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



OMB No. 1545-007

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

Filing Status	S 🗌 S	Single X Married filing jointly	Marrie	ed filing separately (	(MFS)	Head of	househol	HOH)			ing survi	ving		
Check only	lf vo	u checked the MFS box, enter the n	omo of v	our englise. If you	obook	od +bo ∐∩∐ oı	, 000 hav	ontor			e (QSS)	o auglifying		
one box.	-	on is a child but not your dependent	-	our spouse. If you	CHECK	eu lile non oi	QSS DO	, enter	ile Cill	u S IIa	ine ii the	; qualifyirig		
Vour first name	'_	, ,	Last na	ma					Vour	encia	l security	, number		
										Your social security number 197-99-4637				
NAGALAKSHMANABABU VASA If joint return, spouse's first name and middle initial Last na									+	Spouse's social security number				
									1 '					
SIRISHA	er and street). If you have a P.O. box, see				Ant	no.	APPLIED FOR  Presidential Election Campaign							
	,		ristructio	oris.			Apt.	110.	1		e if you, c			
		MAPLE LN		manan hala	Cto		710					ly, want \$3		
	ce. If you have a foreign address, also co	'			ZIP code	to				Checking a				
COLORADO		RINGS	٠.					_	ox below will not change our tax or refund.					
Foreign country	/ name			Foreign province/state	e/count	ounty For		oreign postal code   y		You Spous				
											rou	Spouse		
Digital		ny time during 2022, did you: (a) rec	•				-	, .	٠,,	_	¬ v	<b>⊠</b> N -		
Assets		ange, gift, or otherwise dispose of a					asset)? (S	ee inst	uction	3.) _	_ Yes	⊠ No		
Standard	_	eone can claim: You as a de				a dependent								
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien									
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	n before	January	2, 195	8 [	ls blir	nd		
Dependents	s (see	instructions):		(2) Social securit	tv	(3) Relationsh	(4) C	neck the	box if q	ualifies	for (see ii	nstructions):		
If more		(1) First name Last name		number		to you		Child tax cre		Cre	edit for othe	er dependents		
than four										$\top$				
dependents,												<u></u>		
see instruction: and check	s —									$\top$		<del></del>		
here $\square$												<del></del>		
Incomo	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .	<del></del>					1a	4	3,333.		
Income	b	Household employee wages not reported on Form(s) W-2						.	1b					
Attach Form(s)	С	Tip income not reported on line 1a (see instructions)								1c				
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							-	1e				
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29								1f				
was withheld.	g	Wages from Form 8919, line 6								1g				
If you did not get a Form	9 h	Other earned income (see instructions)							.	1h		0.		
W-2, see		Nontaxable combat pay election (see instructions)												
instructions.	z	Add lines 1a through 1h	300 111311	dotions)						1z	4	3,333.		
Attach Sch. B	2a		2a		 b Та	axable interes	+		.	2b		<u> </u>		
if required.	3a	· –	3a			rdinary divide				3b				
	4a		4a			axable amoun				4b				
Manual and			5a			axable amoun				5b				
Standard Deduction for—	5a		6a			axable amoun				6b				
Single or	6a	-		mathad abaak bara					i l	OD				
Married filing separately,	C 7	If you elect to use the lump-sum election method, check here (see instructions)							H	7				
\$12,950	7									7				
Married filing jointly or	8	Other income from Schedule 1, line 10								9		2 222		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									4	3,333.		
\$25,900	10	Adjustments to income from Schedule 1, line 26												
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>										3,333.		
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)								12	2	<u>5,900.</u>		
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13				
Standard Deduction,	14								.	14		<u>5,900.</u>		
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>								15	1	7,433.		

orm 1040 (2022	<u> </u>	- (	T	Page
Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌	16	1,743
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,743
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	1 710
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	1,743
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	1,743
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2	-	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	6 <b>,</b> 725
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
alifying child, ach Sch. EIC. [	27	Earned income credit (EIC)	-	
	28	Additional child tax credit from Schedule 8812	-	
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use	-	
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	6,725
efund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,982
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,982
ect deposit? e instructions.	b	Routing number 1 2 4 0 0 1 5 4 5 c Type: X Checking Savings		
c mondonono.	d	Account number 8 3 7 6 1 5 1 1 8		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
mount ou Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
nird Party esignee		you want to allow another person to discuss this return with the IRS? See tructions	elow.	X No
	Des nar	signee's Phone Personal identifine no. number (PIN)	ication <sub>F</sub>	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions												
	Designee's name			Phone no.				Personal identification number (PIN)				Τ	
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge											
пеге	Your signature			Date	Your occupation				If the IRS sent you an Identity Protection PIN, enter it here				
Joint return? See instructions. Keep a copy for your records.					SOFTWARE ENGINEER			(see inst.)					
	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's	occupatio	on	If the IRS ser Identity Prote					
				HOME	MAKER		(see inst.)						
	Phone no. (385) 456-9020			Email address	LAKSHMANA.VASA@GMAIL.COM								
Paid Propager	Preparer's na	ame	Preparer's signature				Date	PTIN		Check if:			
	SYAM PRIYA RA	M SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA T	TALLAM	03/06/2023	P02082703	Self-emple			yed	

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

**Preparer** 

**Use Only** 

Phone no. (678) 965-9522

Firm's EIN

## Form W-7 (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 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 you'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 If **d** or **e**, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e X Spouse of U.S. citizen/resident alien NAGALAKSHMANABABU VASA f 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 SIRISHA CHANDU (see instructions) Middle name 1b First 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 11633 BLACK MAPLE LN Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 80921 COLORADO SPRINGS 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) **Birth** Male 08/22/1990 Information TNDTA X 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 TNDTA Information X Passport Driver's license/State I.D. **6d** Identification document(s) submitted (see instructions) USCIS documentation Other Date of entry into the United States No.: V9872809 Exp. date: 04/07/2032 (MM/DD/YYYY): Issued by: INDIA 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 Signature Date (month / day / year) Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company PTIN **Use ONLY** Office code