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ABHILASH VANGA 299-31-2577 If joint fum, spose's first name and middle initial Last name Spose's social security numbe MOUNTIKA APPLIED TOR APPLIED TOR Home address furnibure and street, if you have a P.O. box, see instructions. Apt no. Check here if you or your 18328 BRIDLE CLUB DR Check here if you or your Check here if you or your Check here if you or your TAMPA Foreign country name Foreign provincestate/county Foreign post dice. You is socied if iling jointy, want Si took below will not change in the chorage, gift, or otherwise dispose of a digital asset (or a inancial interest in a digital asset? (See instructions.) Yee X No Standard Someone can claim: You sa a dependent Your your sa a dependent Your source as a dependent Deduction spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You is an dependent You can a dependent Asset oright and anount from Form(s) W-2, box 1 (see instructions). Yee is the count of the dependent can be instructions). Yee is the count of the dependent can be oright all status allen Age/Blindness You sa a dependent is (see instructions). (a 95, 3229, b) b) b) </td <td>Check only</td> <td>lf yo</td> <td>u checked the MFS box, enter the na</td> <td>ame of y</td> <td>-</td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td>spou</td> <td>use (QSS)</td> <td>-</td>	Check only	lf yo	u checked the MFS box, enter the na	ame of y	-			_				spou	use (QSS)	-	
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Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 98, 329. 10 Adjustments to income from Schedule 1, line 26 10 10 Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 98, 329. 11 98, 329. 10 12 Standard deduction or itemized deductions (from Schedule A) 11 98, 329. 12 Standard deduction or itemized deductions (from Schedule A) 12 25, 900. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 25, 900. 14 Add lines 12 and 13 11 14 25, 900. 15 Subtract line 14 from line 11 11 72, 429															
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household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 25,900. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15			•										-		
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 25,900. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 13 14 25,900. 15 Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income 15	Head of Buyesheld Subtract line 10 from line 9. This is your adjusted										•				
any box under Standard14Add lines 12 and 13131425,900Deduction,15Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income1572,429													25,900.		
Standard 14 Add lines 12 and 13 14 25,900. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income 15 72.429			Qualified business income deduction from Form 8995 or Form 8995-A									-			
	Standard														
		15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15		72,429.		

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

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 🗌 881	4 2 4972	3		16	8,	280.
Credits	17	Amount from Schedule 2, line 3	3					17		
	18	Add lines 16 and 17						18	8,	280.
	19	Child tax credit or credit for oth	ner dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8	3					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, (enter -0				22	8,	280.
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is you	ur total tax					24	8,	280.
Payments	25	Federal income tax withheld fro								
	а	Form(s) W-2				25a 17	,046.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c		1		
	d	Add lines 25a through 25c						25d	17,	046.
	26	2022 estimated tax payments a						26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S				28		1		
)	29	American opportunity credit fro				29		1		
	30	Reserved for future use				30				
	31	Amount from Schedule 3. line 1				31		1		
	32	Add lines 27, 28, 29, and 31. Tl				-		32		
	33	Add lines 25d, 26, and 32. The						33	17.	046.
	34	If line 33 is more than line 24, s						34		766.
Refund	35a	Amount of line 34 you want ref						35a		766.
Direct deposit?	b	Routing number 1 0 1 1			c Type:		Savings	oou		
See instructions.	d	Account number 5 1 8 0					ouvingo			
	36	Amount of line 34 you want app								
Amount	37					36		1		
You Owe	31	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								
	38	Estimated tax penalty (see inst	-	-		38	• •	37		
Third Party									<u>.</u>	
Designee		Do you want to allow another person to discuss this return with the IRS? See instructions							X No	
Deelghee	De	signee's		Phone			onal identif			
	nai			no.			ber (PIN)			
Sign		der penalties of perjury, I declare that								
Here	bel	ief, they are true, correct, and comple	te. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati				0
nere	Yo	ur signature	Date	Your occupation				nt you an Iden IN, enter it her		
La la tracta una O					SOFTWARE	<u>гисти</u> гго	(see i			
Joint return? See instructions.	Sn	ouse's signature. If a joint return, bot	Date	Spouse's occupa	INGINEER .			nt your spouse	an	
Keep a copy for	op	buse s signature. In a joint return, bet					ection PIN, ent			
your records.					HOME MAKE	R	(see i	nst.)		
	Ph	one no. (913) 433-6789		Email address	ABHILASH.VA	ANGA@GMAIL.CO	M			
Doid	Pre		reparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 03/11/2023	P02082	2703	Self-emp	ployed
Preparer	Fir	Firm's name GLOBAL TAXES LLC Phone							(678)965-	9522
Use Only	Fir	m's address 245 ROONEY		NSWICK N	J 08816		Firm'	s EIN	84-317	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest in	nformation.		BAA	REV 03/02/23 PRO			Form 10 4	40 (2022

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

Application for IRS Individual Taxpayer Identification Number

(Hev. August 2019)	► For use by indiv	viduale who are r	not II S oiti-	one or n	ormanor	t recide	nte		0110110.1040-0014		
Department of the Trease Internal Revenue Service	ury -	See sepa			ernaner	it reslue					
	taxpayer identification numb	per (ITIN) is for	U.S. feder	al tax p	urposes	only.	Applicat	ion t\	vpe (check one box):		
Before you begin:									or a new ITIN an existing ITIN		
Reason you're su	ubmitting Form W-7. Read the	e instructions for	r the box y	ou chec	k. Cauti	on: If yo	ou check b	ox b	, c, d, e, f, or g, you		
must file a U.S. fe	ederal tax return with Form W	I-7 unless you	meet one	of the ex	ceptior	is (see i	nstruction	s).			
a 🗌 Nonresident	alien required to get an ITIN to cla	im tax treaty bene	efit								
_	alien filing a U.S. federal tax return										
_	t alien (based on days present in										
d 📋 Dependent o	of U.S. citizen/resident alien	a, enter relationsh	ip to U.S. cit	izen/resi	dent allen	(see ins	tructions) F				
e 🛛 Spouse of U		d or e, e nter name BHILASH VA1			6. citizen/i				tions) ► 299-31-2577		
f 🗌 Nonresident	alien student, professor, or resear	cher filing a U.S. f	ederal tax re								
g 🗌 Dependent/s	spouse of a nonresident alien holdi	ng a U.S. visa			-						
h 🗌 Other (see in	nstructions) ►										
Additional informatio	on for a and f : Enter treaty country			and	treaty art						
Name	1a First name	Midd	Middle name				name				
(see instructions)	MOUNIKA	Midd	Middle name				NNE				
Name at birth if different	1b First name	IVIIdo	lie name			Last	name				
Applicant's	2 Street address, apartment nur	mber, or rural rout	e number. If	you hav	e a P.O.	box, see	separate i	nstru	ctions.		
Mailing	18328 BRIDLE CLUB DR										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	TAMPA FL USA								33647		
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address	City or town, state or province, and country. Include postal code where appropriate.										
(see instructions)	City of town, state of province	e, and country. Inc	lude postal	code write	ere appro	priate.					
Birth	4 Date of birth (month / day / year)	Country of birth		City and	l state or	province	e (optional)	5	Male		
Information	08/04/1994	INDIA				J	(L	K Female		
Other	6a Country(ies) of citizenship INDIA	6b Foreign tax I.I	D. number (if	any)	6c Type	of U.S. v	isa (if any), n	iumbe	r, and expiration date		
Information	6d Identification document(s) submitted (see instructions) 🔀 Passport 🗌 Driver's license/State I.D.										
	Date of entry in the United Sta										
-	Issued by: INDIA N	o.: Z5982736	Ex	p. date:	12/07/	2030	(MM/DD/\				
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	X 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 ► IT				IH	SN			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 (applic	ant/delegate/accept	ance agent)		-	-	ed this applic	cation,	including accompanying		
Here	documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief,	it is true,	correct,	and complete	e.Ia	uthorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if dele	ions)	Date (month / day / year) Phone numbe				nber				
	Name of delegate, if applicat		Delegate's relationship Parent Delegate's relationship Parent Power of a				Court-appointed guardian Court-appointed guardian				
Acceptance	Signature	Signature					Phone	hone			
Agent's						Fax					
Use ONLY	Name and title (type or print)	Name of co	ompany		EIN			PTIN			
	F				Office of	ce code					

REV 03/02/23 PRO