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.

Filing Status Check only				ed filing separate					:	spous	se (QSS)	_	
one box.	-	u checked the MFS box, enter the nonis a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	QSS box,	enter	the ch	ild's r	name if th	ne qualifyi	ing
Your first name	and mi	ddle initial	Last na	me					You	ır soc	ial securi	ty number	r
ANIL			JAGA	DAL					71	716-77-3336			
If joint return, s	pouse's	first name and middle initial	Last na	me					Spo	Spouse's social security number			
ASHWINI	ANII	_	JAGA	DAL					AP	PLI	ED FO	R	
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.			Apt. no).	Pre	siden	tial Electi	on Campa	aign
3126 OAI	K RD						109				ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code					tly, want S	
WALNUT CREEK CA 94597								to go to this fund. Checking a box below will not change					
Foreign countr	y name		F	oreign province/st	ate/count	:y	Foreign post	al coc			or refund.	•	
										You	Spot	use	
Digital		ny time during 2022, did you: (a) rec					-				Yes	⊠ No	
Assets		ange, gift, or otherwise dispose of					asset)? (Se	2 1115	Tuction	15.)	165		
Standard Deduction		eone can claim:				a dependent							
Age/Blindnes	s You:	☐ Were born before January 2, 1	1958	Are blind	Spouse	: Was bo	rn before Ja				☐ Is bl		
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Che	ck the	box if	qualifie	es for (see	instruction	ns):
If more	(1) Fi	rst name Last name		number		to you	Ch	Child tax cred		edit Credit for other dependent		her depende	ents
than four										_		<u> </u>	
dependents, see instruction	s									\dashv		<u> </u>	
and check _	, —							<u>_</u>				<u> </u>	
here									<u> </u>			Ш	
Income	1a	Total amount from Form(s) W-2, b	`	,						1a		53 , 514	₹.
A44 I- F (-)	b	Household employee wages not r	•							1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a								1c			
attach Forms	d	Medicaid waiver payments not rep		. ,	ee instru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits		*						1e			
was withheld.	f	Employer-provided adoption bene								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					· · ·			1h).
instructions.	i	Nontaxable combat pay election ((see instructions)								١.	1	
	z	Add lines 1a through 1h			<u>.</u>					1z	,	53,514	ł .
Attach Sch. B	2a		2a			axable interes				2b			
if required.	3a		3a			rdinary divide				3b			
	4a	IRA distributions	4a			axable amoun				4b			
Standard Deduction for—	5a	-	5a			axable amoun				5b			
Single or	6a	,	6a			axable amoun	t		$\dot{\vdash}$	6b			
Married filing separately,	_ c	If you elect to use the lump-sum e		•	`	,			님	_			
\$12,950	7	Capital gain or (loss). Attach Sche		•					ш	7			
Married filing jointly or	8	Other income from Schedule 1, lir								8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		53,514	ł .
\$25,900	10	Adjustments to income from Sche	•							10			
Head of household,	11	Subtract line 10 from line 9. This is	•	-						11	1	53 , 514	
\$19,400	12	Standard deduction or itemized								12	1	25 , 900	<u>) .</u>
If you checked any box under	13	Qualified business income deduct								13			_
Standard Deduction,	14	Add lines 12 and 13								14		25,900	
see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -U This	ıs your t	axable incon	ne			15		27,614	ł .

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	2,904.
Credits	17	Amount from Schedule 2, lir		17					
3134113	18	Add lines 16 and 17					[18	2,904.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ne 8				[20	163.
	21	Add lines 19 and 20					[21	163.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	2,741.
	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	2,741.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 5	,244.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	5,244.
If you have a	26	2022 estimated tax paymen	ts 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	m Schedule 8812	2		28			
	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	5,244.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,503.
riciana	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗆 🗒	35a	2,503.
Direct deposit?	b	Routing number 0 2 6				Checking S	Savings		
See instructions.	d	Account number 3 2 5	1 5 2 2	5 4 6 9	9 6				
	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						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•		rn with the IRS?		mplete bel	ow.	X No
· ·		signee's		Phone			nal identifica	ation _r	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare tief, they are true, correct, and com			, , ,		,		, ,
11010	Yo	ur signature		Date Your occupation			l l		t you an Identity
Joint return?					CENTOD ACCOCTAME AUDIM				N, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	SENIOR ASSOCIATE, AUDIT Date Spouse's occupation				S sen	t your spouse an	
Keep a copy for	- 1	, ·					Identity	Prote	ction PIN, enter it here
your records.		HOME MAKER				(see ins	t.)		
		one no. (510) 934-812		Email address	ANILJAGADAI	GOUTLOOK.CO			
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/29/2023	P020827	03	Self-employed
Use Only	Fin	m's name GLOBAL TA					Phone	no. (678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's I	<u> EIN</u>	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 04/22/23 PRO			Form 1040 (2022)

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANIL & ASHWINI ANIL JAGADAL

Your social security number 716-77-3336

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	163.
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
-1	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-line 20	SR, or 1040-NR,	8	163.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8880 for the latest information. OMB No. 1545-0074 Attachment Sequence No. 54

(b) Your spouse

Name(s) shown on return

ANIL & ASHWINI ANIL JAGADAL

Your social security number

716-77-3336

(a) You



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$34,000 (\$51,000 if head of household; \$68,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2005; (b) is claimed as a dependent on someone else's 2022 tax return; or (c) was a student (see instructions).

							(a) Tou		D) TOUI	spouse
1		nal and Roth IRA contributions, and ABLE account contributions by the ated beneficiary for 2022. Do not include rollover contributions								
2	•	•			$^+$					
_		ve deferrals to a 401(k) or other qualified employer plan, voluntary employee butions, and 501(c)(18)(D) plan contributions for 2022 (see instructions) 2 1,								
3	Add lines 1 an	d2				3	1,633			
4	Certain distributions received after 2019 and before the due date (including extensions) of your 2022 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception 4									
5	Subtract line 4	from line 3. If	zero or less, enter -0-			5	1,633			
6				00		6	1,633			
7	Add the amou	nts on line 6. If	zero, stop ; you can't	take this credit				,		1,633.
8				040-NR, line 11*		1	,514.			
9			amount from the tabl							
	If line 8 is— And your filing status is—									
	Over—	But not over—	But not Married Head of Single, Married filing household separately or							
			Enter or	line 9—	Qualifying survi	ving spouse				
		\$20,500	0.5	0.5	0.5					
	\$20,500	\$22,000	0.5	0.5	0.2					
	\$22,000	\$30,750	0.5	0.5	0.1		9)	Х	.1
	\$30,750	\$33,000	0.5	0.2	0.1					
	\$33,000	\$34,000	0.5	0.1	0.1					
	\$34,000	\$41,000	0.5	0.1	0.0	l				
	\$41,000	\$44,000	0.2	0.1	0.0	1				
	\$44,000	\$51,000	0.1	0.1	0.0	1				
	\$51,000	\$68,000	0.1	0.0	0.0					
	\$68,000		0.0	0.0	0.0					
		Note:	f line 9 is zero, stop ;	you can't take this cre	edit.					
10	Multiply line 7						10	0		163.
11			ity. Enter the amount	from the Credit Limit	Worksheet in t	he instruct	tions 1	1		2,904.
12				utions. Enter the sm						
								2		163.

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



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	l 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	i: is form if you have, or are e	eligible 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 For									
a Nonresident	alien required to get an ITIN t	o claim tax treaty	benefit	•	•		•			
b Nonresident	alien filing a U.S. federal tax i	return								
c U.S. residen	t alien (based on days prese	nt in the United	States) filing a U.	S. federal tax retur	n					
d Dependent of	of U.S. citizen/resident alien	If d , enter relat	ionship to U.S. cit	tizen/resident alien	(see instr	ructions) 🕨				
e 🛛 Spouse of U	J.S. citizen/resident alien	If d or e , enter ANIL JAG	3 D 3 T	ΓIN of U.S. citizen/			T4 6 FF 0006			
f Nonresident	alien student, professor, or re	esearcher filing a								
g Dependent/s	spouse of a nonresident alien	holding a U.S. vis	sa							
h Other (see in	nstructions) 🕨									
Additional information	on for a and f : Enter treaty cou	intry ►		and treaty art	icle numb	oer ►				
Name	1a First name		Middle name		Last n	st name				
(see instructions)	ASHWINI ANIL				JAG.	JAGADAL				
Name at birth if different ▶	1b First name			Middle name Last na						
Applicant's	2 Street address, apartmer	•	al route number. If	you have a P.O.	box, see	separate i	nstructions.			
Mailing	3126 OAK RD AP									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	WALNUT CREEK CA USA						94597			
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 pro	vince, and count	ry. Include postal	code where appro	priate.					
Birth	4 Date of birth (month / day /	year) Country of	birth	City and state or	province	(optional)	5 Male			
Information	12/09/1989	INDIA								
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign	tax I.D. number (i	fany) 6c Type	of U.S. vis	sa (if any), n	umber, and expiration date			
illomation	6d Identification document(s) submitted (see instructions)									
	I ISCIS documentation Other									
		Date of entry into the United States								
	Issued by: INDIA No.: V7121540 Exp. date: 02/17/2032 (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 ▶									
Sign	Under penalties of perjury, I (documentation and statements, information with my acceptance	and to the best	of my knowledge a	nd belief, it is true,	correct, a	nd complete	e. I authorize the IRS to share			
Here										
Keep a copy for your records.	Signature of applicant (i	structions)	Date (month / day / year)			nber				
	Name of delegate, if app	olicable (type or p	orint)	rint) Delegate's relation to applicant		Ship Parent Court-appoir Power of attorney				
Accortons	Signature			Date (month / day /	year)	Phone				
Acceptance	7					Fax				
Agent's	Name and title (type or	print)	Name of co	ompany	EIN		PTIN			
Use ONLY			Office							