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 Check only				ed filing separately		_			_	spous	se (QSS	6)	
one box.		u checked the MFS box, enter the r		our spouse. If you	u check	ed the HOH or	r QSS box,	enter	the cl	hild's ı	name if	the c	μαlifying
person is a child but not your dependent: Your first name and middle initial Last name Your first name and middle initial Last name						Yo	Your social security number						
				RAJAPATI						041-49-0894			
				st name						Spouse's social security number			
				AJAPATI					1 '	APPLIED FOR			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							Presidential Election Campaigr						
2 DRUMMOND DRIVE B								Check here if you, or your					
City, town, or post office. If you have a foreign address, also complete spaces below. State					ZIP code			spouse if filing jointly, want \$3					
ROCKY HILL				CT			0.000			to go to this fund. Checking a box below will not change			
Foreign country name			F	Foreign province/state/county						your tax or refund.			
										You Spouse			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-	,	. ,		Yes	. D	⊠ No
Standard		eone can claim: You as a de				a dependent	40001). (0	00 1110), i i i i i			
Deduction	_	Spouse itemizes on a separate return	•										
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind	Spouse	: Was bo	rn before J	anuar	y 2, 19	958	☐ Is b	blind	I
Dependent	endents (see instructions):			(2) Social securit		(3) Relationsh	nip (4) Ch	(4) Check the bo		qualifie	fies for (see instructions):		
If more	(1) Fi	First name Last name		number		to you	С	Child tax cred		edit Credit for other d		dependents	
than four dependents,												ᆜ	
see instruction	s							<u> </u>				ᆜ	
and check	, —											뷰	
here		T. I	4 /									<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	•	,						1a	+	49	<u>,655.</u>
Attach Form(s)	b	Household employee wages not r		. ,					•	1b 1c	+		
W-2 here. Also	C C	Tip income not reported on line 1a (see instructions)								1d	+		
attach Forms W-2G and	d e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e	_			
1099-R if tax	f	Taxable dependent care benefits from Form 2441, line 26							•	1f	_		
was withheld.	g	Employer-provided adoption benefits from Form 8839, line 29							•	1g	1		
If you did not get a Form	9 h	Other earned income (see instruct							•	1h	1		0.
W-2, see	i	Nontaxable combat pay election (,	, i i					•				
instructions.	z	Add lines 1a through 1h								1z	1	49	,655.
Attach Sch. B	2a		2a		b Ta	axable interes	t			2b			,
if required.	3a	· -	3a		b 0	rdinary divide	nds			3b			
	4a	IRA distributions	4a		b Ta	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t			5b			
Deduction for—	6a	Social security benefits	6a		b Ta	axable amoun	t			6b			
Single or Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)											
separately, \$12,950	7	apital 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		49	,655.	
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	\perp	49	,655.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12		<u>25</u>	,900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	—		
Standard	14	Add lines 12 and 13							14			,900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This i	is your t	axable incom	ne			15	5 23,755.		

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	2,442.
Credits	17	Amount from Schedule 2, lin						17	
	18	Add lines 16 and 17						18	2,442.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,442.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	2,442.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 6	,806.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	6,806.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, 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	hese are your to	tal payments				33	6,806.
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	4,364.
riciana	35a	Amount of line 34 you want			is attached, chec	ck here		35a	4,364.
Direct deposit?	b	Routing number 0 1 1				Checking S	Savings		
See instructions.	d	Account number 3 8 5	0 3 0 3	4 4 3 2	2 5				
	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, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		n with the IRS?		mplete b	elow.	X No
· ·		signee's		Phone			onal identifi	cation	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare t lief, they are true, correct, and com							
TICIC	Yo	ur signature	Date Your occupation					nt you an Identity	
				SOFTWARE ENGINEER			(see i		IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	Date Spouse's occupation				IRS ser	nt your spouse an	
Keep a copy for	Op	Species o digitation in a joint rotarri, sour must sign.			opouse 3 cooupation				ection PIN, enter it here
your records.	HOME MAKER (see					ıst.)			
	Ph	one no. (860)834-597		Email address	SUMIT14JAN	86@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/2023	P02082	703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Phone	e 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.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 1040 (2022)



Application for IRS Individual Taxpaver 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

Application type (check one box): Apply for a new ITIN 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 vou'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) ▶ SUMIT KUMAR PRAJAPATI 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 Last name Middle name Name NIKITA PRAJAPATI (see instructions) 1b First name Middle 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 Apt B2 DRUMMOND DRIVE Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 06067 ROCKY HILL USA 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) Male **Birth** Information 08/18/1988 ▼ 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.: T6297911 Exp. date: 08/08/2029 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 ▶ **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** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code