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

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OMB No. 1545-0074

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

	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separatel	y (MFS)	Head of	hous	ehold (HOF	l) 🗌		lifying surv	/iving	J
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	your shouse If yo	u chack	ed the HOH o	r 059	Shov ente	r the c		use (QSS) name if th	10 ALI	alifvina
One box.		on is a child but not your dependen		our spouse. If yo	a oncon		ı QU	o box, crito	1 1110 0	illia 5	namo n u	o qui	amymg
Your first name and middle initial				Last name						Your social security number			
NAGESH BABU				RI PRAKASH						786-22-8245			
If joint return, spouse's first name and middle initial				me					-	Spouse's social security number			
VEENA				RI						APPLIED FOR			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							Apt. no.		Presidential Election Campaig				
38660 LE	,							550 Check here if			nere if you,	or yo	our
		ce. If you have a foreign address, also co	omplete s	nplete spaces below. State Z			ZIP	P code spo			if filing join		
FREMONT			CA			94				this fund. ow will not			
Foreign country name				oreign province/sta		ounty Fo					or refund.		90
											You Spouse		
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award,	or payr	ment for prope	erty o	r services):	or (b)	sell,			
Assets		ange, gift, or otherwise dispose of					-				Yes	\times	No
Standard	Som	eone can claim:	ependent	t Your spo	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-stat	us alien	l							
Age/Blindness	You:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn be	fore Janua	ry 2, 1	958	ls bli	ind	
Dependents				(2) Social secu	•	(3) Relationsh		(4) Check th			fies for (see	instru	uctions):
If more		I) First name Last name		number		to you		Child tax credi		t	Credit for other depend		
than four													
dependents,													
see instructions and check	s ——												
here													
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	e instructions)						1a	9	90 , 9	911.
	b	Household employee wages not r	eported	on Form(s) W-2						1b			
Attach Form(s) 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 benefits from Form 8839, line 29							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	, i					1h			0.		
instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	Add lines 1a through 1h								1z		<u> </u>	911.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b			
if required.	3a	Qualified dividends	3a			ordinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b			
Single or	6a	Social security benefits	6a			axable amoun	it.			6b	_		
Married filing separately,	c	If you elect to use the lump-sum election method, check here (see instructions)							7				
\$12,950	7	, ,		•	•				. Ш	7	+		
Married filing jointly or	8	Other income from Schedule 1, line 10								8	+	20 (011
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		2∪ , S	911.
\$25,900	10	Adjustments to income from Sche						•	10		20 (011	
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income								11			911. 900
\$19,400 If you checked	12 13					 5_Δ	•			13		<u>.,,</u>	900.
any box under	14	Qualified business income deduction from Form 8995 or Form 8995-A							14) 5 (٩٨٨	
Standard Deduction,	15	Add lines 12 and 13							15			<u>900.</u> 011.	
see instructions.		Sastract mic 14 nont mic 11. II Ze	. 5 51 155	o, onto 0 . 11115	io your i				•	13		, , , (<i>,</i> ⊥ ⊥ •

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌	1	16	7,392.
Credits	17	Amount from Schedule 2, lir	-					17	
	18	Add lines 16 and 17						18	7,392.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	ie 8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	7,392.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	23	0.
	24	Add lines 22 and 23. This is	your total tax				2	24	7,392.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 8	,853.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c					2	5d	8,853.
16	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return		2	26	
If you have a 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	ndable credits	3	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			3	33	8,853.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	3	34	1,461.
riciana	35a	Amount of line 34 you want			is attached, chec	k here	. 🗌 🔄	5a	1,461.
Direct deposit? See instructions.	b	Routing number 3 2 2			c Type: 🛛 🗙	Checking S	Savings		
	d	Account number 8 1 7	9 7 2 5	0 5					
	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					3	37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mplete belo	w. 🔀] No
		signee's		Phone			nal identificat	ion	
		ne		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com							
TICIC	Yo	ur signature	Date Your occupation				•	u an Identity	
Latinat waste was O			SOFTWARE ENGINEER			(see inst.		nter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	Date Spouse's occupation			If the IBS	sent voi	ur spouse an	
Keep a copy for	Op	opossos o signaturo. Il a joint rotarri, botti must sign.						Protection	n PIN, enter it here
your records.					HOME MAKER	<u> </u>	(see inst.)	
		one no. (925) 367-191	8	Email address	NAGESHESTA	RI@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		eck if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/15/2023	P0208270)3 🗌	Self-employed
Use Only	Fin	m's name GLOBAL TA					Phone no	o. (678	3)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's El		34-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/22/23 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

Application type (check one box):

Apply for a new ITIN Before you begin: 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) ▶ NAGESH BABU ESTARI PRAKASH 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 Middle name Last name Name VEENA **ESTARI** (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 38660 LEXINGTON ST APT 550 **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 94536 FREMONT USA 3 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 05/23/1983 Information TNDTA ▼ 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.: T0809883 Exp. date: 03/27/2029 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 ▶ 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 ▶ 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** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code