E1040 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 Check only				ed filing separately (N					spc	use (C	QSS)	_
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent	-	our spouse. If you ch	necke	ed the HOH or	QSS box, e	enter t	he child'	s nam	e if the	qualifying
Your first name								Your s	Your social security number			
SHIVA KUMAR MARKE				ELKAR					640-81-5994			
If joint return, sp	oouse's	first name and middle initial	Last na	me			Spouse	Spouse's social security number				
NISHITA			MARK	ELKAR					APPLIED FOR			
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no					Campaign
1035 AST	ER A	AVE					1132				f you, or	
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code					, want \$3
SUNNYVAI	ĿΕ				CA 94086				to go to this fund. Checking a box below will not change			
Foreign country	name		F	Foreign province/state/county Foreign				al code	_			
											You [Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a			-		-				Vac [⊠ No
Standard		eone can claim: You as a de					40001). (00	7 111001	40110110.)			
Deduction		Spouse itemizes on a separate return				Сасренает						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Ja	nuary	2, 1958		Is blind	t
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Che	ck the	box if qua	lifies fo	r (see ins	structions):
If more	(1) Fi	rst name Last name		number		to you	Chi	ld tax	credit	Credit	for other	dependents
than four												
dependents, see instructions	3 ——											
and check												
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					. 1	а	67	,286.
	b	Household employee wages not re		. ,					. 11)		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								t		
W-2G and 1099-R if tax	е	•								e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line 29					. 1	f		
If you did not	g	Wages from Form 8919, line 6 .							. 19	9		
get a Form W-2, see	h	Other earned income (see instructi	ons) .				;		. 11	1		0.
instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)		<u>li</u>						
	Z	Add lines 1a through 1h							. 1	z	67	<u>,</u> 286.
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	xable interest	t		. 21)		
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds		. 31)		
	4a	IRA distributions	4a		b Ta	xable amoun	t		. 41)		
Standard	5a		5a		b Ta	xable amoun	t		. 51)		
Deduction for— Single or	6a	Social security benefits	3a		b Ta	xable amoun	t		. 6)		
Married filing	С	If you elect to use the lump-sum e	ection r	nethod, check here (see i	nstructions)						
separately, \$12,950	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	ired,	check here			□ 7	`		
Married filing jointly or	8	Other income from Schedule 1, line	e 10 .						. 8	1		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome				. 9		67	,286.
surviving spouse, \$25,900	10	Adjustments to income from Scheen	dule 1, l	ine 26					. 10)		
Head of	11	Subtract line 10 from line 9. This is	your ac	djusted gross incon	ne				. 1	1		,286.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedule	A)				. 12	2	<u>25</u>	,900.
If you checked any box under	13	Qualified business income deducti	on from	Form 8995 or Form	8995	5-A			. 1	3		
Standard	14	Add lines 12 and 13						. 14	4		,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is yo	our t a	axable incom	ie		. 1	5	41	,386.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	m(s): 1 881	4 2 🗌 4972	3 🗌		16	4,554.
Credits	17						17	
	18	Add lines 16 and 17					18	4,554.
	19	Child tax credit or credit for other depende	nts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less	. enter -0				22	4,554.
	23	Other taxes, including self-employment tax	•				23	0.
	24	Add lines 22 and 23. This is your total tax					24	4,554.
Payments	25	Federal income tax withheld from:						1,001
dyments	а	Form(s) W-2			25a	9,788.		
	b	Form(s) 1099			25b		-	
	c	Other forms (see instructions)			25c		-	
	d	Add lines 25a through 25c					25d	9,788.
	26	2022 estimated tax payments and amount					26	371001
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28		-	
	29	American opportunity credit from Form 886			29		-	
	30	Reserved for future use	•		30			
	31	Amount from Schedule 3, line 15			31		1	
	32	Add lines 27, 28, 29, and 31. These are you					32	
	33	Add lines 25d, 26, and 32. These are your t					33	9,788.
	34	If line 33 is more than line 24, subtract line					34	5,234.
Refund	35a	Amount of line 34 you want refunded to yo			•		35a	5,234.
Direct deposit?	b	Routing number 1 2 1 0 0 0 3			Checking	Savings	Jour	
See instructions.	d	Account number 3 2 5 1 6 2 9						
	36	Amount of line 34 you want applied to you			36			
Amount	37	Subtract line 33 from line 24. This is the an						
You Owe	31	For details on how to pay, go to www.irs.gov/Payments or see instructions				37		
	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to dis				0 - -	h . l .	₩ N.
Designee		tructions				Complete		⋈ No
	nai	signee's ne	Phone no.			rsonal ident mber (PIN)	ification	
Sign		der penalties of perjury, I declare that I have examin						
Here		ef, they are true, correct, and complete. Declaration		. , ,	ised on all informa			, ,
	Yo	ur signature	Date	Date Your occupation				nt you an Identity IN, enter it here
Joint return?			SYSTE		l l		inst.)	IIV, enter it nere
See instructions.	Sp	buse's signature. If a joint return, both must sign.	Date	Spouse's occupati			e IRS ser	nt your spouse an
Keep a copy for	- 1	,	- 3.12	l '		Ider	ntity Prote	ection PIN, enter it here
your records.				HOME MAKEF	₹	(see	inst.)	
	Ph	one no. (669) 467-3919	Email address	I4U.SHIVA@	GMAIL.COM			
Paid	Pre	parer's name Preparer's signa	ature		Date	PTIN		Check if:
Preparer	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/05/2023	P0208	2703	Self-employed
Use Only	Fin	n's name GLOBAL TAXES LLC				Pho	ne no. ((678) 965-9522
	Fin	n's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm	n's EIN	84-3171965
Go to www ire a	ov/Forn	1040 for instructions and the latest information		DAA	DEV 03/33/33 DDC	`		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.

OMB No. 1545-0074

An IRS individual	taxpayer identification n	umber (ITIN) i	s for U.S. feder	al tax purposes	only.		ion type (check one box):		
Before you begin • Don't submit th	: is form if you have, or are e	ligible to get, a	a U.S. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN		
	ubmitting Form W-7. Read ederal tax return with Form								
a Nonresident	alien required to get an ITIN to	claim tax treaty	y 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									
d Dependent	of U.S. citizen/resident alien	If d, enter relat	tionship to U.S. ci	tizen/resident alien	(see instr	ructions) 🕨			
e X Spouse of U	I.S. citizen/resident alien		name and SSN/ITMAR MARKELF	TIN of U.S. citizen/ KAR		lien (see in			
f Nonresident	alien student, professor, or re-	searcher filing a	U.S. federal tax re						
g Dependent/s	spouse of a nonresident alien h	olding a U.S. vi	sa						
h Other (see in	nstructions) ►								
Additional information	on for a and f : Enter treaty cour			and treaty ar	ticle numb	oer >			
Name	1a First name		Middle name		Last n	ame			
(see instructions)	NISHITA				MAR	KELKAR			
Name at birth if different ▶	1b First name		Middle name		Last n	name			
Applicant's	2 Street address, apartmen			you have a P.O.	box, see	separate ii	nstructions.		
Mailing	1035 ASTER AVE	APT 1132							
Address	City or town, state or prov	rince, and count	ry. Include ZIP co	·		oropriate.			
	SUNNYVALE			CA	USA		94086		
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 prov	rince, and count	ry. Include postal	code where appro	priate.				
Birth	4 Date of birth (month / day / y	ear) Country of	birth	City and state or	province	(optional)	5 Male		
Information	07/22/1995	INDIA							
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								
mormadon	6d Identification document(s) submitted (see instructions)								
	☐ USCIS documentation ☐ Other Date of entry into								
							the United States		
	Issued by: INDIA No.: W0594098 Exp. date: 05/12/2032 (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 ►								
Sign	Under penalties of perjury, I (a documentation and statements, information with my acceptance a	and to the best	of my knowledge a	nd belief, it is true,	correct, a	nd complete	e. I authorize the IRS to share		
Here	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.						Phone number			
	Name of delegate, if app	licable (type or p	orint)	nt) Delegate's relationship to applicant			Parent Court-appointed guardian Power of attorney		
Acceptance	Signature		Date (month / day	/ year)	Phone				
Agent's					Fax				
Use ONLY	Name and title (type or p	rint)	Name of c	Name of company			PTIN		
	7				Office co	ode			