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

12022

OMB No. 1545-0074

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

Filing Status Check only	s 🗌 s	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	☐ Head of	household (HC)H) [fying sur se (QSS)		
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	r QSS box, en	ter the	child's	name if tl	ne qualifying	
Your first name	and mi	ddle initial	Last na	me				,	Your social security number			
SURYANARAYANA RY				LY					514-43-5276			
If joint return, spouse's first name and middle initial Las				me				:	Spouse's social security number			
SREE MEI	REE MEENAKSHI GANESH LNU						APPLIED FOR					
Home address	(numbe	r and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.				on Campaign	
1212 COE	RNERS	STONE BLVD					227			ere if you,		
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete s _l	paces below.	Sta	te	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
DOWNING	COMN				PA	7	19335		box below will not change			
Foreign country name			F	oreign province/st	ate/count	у	Foreign postal	reign postal code you		r tax or refund.		
										You	Spouse	
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-			Yes	⊠ No	
Standard		eone can claim: You as a de				a dependent	, (,			
Deduction		Spouse itemizes on a separate retu	•									
Age/Blindness	You:	Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Janu			☐ Is b		
Dependent				(2) Social sec	urity	(3) Relationsh	"P				instructions):	
If more	(1) Fi) First name Last name		number		to you	Child	Child tax credit		Credit for other dependents		
than four dependents,								Ш		 		
see instruction	s ——							<u> </u>			<u> </u>	
and check	, —							<u> </u>			<u> </u>	
here								Ш		1 .	<u> </u>	
Income	1a	Total amount from Form(s) W-2, k	`	,					1a	1	36 , 953.	
Attach Farm(a)	b	Household employee wages not r							1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1							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	Taxable dependent care benefits from Form 2441, line 26						1e				
was withheld.	f							1f				
If you did not	9	Wages from Form 8919, line 6.					1g					
get a Form W-2, see	h		ions)					1h		0.		
instructions.	i	, ,	ontaxable combat pay election (see instructions)							1.	2.C 0.E.2	
		Add lines 1a through 1h	· · ·		 I . .				1z	1.	36,953.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			axable interes			2b			
	3a	Qualified dividends	3a			rdinary divide			3b			
	4a	IRA distributions	4a			axable amoun			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun axable amoun			5b			
Single or	6a	Social security benefits If you elect to use the lump-sum e	6a	mathad abaal b					6b			
Married filing separately,	C 7	,		•	`	,			7			
\$12,950	7	Capital gain or (loss). Attach Sche Other income from Schedule 1, lir		·	•				7			
Married filing jointly or	8	•							8	1.	2.C 0.E.2	
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							10	+ + + .	36 , 953.	
\$25,900		Adjustments to income from Schedule 1, line 26								1	26 052	
Head of household,	11		•	-					11		36 , 953.	
\$19,400	12 13	Standard deduction or itemized Qualified business income deduction				 5-Δ			13	1	25 , 900.	
If you checked any box under	14								14		25 000	
Standard Deduction,	15	Add lines 12 and 13									25 , 900.	
see instructions.	10	Castract into 14 HOITI III C 11. II 26	10 01 108	5, GIRGI -0 IIIIS	is your t				15	<u> </u>	11,053.	

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	15,666.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	15,666.
	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	. If zero or less,	enter -0				22	15,666.
	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	15,666.
Payments	25	Federal income tax withheld							
	а	a Form(s) W-2							
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	22,002.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits						32	
	33	Add lines 25d, 26, and 32. These are your total payments						33	22,002.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	6,336.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	6,336.
Direct deposit? See instructions.	b	Routing number 0 8 1				Checking	Savings		
	d	Account number 3 5 5 0 0 4 2 7 7 9 6 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. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		,	•				omplete b	oelow.	⋉ No
-		signee's	Phone Personal in the second of the second o				fication		
		name no. number (PII				, ,			
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com							
Here			pioto: Boolaration	Date	Your occupation	iood on all linorman			nt vou an Identity
	10	Your signature		Date	tte Your occupation				IN, enter it here
Joint return?					SOFTWARE I			inst.)	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	Iden			nt your spouse an
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter it here
,		N (CEO) 00 C 1000		HOME MAKER				11131.)	
		Phone no. (678) 296-1920 Email address RYALLISURYA@GMAIL.COM							Chook if:
Paid		eparer's name	Preparer's signat		OHDER	Date	PTIN	0700	Check if:
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/30/2023	P0208		Self-employed
Use Only									(678) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							's EIN	84-3171965



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. 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) ▶ SURYANARAYANA RYALLY 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 SREE MEENAKSHI GANESH LNU (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 1212 CORNERSTONE BLVD APT 227 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 19335 DOWNINGTOWN 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 02/23/1993 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.: V7828371 Exp. date: 04/05/2032 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