S20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000 \$68,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1	Head of household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.0 0.0 0.0 0.0 0.0	ly, or ving sp			9	x	.1
S20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000	But not over— \$20,500 \$22,000 \$30,750 \$33,000 \$34,000 \$41,000 \$44,000 \$51,000 \$68,000 Note: I	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1	Head of household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0 vou can't take this cree	Single, Marr separate Qualifying survivos. 0.5 0.2 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0 edit.	ly, or ving sp			9	x	.1

^{*} 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.

200.

and on Schedule 3 (Form 1040), line 4



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

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. 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 you'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) ▶ JYOTHI DWARAKINATH GARGESWARI 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 VADIRAJA GOPALAKRISHNA (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 8604 VALLEY RANCH PARKWAY W APT 1007 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** IRVING 75063 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) Birth ✓ Male 05/02/1989 Information 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.: V8317424 Exp. date: 03/22/2032 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