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

OMB No. 1545-0074

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

Filing Status	s ∐ S	Single 🔀 Married filing jointly	Marr	ied filing separately	/ (MFS))	househ	old (HOH) [fying survi	ving
Check only one box.	If vo	u checked the MFS box, enter the r	name of	vour spouse. If you	ı check	red the HOH or	r 088 I	nov ente	r the c	•	se (QSS) name if the	aualifyina
OHO BOX.	-	son is a child but not your dependen		your spouse. If you	a Gricon		i QUU i	JOX, CITTO	i tilo o	illia 3	name ii tiic	qualitying
Your first name				ast name						Your social security number		
				EDA						802-52-7182		
	s first name and middle initial	ame						Spouse's social security number				
	o mot riamo ana rindale ililia						1 '					
							APPLIED FOR Presidential Election Campaign					
									Check here if you, or your			
								spouse if filing jointly, want \$3				
	ce. If you have a foreign address, also c	'				to			this fund. C	•		
HERNDON Foreign pountry name				Foreign province/state/county							w will not on the contract of	hange
Foreign country name				Poreign province/state/county			Foreig	i oreign postar code)		You Spouse		
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	s a reward, award,	or payr	ment for prope	erty or s	services);	or (b)	sell,		
Assets	exch	ange, gift, or otherwise dispose of	a digital	l asset (or a financi	al inter	est in a digital	asset)	? (See ins	structio	ons.)	☐ Yes	⊠ No
Standard	Som	eone can claim:	epender	nt 🗌 Your spo	use as	a dependent						
Deduction		Spouse itemizes on a separate retu	rn or yo	u were a dual-stati	us alier	า						
Age/Blindness	you:	Were born before January 2,	1958	Are blind	pouse	: Was bo	rn befo	re Januai	ry 2, 19	958	☐ Is blir	nd
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	nip (4	Check the	e box if	ox if qualifies for (see instructions		nstructions):
If more	(1) F	(1) First name Last name		number		to you		Child tax cre		redit Credit for other de		er dependents
than four												
dependents, see instruction												
and check												
here]											
Income	1a	Total amount from Form(s) W-2, k	oox 1 (se	ee instructions) .						1a	8	9,021.
	b	Household employee wages not r	eported	d on Form(s) W-2 .						1b		
Attach Form(s)	С	Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Taxable dependent care benefits from Form 2441, line 26								1c		
W-2 here. Also attach Forms	d									1d		
W-2G and	е									1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefits 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 instruc	tions)							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
motraotiono.	Z	Add lines 1a through 1h						1z	8	9,021.		
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	ıt			4b		
Standard	5a	Pensions and annuities	5a		b T	axable amoun	ıt			5b		
Deduction for—	6a	Social security benefits	6a b Taxable amount							6b		
 Single or Married filing 	С	If you 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								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	8	9,021.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10		
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11	8	9,021.
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)							12		5,900.	
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	2	5,900.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15		3,121.		
	1											

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		. 16	7,164.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	7,164.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,164.
	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	7,164.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2	53.						
	b	Form(s) 1099							
	С	Other forms (see instructions	3)			25c			
	d	Add lines 25a through 25c						. 25d	12,353.
If you have a	26	2022 estimated tax payment	s 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	n 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, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	fundable cre	dits .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	12,353.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	unt you overp	aid .	. 34	5,189.
riciana	35a	Amount of line 34 you want			is attached, che	eck here .		☐ 35a	5,189.
Direct deposit?	b	Routing number 0 7 4			c Type:	Checking	Savir	ngs	
See instructions.	d	Account number 7 9 9	1 8 0 9	0 1					
	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 For details on how to pay, go						. 37	
	38	Estimated tax penalty (see in							
Third Party Designee		you want to allow another structions	•				es. Compl	ete below.	⋈ No
		Designee's Phone Personal identifi name no. number (PIN)							
				no.			,		
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
11010	Yo	Your signature		Date	Your occupation		Protection F	ent you an Identity PIN, enter it here	
Joint return?				NETWORK E	(see inst.)				
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupa		ent your spouse an ection PIN, enter it he			
your records.				HOME MAKER (s					
	Ph	one no. (260)745-672	 6	Email address	GOUTHAM22NE		I. COM		
		eparer's name	Preparer's signat		000111111122111	Date	PTII	N	Check if:
Paid		•			GUPTA TALLAN			2082703	Self-employed
Preparer									(678)965-9522
Use Only								Firm's EIN	88-2145487
Go to warm ire or		11040 for instructions and the late				DEV/ 04/44/00		5 = 114	Form 1040 (202
GO TO WWW.IIS.go	v/rom	11040 IOI IIISTIUCTIONS AND THE IATE	ot inionnation.		BAA	REV 01/14/23	PKU		Form 1040 (202



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

Before you begin	taxpayer identification numb: : is form if you have, or are eligib			-	-	-	⋉ Ap	ply for	(check one box): a new ITIN existing ITIN		
must file a U.S. fe	ubmitting Form W-7. Read the ederal tax return with Form W alien required to get an ITIN to cla	/-7 unless you im tax treaty bene	meet one			-			, d, e, f, or g, you		
c U.S. residen	alien filing a U.S. federal tax return t alien (based on days present in of U.S. citizen/resident alien	the United State					ructions) ►				
e 🛭 Spouse of U		d or e, enter name AMPATH GOU			. citizen/r	esident a	alien (see ins		ns) ▶ 2-52-7182		
	alien student, professor, or researd spouse of a nonresident alien holding structions) ▶	_			aiming an	exception	on 				
Additional information	on for a and f : Enter treaty country l			and	treaty arti	cle numl	ber ►				
Name (see instructions)	1a First name GAYATRI		Middle name				Last name VOLIPALLI				
Name at birth if different ▶	1b First name		Middle name Last n								
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2242 ASTORIA CIRCLE APT 202										
Address	HERNDON		y. Include ZIP code or postal code where app VA USA				20170				
Foreign (non- U.S.) Address (see instructions) 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.											
Birth Information	4 Date of birth (month / day / year) 08/28/1996	Country of birth INDIA		City and	state or p	orovince	(optional)		Male Female		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.	tax I.D. number (if any) 6c Type of l			of U.S. vi	S. visa (if any), number, and expiration date R2283715 09/30/2024				
imormation	6d Identification document(s) sub USCIS documentation						s license/State I.D. Date of entry into the United States				
	Issued by: INDIA No.: L7278139 Exp. date: 02/23/2024 (MM/DD/YYYY): 06/16/2022 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 ► IT name under which it was issu	ıed ▶	IRSN			and 					
	First name Middle name Last name 6g Name of college/university or company (see instructions) >										
	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 accompanyir documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								orize the IRS to share		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)							Phone number			
	Name of delegate, if applicate	ole (type or print)	to applicant			Power of attorn			rt-appointed guardian ey		
Acceptance	Signature			Date (mo	Pate (month / day / year)		Phone				
Agent's	Name and title (type or print)		Name of company			EINI	Fax PTIN				
Use ONLY	Name and title (type or print)		rianie of company			EIN PTIN Office code			IIN		