1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 20 2	2	OMB No. 1545-	0074	IRS Use	Only—[Do not w	rrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) ou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying son is a child but not your dependent:										
Your first name	and mi	niddle initial Last name You							Your social security number			
FNU			PAUL	RAMONA					E	681-32-3500		
	ouse's	s first name and middle initial	Last nar							Spouse's social security number		
PARASA			ASHE	R					Z	Addi'	IED FO	R
-	numbe	er and street). If you have a P.O. box, see					A	Apt. no.	_			on Campaign
235 NORT	нт.(ORIMIER STREET					4				nere if you,	
-		ce. If you have a foreign address, also co	mplete sr	oaces below.	Sta	ite	ZIP c			•		ntly, want \$3
CAPE GIR							637			0		Checking a
Foreign country name								in postal co		box below will not change your tax or refund. You Spouse		
Digital Assets	exch	ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	a digital a	asset (or a financial	inter	est in a digital a	•	,		,	Yes	X No
Standard Deduction	<u> </u>	eone can claim: You as a de Spouse itemizes on a separate retur	n or you	were a dual-status	alier	1						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🔄 Was bor		ore Janua			Is bl	
Dependents	(see	instructions):		(2) Social security	/	(3) Relationshi		ip (4) Check the		if quali	fies for (see	instructions):
If more	(1) Fi	(1) First name Last name		number		to you	Child tax c		x crec	dit	Credit for ot	her dependents
than four												
dependents, see instructions												
and check												
here												
Income	1 a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a		78,143.
	b	Household employee wages not re	•	.,						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	structions)						1c			
attach Forms	d	Medicaid waiver payments not rep	n Form(s) W-2 (see i						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	Faxable dependent care benefits from Form 2441, line 26 						1e			
was withheld.	f	Employer-provided adoption bene	fits from	n 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)		1 i						
	z	Add lines 1a through 1h								1z		78,143.
Attach Sch. B	2 a	Tax-exempt interest	2a		bΤ	axable interest				2b		
if required.	3a	Qualified dividends	3a		b (Ordinary divider	nds .			3b		
	4a	IRA distributions	4a		bΤ	axable amount	:			4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amount	:			5b		
Deduction for –	6a	Social security benefits	6a		bΤ	axable amount				6b		
Single or Married filing	с	If you elect to use the lump-sum e	t to use the lump-sum election method, check here (see instructions)						. 🗆			
separately, \$12,950	separately, 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 10						8				
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		78,143.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26										
• Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11		78,143.
household, \$19,400	12	Standard deduction or itemized	•							12		25,900.
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
any box under Standard	14	Add lines 12 and 13								14		25,900.
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		52 , 243.	
see instructions.)							`	,

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	5 , 856.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	5,856.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					16 5,856 17 18 5,856 19 20 21 22 5,856 23 24 5,856 1. 24 5,856 1. 24 5,856 1. 24 5,856 1.	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,856.
	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	5,856.
Payments	25	Federal income tax withheld							,
i aj monto	а	Form(s) W-2				25a 10	,941.		
	b	Form(s) 1099				25b	,		
	с	Other forms (see instruction				25c		1	
	d	Add lines 25a through 25c	,					25d	10,941.
	26	2022 estimated tax paymen							
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	2 3 10,941. 4 5,085.
	29	American opportunity credit				29		1	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T		-	•			-	10,941,
	34	If line 33 is more than line 24	,						
Refund	35a	Amount of line 34 you want				•			
Direct deposit?	b							000	.,
See instructions.		Account number 1 5 2			3 3 3		ouvingo		
	36	Amount of line 34 you want				36			
Amount	37	,				00			
You Owe	31	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		57	
Third Party		you want to allow another	,						
Designee		•	•				omplete b	elow.	XNo
Decignee	De	signee's		Phone			•		
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare							
Here	bel	ief, they are true, correct, and corr	plete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all informati	on of which	n prepar	er has any knowledge.
nere	Yo	ur signature	Date Your occupation						
					SOFTWARE I				
Joint return? See instructions.	Sn	ouse's signature. If a joint return, l	hoth must sign	Date	Spouse's occupati			IRS se	t your spouse an
Keep a copy for	op		Duto						
your records.					AML SPECIA	IALISTS (see			
	Ph	one no. (573) 200-087	3	Email address	RAMONAPAUL	.R@GMAIL.CO	M		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/11/2023	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Phor	. 22 . . 24 . . 25d 10 . 25d 10 . 25d 10 . 26 . . 32 . . 32 . . 33 10 . 34 . . 34 . . 35a . . 37 . . 37 . . 37 . . 37 	(678)965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				84-3171965
Go to www.iro.c	ov/Eorr	a 1040 for instructions and the late	st information		DAA				Form 1040 (2022)

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

BAA REV 03/02/23 PRO

Form **1040** (2022)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See s	eparate instruc		permanen	it reside	nts.				
An IRS individual	l taxpayer identification nu	mber (ITIN) is i	for U.S. feder	al tax p	ourposes	only.	Applicat	ion ty	pe (check one box):	٦	
Before you begin						Apply for a new ITIN					
• Don't submit th		•			Renew an existing ITI						
	ubmitting Form W-7. Read								, c, d, e, f, or g, yo	u	
_	ederal tax return with Form	-		of the e	exception	is (see	Instruction	5).			
_	t alien required to get an ITIN to t alien filing a U.S. federal tax ret		benent								
	it alien (based on days present		ates) filing a U	S federa	al tax retur	n					
_	of U.S. citizen/resident alien		-				tructions) 🕨				
		-,				(,				
e 🛛 Spouse of L	J.S. citizen/resident alien	If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions)									
_	J	FNU PAUL RAMONA 681-32-3500									
	alien student, professor, or res	-		eturn or o	claiming ar	n except	ion				
	spouse of a nonresident alien ho	olding a U.S. visa									
h Other (see in	on for a and f : Enter treaty count				troaty art	ielo num	bor b				
Name	1a First name		And treaty article nur Middle name				st name				
(see instructions)	PARASA					AS	ASHER				
Name at birth if	1b First name	N	/liddle name			Last	name			_	
different ►											
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	235 NORTH LORIMIER STREET APT 4										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. CAPE GIRARDEAU MO USA 63701										
,	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. 05701										
Foreign (non- U.S.) Address											
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
·											
Birth	4 Date of birth (month / day / ye		rth	City an	id state or	province	e (optional)		✓ Male		
Information	08/14/1990	INDIA		D. number (if any) 6c Type of U.S. vis				5. visa (if any), number, and expiration date			
Other	6a Country(ies) of citizenship	ob Foreign ta	IX I.D. number (I	any)	oc Type	of U.S. V	isa (ir any), n	umpei	r, and expiration date		
Information	INDIA 6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.										
	Date of entry into										
	Issued by: INDIA No.: U6694030 Exp. date: 02/03/2030 (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 Kirst name K									—	
	6g Name of college/university or company (see instructions) ►										
	City and state ► Length of stay ►										
Sign Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, inclu									including accompanyir	٦g	
- documentation and statements, and to the best of my knowledge and belief, it is trac, concert, and complete. I authorize										re	
Here	Signature of applicant (if o		Phone num								
Keep a copy for your records.		Date (month / day / year)			i none null	IDEI					
your records.	Name of delegate, if applicable (type or print)			Delegate's relationsh		ship ⊾	Parent		Court-appointed guardian		
				to applicant			_	Power of attorney			
Accentance	Signature		Date (month / day / y			Phone					
Acceptance Agent's						Fax			_		
Use ONLY	Name and title (type or pr	Name of c	ompany		EIN		F	PTIN			
	🔽					code					

REV 03/02/23 PRO