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	ed filing separately	(MFS)	☐ Head of	household	І (НОН	H) [ifying surv ise (QSS)	iving
one box.		u checked the MFS box, enter the nonis a child but not your dependent		our spouse. If you	check	ed the HOH or	QSS box	, ente	r the		` ,	e qualifying
Your first name	and mi	ddle initial	Last nar	me					١	our so	cial security	y number
FIROZE (CHOWI	DARY	NAMB	URU						542-6	57-8206	5
If joint return, s	pouse's	first name and middle initial	Last nar	me					5	pouse's	s social sec	urity number
PAVANI			NAMB	URU					Z	APPLI	ED FOF	ξ
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt.	no.	F	resider	ntial Electio	n Campaign
3171 CY	PRESS	S CT									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code					tly, want \$3 Checking a
MONMOUT	H JUN	NCTION			NJ	J	08852				w will not	
Foreign countr	y name		F	oreign province/state	e/count	ty	Foreign po	stal co			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 Sp	oouse	: Was bor	n before				☐ Is bli	
Dependent				(2) Social securi	ty	(3) Relationsh				1		instructions):
If more	(1) Fi	rst name Last name		number		to you	0	hild ta	ax cre	dit	Credit for oth	er dependents
than four dependents,									<u> </u>		L	
see instruction	s ——								<u> </u>		L	
and check	, —							L	_		L	
here	J .							L			<u>_</u>	
Income	1a	Total amount from Form(s) W-2, b	`	,				٠		1a	-/	'5,512.
Attach Form(s)	b	Household employee wages not re		` '				٠		1b		
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	, , , ,							1e			
was withheld.	f	Employer-provided adoption bene			9 .					1f		
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form W-2, see	h	Other earned income (see instruct	,							1h		0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>l</u> i					_	
	Z	Add lines 1a through 1h								1z	-/	5,512.
Attach Sch. B	2a	'	2a			axable interes				2b		
if required.	<u>3a</u>		3a			rdinary divide				3b		
	4a	_	4a			axable amoun				4b		
Standard Deduction for—	5a	_	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	t			6b	-	
Married filing separately,	С	If you elect to use the lump-sum e		,	`	,			. 님			
\$12,950	7	Capital gain or (loss). Attach Sche							. Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin								8	-	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	1 7	'5 , 512.
surviving spouse, \$25,900	10	Adjustments to income from Sche								10		
Head of household,	11	Subtract line 10 from line 9. This is								11		'5,512.
\$19,400	12	Standard deduction or itemized								12	2	25,900.
If you checked any box under	13	Qualified business income deduct								13		
Standard	14	Add lines 12 and 13								14		25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	4	9,612.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 3 4972	3 🗌	[16	5,544.
Credits	17	Amount from Schedule 2, lir	-				[17	
	18	Add lines 16 and 17					[18	5,544.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin					[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	5,544.
	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	5,544.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 2	,584.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	2,584.
If	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return		[26	
If you have a qualifying child,	27	Earned income credit (EIC)				27	Ī		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812							
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T					[33	2,584.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	
neiulia	35a	Amount of line 34 you want	refunded to you	ی. If Form 8888	3 is attached, chec	ck here	. 🗆 [35a	
Direct deposit?	b	Routing number X X X	XXXXX	XX	c Type:	Checking S	avings		
See instructions.	d	Account number X X X	XXXXX	XXXX	X X X X X	XX	_		
	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	3 , 056.
	38	Estimated tax penalty (see in	_	-		38	96.		,
Third Party Designee		you want to allow another	person to disc	cuss this retu			mplete be	elow.	⊠ No
200.900	De	signee's		Phone			nal identific		
	naı	me		no.		numb	er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity
						NICTNEED	Protect (see in		IN, enter it here
Joint return? See instructions.		ouso's signature. If a joint roturn.	hoth must sign	Data	SOFTWARE E		,		nt your spouse an
Keep a copy for	Sр	Spouse's signature. If a joint return, both must sign.							ection PIN, enter it here
your records.					HOME MAKER	}	(see in	st.)	
	Ph	one no. (443) 447-808	8	Email address	FIROZECHOWD	ARY@GMAIL.CO	M		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/15/2023	P02082	703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Phone	no. (678) 965-9522
Use Only	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 03/02/23 PRO			Form 1040 (2022)

(Rev. November 2022)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 Attachment Sequence No. 70

Taxpayer identification number

FIRG	DZE CHOWDARY & PAVANI NAMBURU	642-67-820	6		
repare	r's name	Preparer tax identifica	ation numb	er	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rela		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided or reasonably obtained by you? (See instructions if relying on prior year earned income.)		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	V		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer		X		
	determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) an	d/or HOH filing			
	status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any or prepare Form provided by the litus or to figure	X		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862?	year?	X		
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?	a complete and			

orm 88	367 (Rev. 11-2022)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children	Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
h	and does not have a qualifying child, go to question 10.)			
b	has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of			
	more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
12	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
D	statement to the return?	X		
Part				/.) No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	
Part		s, go to	Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	k year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:			
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the retor HOH	turn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	37 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble work	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	cayer's int(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes	No



Application for IRS Individual Taxpayer Identification Number

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

• Don't submit th	ı: iis form if you have, or are eligi	ble to get, a U.S.	. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN		
Reason you're si	ubmitting Form W-7. Read the	e instructions fo	r the box y	ou check. Cauti	on: If you				
a Nonresident	t alien required to get an ITIN to cla	aim tax treaty bene	efit	-	•		,		
b Nonresident	t alien filing a U.S. federal tax retur	'n							
c U.S. resider	nt alien (based on days present in	the United State	s) filing a U.	S. federal tax retur	n				
d Dependent	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident alier	ı (see instr	ructions) 🕨			
e X Spouse of L		d or e, enter name FIROZE CHOWI			resident a	lien (see in	structions) ►		
f Nonresident	t alien student, professor, or resea	rcher filing a U.S. f	ederal tax re	turn or claiming a	n exceptic	n			
g Dependent/	spouse of a nonresident alien hold	ling a U.S. visa							
h Other (see in									
Additional information	on for a and f : Enter treaty country			and treaty ar	ticle numb	oer ►			
Name	1a First name	Midd	dle name		Last n				
(see instructions)	PAVANI					BURU			
Name at birth if different ▶	1b First name	Mido	dle name		Last n	ame			
Applicant's Mailing	2 Street address, apartment nu 3171 CYPRESS CT					-	nstructions.		
Address	City or town, state or provinc	•	clude ZIP co	de or postal code		oropriate.			
	MONMOUTH JUNCTION	N		NJ	USA		08852		
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 provinc	province, and country. Include postal code where appropriate.							
Birth Information	4 Date of birth (month / day / year) 06/30/1990	Country of birth INDIA		City and state or	province	(optional)	5 ☐ Male ★ Female		
Other	6a Country(ies) of citizenship	6b Foreign tax I.I	D. number (it	any) 6c Type	of U.S. vis	sa (if any), n	lumber, and expiration date		
Information	INDIA								
illiorillation	6d Identification document(s) su	bmitted (see instru	ictions)	Passport	Driver's	license/St	ate I.D.		
	USCIS documentation	☐ LISCIS decumentation ☐ Other							
	Date of entry into								
	Issued by: INDIA	No.: U6684880	Fy	p. date: 01/29/	2030	(MM/DD/			
	6e Have you previously received					().		
	No/Don't know. Skip lii		THAI HOVOHA	o oci vioc i vairiboi	(11 1014).				
	Yes. Complete line 6f. If		st on a sheet	and attach to this	form (see	instructio	ns)		
	6f Enter ITIN and/or IRSN ▶ I				RSN		and		
	name under which it was iss				1014		and		
	marile under willorn was iss	First	t name	Middle r	name		Last name		
	6g Name of college/university or company (see instructions) ▶								
	City and state ▶			Length o	f stay ▶				
Sign Here	adoutheritation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I dathorize the into to share								
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / da				/ year)	Phone nun	nber		
-	Name of delegate, if applica	to applicant			rent Court-appointed guardiar				
Acceptance	Signature			Date (month / day	, , ,	Phone			
Agent's	V					Fax			
Use ONLY	Name and title (type or print	t)	Name of co	ompany	. ,				
	r Off					Office code			