<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		ırn 20 <b>2</b>	2	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.		
Filing Status Check only one box.	lf yo	u checked the MFS box, enter the n	ame of y	d filing separately ( our spouse. If you o				· · · ·	spou	lifying surviving use (QSS) s name if the qualifying		
		on is a child but not your dependent										
Your first name	and mi	ddle initial	Last nan	ne						cial security number		
SANJAY			SHARI						845-87-2228			
lf joint return, sp	oouse's	s first name and middle initial	Last nan	ne					Spouse's social security number			
AMITA			SHARI						APPLIED FOR			
Home address (	numbe	er and street). If you have a P.O. box, see	instructio	ins.			A	Apt. no.		ntial Election Campaigr		
<u>12952 RC</u>										nere if you, or your if filing jointly, want \$3		
City, town, or po	ost offic	ce. If you have a foreign address, also co	omplete sp					ode	•	this fund. Checking a		
FARMERS		NCH						34		ow will not change		
Foreign country	name		F	oreign province/state	/coun	ty	Foreig	n postal code	your tax or refund.			
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a								Yes X No		
Standard		eone can claim:  You as a de	-				40000	. (000 mond	01101101)			
Deduction		Spouse itemizes on a separate retur	•			•						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor		ore January 2		Is blind		
Dependents				(2) Social securit	у	(3) Relationsh	ip (4	) Check the b	ox if quali	fies for (see instructions):		
If more	(1) Fi	irst name Last name		number		to you		Child tax ci	redit	Credit for other dependents		
than four												
dependents, see instructions	;											
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	•	,					. <u>1</u> a	,		
	b	Household employee wages not re	•						. 1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)					• •		. <u>1</u> c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. <u>1e</u> . 1f			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	Wages from Form 8919, line 6 .					• •		. <u>1g</u>			
get a Form W-2, see	h	Other earned income (see instruct	,				· ·		. <u>1h</u>	0.		
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)	• •	<b>1</b> i				125 460		
				· · · · ·		· · · · ·	• •		. 1z			
Attach Sch. B if required.	2a	· · -	2a			axable interest			. 2b			
	<u>3a</u>		3a			Drdinary divider			. <u>3b</u>			
<u> </u>	4a		4a			axable amoun			. 4b			
Standard Deduction for –	5a		5a			axable amoun			. 5b			
Single or	6a		6a			axable amount	[	· · ·	. 6b	,		
Married filing separately,	c 7	If you elect to use the lump-sum e					• •	· · · L	7			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
Married filing jointly or	8 9	Other income from Schedule 1, line 10         .          .							. <u>8</u> . 9	125 460		
Qualifying spouse,	Add lines 12, 20, 30, 40, 30, 60, 7, and 6. This is your total income						. 9 . 10	135,468.				
\$25,900	11	Subtract line 10 from line 9. This is					• •		. 11			
<ul> <li>Head of household,</li> </ul>	12	Standard deduction or itemized					• •		. 12			
\$19,400 • If you checked	13	Qualified business income deduct					• •		. 13			
any box under	13 14	Add lines 12 and 13			1035	<u></u>	• •		. 14			
Standard Deduction,	14	Subtract line 14 from line 11. If zer			 /our	taxable incom	 e		. 14			
see instructions.			0 01 1000	,	, 001		<b>.</b> .		. 13	107,500.		

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	15,339.
Credits	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	15,339.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne8						20	
	21	Add lines 19 and 20						[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	15,339.
	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	15,339.
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	15,	163.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	15,163.
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				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			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	. These are your	total other pa	ayments and refu	undable o	redits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	15,163.
Refund	34	If line 33 is more than line 24							34	
Refutio	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here						35a		
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checkin	g 🗌 Sa	avings		
See instructions.	d	Account number X X X						Ũ		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	This is the <b>amo</b>	ount vou owe						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions					37	176.		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See				
Designee		tructions	·			. [	Yes. Con	nplete be	elow.	X No
		signee's		Phone				al identifi	cation I	
	na			no.			numbe	. ,		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation		internation	1		nt you an Identity
	10	ur signature		Date	Tour occupation					N, enter it here
Joint return?					SOFTWARE A	ARCHIT	ECT	(see ir	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	ion				nt your spouse an	
Keep a copy for your records.								y Prote ist.)	ection PIN, enter it here	
<b>,</b>		(045)040.041		<b>_</b>	HOME MAKER		~~~	(300 1	151.)	
		one no. (945)248-041 eparer's name	5 Preparer's signat	Email address	SHARMSA@GN	AIL.C		PTIN		Check if:
Paid										Self-employed
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI	04/06	/ 2023   E	02470		
Use Only		m's name GLOBAL TA			T 0001C					678)965-9522
			Y CT E BRU	INSWICK N	J 08816			Firm's	EIN	88-2145487
(-o to www.ire a	ov/Eorr	a1040 for instructions and the late	ct intermetion							Earm 1141 (2022)

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

BAA REV 03/22/23 PRO

Form **1040** (2022)

88 Form Department of the Treasury Internal Revenue Service

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

22

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment Sequence No. <b>52</b>
ber of HSA beneficiary. We HSAs, see instructions

20

Name(s				HSA beneficiary.
SAN		845-87-2		s, see instructions.
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ntracts, if re	quir	ed.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during	ıg 2022		
	See instructions	_	Self	only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those mad			
	unextended due date of your tax return that were for 2022. <b>Do not</b> include employer contributions through a cafeteria plan, or rollovers. See instructions			0
0			2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of <b>every</b> month during 20 were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,650 (\$7			
	family coverage). All others, see the instructions for the amount to enter		3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from For			7,500.
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 20			
	include any amount contributed to your spouse's Archer MSAs		4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	!	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and ha	ıd family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	r	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family of			
-	under an HDHP at any time during 2022, enter your additional contribution amount. See instru		7	
8	Add lines 6 and 7		8	7,300.
9	Employer contributions made to your HSAs for 2022       9         Outlified H0A for diag distributions	7,300.		
10 11	Qualified HSA funding distributions         10           Add lines 0 and 10         10	1	1	7 200
12	Add lines 9 and 10         .		2	7,300.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part		2	0.
10	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions		Ŭ	0.
Part			te H	SAs. complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14	4a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any	excess		
	contributions (and the earnings on those excess contributions) included on line 14a th	at were		
	withdrawn by the due date of your return. See instructions	-	4b	
С	Subtract line 14b from line 14a		4c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		5	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, inc amount in the total on Schedule 1 (Form 1040), Part I, line 8f		6	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional</b>		0	
ma	Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line	16 that		
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule	2 (Form		
	1040), Part II, line 17c		7b	
Part				
	completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse.	nave separa	ate F	13AS,
10			0	
18 19	Last-month rule		8 9	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, lin		9 20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule			
	1040), Part II, line 17d		21	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 03/22/23 PRO BAA

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

## Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service		<ul> <li>For use by individuals who are not U.S. citizens or permanent residents.</li> <li>See separate instructions.</li> </ul>										
								pe (check one box	):			
<ul> <li>Before you begin</li> <li>Don't submit th</li> </ul>	<b>::</b> iis form if you have, or are eligi	ible to get, a U.S.	social sec	urity num!	per (SS	SN).				or a new ITIN an existing ITIN		
	ubmitting Form W-7. Read th									, <b>c, d, e, f,</b> or <b>g, y</b>	ou	
_	ederal tax return with Form \ alien required to get an ITIN to cla			of the exc	eptior	is (see	ins	tructions	5).			
	alien filing a U.S. federal tax retur											
_	it alien (based on days present ir		s) filing a U.	S. federal ta	ax retur	n						
d 🗌 Dependent o	of U.S. citizen/resident alien ] If	d, enter relationsh	ip to U.S. cit	izen/reside	nt alien	(see ins	stru	ctions) 🕨				
e 🛛 Spouse of U		d or <b>e,</b> enter name SANJAY SHARI		IN of U.S. (						ions) ► 45-87-2228		
f 🗌 Nonresident	alien student, professor, or resea	rcher filing a U.S. f	ederal tax re	turn or clai	ming ar	n except	ion					
g 🗌 Dependent/	spouse of a nonresident alien hold	ding a U.S. visa										
	on for <b>a</b> and <b>f</b> : Enter treaty country		lla nomo	and tr	eaty art	icle num						
Name	1a First name AMITA	Wilde	Middle name				nai AR					
(see instructions) Name at birth if	1b First name	Mido	Middle name				nar					
different ►												
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 12952 ROCKHAM LANE											
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. FARMERS BRANCH TX USA							7	5234			
,	FARMERS     BRANCH     TX     USA     75234       3     Street address, apartment number, or rural route number. Don't use a P.O. box number.											
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 / year)	) Country of birth		City and s	tate or	province	e (o	ptional)	5	Male		
Information	01/20/1972	INDIA							Σ	K Female		
Other Information	6a Country(ies) of citizenship CANADA	6b Foreign tax I.	D. number (il	any) 60	с Туре	of U.S. v	/isa	(if any), ni	umbei	r, and expiration date	Э	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.											
	USCIS documentation											
	the United Sta Issued by: CANADA No.: GK296753 Exp. date: 01/21/2026 (MM/DD/YYY									า		
	Issued by: CANADA No.: GK296753 Exp. date: 01/21/2026 (MM/DD/YYYY): 04/02/2022 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?									<u> </u>		
	No/Don't know. Skip line 6f.											
	<b>Yes.</b> Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).											
	6f Enter ITIN and/or IRSN ► I		IRSN						a	and		
	name under which it was iss	name under which it was issued ►				A California de la companya de la compan						
	First name Middle name Last name											
	6g Name of college/university or company (see instructions) ► City and state ► Length of stay ►											
Cian	Under penalties of perjury, I (appli	icant/delegate/accept	tance agent)			,	t he	his applic	ation		vino	
Sign Here	documentation and statements, and information with my acceptance ager	d to the best of my	knowledge a	nd belief, it	is true,	correct,	anc	l complete	e. I au	thorize the IRS to sh		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)			Date (month / day / year) Pho				hone number				
	Name of delegate, if applica	able (type or print)	Delegate's relationsh to applicant				Parent D			Court-appointed guardian torney		
Acceptance	Signature			Date (month / day / year)			Pł	Phone				
Agent's		4	Nation				Fax					
Use ONLY	Name and title (type or print				EIN Office							
	1 7						ບບບ					

REV 03/22/23 PRO