E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022	2
------	---

OMB No. 1545-0074

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

one box. If you checked the MPS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifers present is a child but not your dependent: Your first name and middle initial Last name SQURABH KUMSA If joint return, spouse's first name and middle initial Last name VARSIIA HANS APLIED FOR APLIED FOR Home address flumber and street, if you have a PO. box, see instructions. Apt. no. Predictions flumber and street, if you have a foreign address, also complete spaces below. A315 E THUNDERSHEND ROAD City, town, or post office. If you have a foreign address, also complete spaces below. A2 B 50.32 Digital At any time during 2022, did you: (a) receive (sar reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset); (See instructions). Ves Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Deduction Someone can claim: You as a dependent Your spouse as a dependent Dependents (see instructions): (2) Social security (1) First name Last name Last name Dependents (see instructions): (2) Social security (4) Relationship (4) Check the box if qualifies for (see instructions) 1 to 4 Attach Form(s) W.2. gase Last name Last name Last name Last name Last name Dependents See instructions: (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) 1 to 4 Attach Form(s) At	Filing Status	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separate	ly (MFS	Head of	househ	old (HOI	H) [ifying sur	viving	
person is a child but not your dependent: Your social security numb SAURABII KUMAR	Check only	If vo	u shocked the MES have enter the	nama of v	your spouse. If we	vu obool	rod tha ∐∩∐ a	, OSS 1	ov onto	r the	•	` ,	ao gualifyi	na
Vaur secial security numb SAURABH KUMAR SAURABH KUMAR SAURABH Last name SAURABH KUMAR SAURABH Last name SAURABH Last name SAURABH Last name SAURABH SAURABH Last name SAURABH SAURABH Last name SAURABH SAURABH Last name SAURABH	one box.	-			your spouse. If yo	ou criecr	ked the HOH of	Q33 L	ox, ente	יו נווכ	Ciliu S	name ii ti	ie quaiiryii	ng
SAURABH KUMAR SINHA SINHA Spouse's first name and middle initial Last name Spouse's spouse shoule security name Last name Spouse's spouse shoule security name Last name	Your first name				me.						Your soc	cial securif	tv number	_
Infinite num, apouse's first name and middle initial Last name											-			
APPLIED FOR														
Apt. no.														
A315 E THUNDERBIRD ROAD		(numbe	or and street) If you have a P.O. hov se					Δ	nt no	_				
State PHOENTX Prorigin country name Poreign province/state/country Prorigin province/state/country P		,	•	e iristructi	0113.					- 1				ıgn
FOREINIX Foreign country name Foreign country name Foreign province/state/country Vou so with a country Vou so some can calcian: You as a dependent or a financial interest in a digital asset(?) (See instructions). Someone can calcian: You as a dependent or a financial interest in a digital asset(?) (See instructions). Someone can calcian: You as a dependent or a financial interest in a digital asset(?) (See instructions). Someone can calcian: You as a dependent or a financial interest in a digital asset(?) (See instructions). Someone can calcian: You as a dependent or a financial interest in a digital asset(?) (See instructions). Someone can calcian: You as a dependent or a financial interest in a digital asset(?) (See instructions). You: Were born before January 2, 1958 Are blind Source: (1) First name Last name				omploto s	nacos holow	S+	ato.					, ,	,	\$3
Foreign country name		JOSE OTH	ce. If you have a foreign address, also c	ompiete s							to go to this fund. Checking a			а
Special		v nomo									ũ .			
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).	Foreign countr	упатте			roreign province/si	ale/Cour	ity	Foreigi	i postai ce	oue	your tax	_	Spou	180
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	.	Δ1	- 12 d - 2 0000 - 12-1 (-)								I- \ II			-
Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958								-				□ Vec	X No	
Age/Blindness You: Were born before January 2, 1958								asset):	(See III	Struc	110115.)			_
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Spouse Was born before January 2, 1958 Is blind Was born before January 2, 1958 Was born before January 2, 1958 Is blind		_		•										
Comparison Com	Deduction		spouse iternizes on a separate retu	ili or you	i were a duar-sta	ius allei	<u> </u>							_
If more	Age/Blindnes	s You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn befo	re Janua	ıry 2,	1958	ls bl	ind	
If more If If If more If If more If If more If If If If more	Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4)	Check th	ne bo	x if qualif	ies for (see	instruction	ıs):
dependents, see instructions and check here . □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	If more	(1) Fi	rst name Last name		number		to you		Child ta		dit	Credit for ot	her depende	ents
Income	than four													
Income there		<u> </u>												
Income In Total amount from Form(s) W-2, box 1 (see instructions) In Household employee wages not reported on Form(s) W-2 In Household employee wages not reported on Form 8995 on For		5 —												
b Household employee wages not reported on Form(s) W-2	. –													
Attach Form(s) W-2 here. Also attach Forms W-2 G and 1099-Ri if tax aws withheld. If you did not get a Form W-2, see instructions. Z Attach Sch. B if required. Attach Sch. B if required. Attach Sch. B if greater in the filing separately. Single or Married filing separately. Sizuly or Warden filing separately. Sizuly or Warden filing separately. Sizuly sign spouse. Sizuly sign sign sign sign sign sign sign sign	Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions)						1a		29 , 273	
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions If you did not get a	IIICOIIIE	b	Household employee wages not i	reported	on Form(s) W-2						1b			
tatach Forms	٠,	С												
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Taxable dependent care benefits from Form 8839, line 29 Wages from Form 8919, line 6 Other earned income (see instructions) Add lines 1a through 1h Tax-exempt interest Bandard deduction for Single or Married filing separately, \$12,950 Married filing jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked and you checked range benefits from Form 2441, line 26 Taxable dependent care benefits from Form 8839, line 29 If the subject to the see instructions) In the subject to the see instructions) It is a subject to the see instructions of the subject to the see instructions of the subject to use the lump-sum election method, check here (see instructions) Taxable amount Bandard development and provided adoption benefits from Form 8839, line 29 It is a subject to the see instructions of the subject to use the lump-sum election method, check here (see instructions) Capital gain or (loss). Attach Schedule D if required. If not required, check here Other income from Schedule 1, line 10 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income In the subject to use the lump-sum election method, check here (see instructions) Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Other income from Schedule 1, line 26 Subtract line 10 from line 9. This is your adjusted gross income In the subject to use the subject of t		d	, ,											
### was withheld. If you did not get a Form Wages from Form 8919, line 6		е	Taxable dependent care benefits	from For	rm 2441, line 26						1e			
Wages from Form 8919, line 6 1g Wages from Form 8919, line 6 1g Wages from Form 8919, line 6 1h W-2, see instructions. 1i W-2, 29, 27 W-2, 27 W-2, 27 W-2, 29 W-		f			•	29 .					1f			_
h Other earned income (see instructions) In Nontaxable combat pay election (see instructions) It		а										1		_
instructions. i Nontaxable combat pay election (see instructions) i Nontaxable combat pay election (see instructions) i Add lines 1 a through 1 h Tax-exempt interest . 2a			•									1	0	
Add lines 1a through 1h	W-2, see		•	,			1							_
Attach Sch. B attach Sch. A attach Sch. B attach Sch. A b Taxable amount attach Sch. B attach Sch. A b T	instructions.		• •								12	1 :	29,273	
if required. 3a Qualified dividends . 3a b Ordinary dividends . 3b IRA distributions	Attach Sch. B		J.	2a		ЬΊ	axable interes	t .						
4a IRA distributions			' F			i								_
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Decduction, Decduction or itemized deduction or less senter -0- This is your taxable income. 5b Taxable amount			· · ·			1	,							_
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$25,900 Mary of the subtract line 10 from line 9. This is your adjusted gross income to the surviving to th	Standard					1				•				_
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of Household, \$19,400 If you checked any box under Standard Deduction, \$10,000 Add lines 12 and 13 C If you elect to use the lump-sum election method, check here (see instructions) C Apital gain or (loss). Attach Schedule D if required. If not required, check here 7 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 29,27 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 25,900 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income						1				•				_
separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$15 Subtract line 12 and 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 29,27 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Subtract line 10 from line 9. This is your adjusted gross income 11 29,27 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income			· · · · · · · · · · · · · · · · · · ·		method check h	1				· .	1			_
Married filing jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Subtract line 14 from line 11, If zero or less enter -0- This is your taxable income 8 Other income from Schedule 1, line 10 9 29,27 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 29,27 10 Subtract line 10 from line 26 11 29,27 12 25,900 13 Qualified business income deductions (from Schedule A) 14 25,900 15 Subtract line 14 from line 11, If zero or less enter -0- This is your taxable income	separately,		•		*	`	,			·	í 7	1		
jointly or Qualifying spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, 15 Subtract line 14 from line 11 If zero or less enter -0- This is your total income			,		•	•				٠ ـ				_
Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income	jointly or		·									+ ,	20 272	_
Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Description, Descr					•							+ 4	<u> </u>	•
household, \$19,400 If you checked any box under Standard Deduction, Deduction, Description: 12 Standard deduction or itemized deductions (from Schedule A)	\$25,900		•	-								+		_
Standard deduction or itemized deductions (from Schedule A)		nunchold.												
any box under Standard 14 Add lines 12 and 13	\$19,400											+	25 , 900	•
Standard 14 Add lines 12 and 13												+		
	Standard													
		15	Subtract line 14 from line 11. If ze	ero or les	s, enter -U This	is your	taxable incom	10 .			15		3 , 373	•

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	338.	
Credits	17	Amount from Schedule 2, lir	-						. 17		
	18	Add lines 16 and 17							. 18	338.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				. 19		
	20	Amount from Schedule 3, lir	ne 8						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0					. 22	338.	
	23	Other taxes, including self-e								0.	
	24	Add lines 22 and 23. This is								338.	
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	3	,50	9.		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							. 25d	3,509.	
.,	26	2022 estimated tax paymen							. 26		
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .		-		30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31					e credits		. 32		
	33	Add lines 25d, 26, and 32. T	•	-	•					3,509.	
D. ()	34	If line 33 is more than line 24							. 34	3,171.	
Refund	35a					-	-	. [35a	3,171.	
Direct deposit?	b										
See instructions.	d										
	36	Amount of line 34 you want				36	Τ'				
Amount	37	Subtract line 33 from line 24				1 00					
You Owe	31	For details on how to pay, g		•					. 37		
	38	Estimated tax penalty (see i	_	-		38			0.		
Third Party		you want to allow another									
Designee		structions	•				Yes. C	omple	ete below.	X No	
	De	Designee's Phone Personal									
	naı	me		no.			num	oer (PI	N)		
Sign		der penalties of perjury, I declare									
Here			ipiete. Declaration (of preparer (other than taxpayer) is based on all information of							
	Your signature			Date Your occupation					If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					SOFTWARE ENGIN			/		T T T T T T T T T T T T T T T T T T T	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for					Date Spouse's occupation					Identity Protection PIN, enter it here	
your records.			HOMEMAKER					see inst.)			
		one no. (602) 849-714		Email address SAURABH.BOKARO543@GMAIL.COM							
Paid	Pre	eparer's name	Preparer's signat	nature Date				PTIN	I	Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	A RAM SAGAR GUPTA TALLAM 03/30/2023 PC					2082703 Self-employed		
Use Only	Firm's name GLOBAL TAXES LLC							I	Phone no. (678) 965-9522		
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			ı	Firm's EIN	84-3171965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 0	3/18/23 PRO			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) is	s for U.S. feder	al tax purposes	only.		ion type (check one box):				
Before you begin • Don't submit th	ı: is form if you have, or are e	ligible to get, a	U.S. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN				
	ubmitting Form W-7. Readederal tax return with Fori										
a Nonresident	alien required to get an ITIN to	o 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											
d Dependent	of U.S. citizen/resident alien	If d, enter relat	ionship to U.S. cit	tizen/resident alier	(see inst	ructions) 🕨					
e 🛛 Spouse of U	J.S. citizen/resident alien		name and SSN/I7 KUMAR SINHA	TIN of U.S. citizen/		llien (see in	000 01 0100				
f Nonresident	alien student, professor, or re	searcher filing a	U.S. federal tax re								
g Dependent/s	spouse of a nonresident alien h	nolding a U.S. vis	a								
h Other (see in	nstructions) 🕨										
Additional information	on for a and f: Enter treaty cour	ntry ►		and treaty ar							
Name	1a First name		Middle name		Last n						
(see instructions)	VARSHA				HAN						
Name at birth if different ▶	1b First name		Middle name		Last n						
Applicant's	2 Street address, apartmen			you have a P.O.	box, see	separate i	nstructions.				
Mailing	4315 E THUNDER										
Address	City or town, state or prov	vince, and counti	y. Include ZIP co	•		•					
	PHOENIX			AZ	USA		85032				
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	vince, and count	y. Include postal	code where appro	priate.						
Birth	4 Date of birth (month / day / y	rear) Country of	birth	City and state or	province	(optional)	5 Male				
Information	09/21/1993	INDIA				▼ Female					
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign	tax I.D. number (it	fany) 6c Type H4	of U.S. vis	sa (if any), n R47782	number, and expiration date 268 09/28/2024				
illiorillation	6d Identification document(s) submitted (see	instructions)	Passport	Driver's	s license/St	ate I.D.				
	USCIS documentation					Data of au	atau a fanta				
	_					Date of entry into the United States					
	Issued by: INDIA	(MM/DD/)									
	Issued by: INDIA No.: U5522254 Exp. date: 05/12/2031 (MM/DD/YYYY): 08/03/2022 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 ► 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 of	and to the best of	of my knowledge a	nd belief, it is true,	correct, a	and 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.	Signature of applicant (if	structions)	Date (month / day	/ year)	Phone number						
	Name of delegate, if app	olicable (type or p	orint)	nt) Delegate's relation to applicant			Court-appointed guardian fattorney				
Accentance	Signature			Date (month / day	/ year)	Phone					
Acceptance Agent's						Fax					
Use ONLY	Name and title (type or p	print)	Name of co	ompany	EIN		PTIN				
	Office cod					ode					