Filling Statue       Single       Married filing separately (MFS)       Head of household (HOH)       Doubling surviving sponsing (IOS)         One hous       Fyou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying surviving sponses is achild but not your dependent:       Your should be initial       Last name       Your should be initial       Initial Single       Your should be initial       East name       Your should be initial       East name       Your should be initial       Initial Single       Your should be initial       East name       Appl. no.       Prediction filling only, want 3 be initial Beckeron Camping and want in the public state of the initial initial initial state initial in	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>5. Individual Income Tax</b>		ım 20	22	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite or staple i	in this space.
VIVEX         BAIRY         165-47-3903           If joint full, mean spouse's list name and middle initial         Last name         Spouse's social security number           STIRISHA         Apl. no.         Apl. no.         Presidential Election Campaigned security number and steed), if you have a P.D. box, see instructions.         Apl. no.         Checkman security number and steed), if you have a P.D. box, see instructions.         Apl. no.         Checkman security number and steed), if you have a foreign address, also complete spaces below.         State         Zhe code         Topic foreign country nume         Presidential Election Campaigned points, ward 3p.         Topic foreign country nume         Foreign country nume         Foreign country nume         Foreign postal cost         You         Spouse           Standard         Someone can calcularitic         You as dependent         Your spouse as a dependent         You         Spouse           Dependents         Seconse Topic foreign province/status allen         Spouse:         Was born before January 2, 1956         Is bind           Dependents         Seconse Toppoted on Form(s) W-2, box 1 (see instructions)         Is at 161, 0.06.         Is at 161, 0.06.           If was at the form form form(s) W-2, box 1 (see instructions)         Is at 161, 0.06.         Is at 161, 0.06.         Is at 161, 0.06.           If was at the form form form(s) W-2, box 1 (see instructions)         Is at 161, 0.06. <td< 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> spo</td><td>use (QSS)</td><td>U</td></td<>	Check only	lf yo	u checked the MFS box, enter the na	ame of y						spo	use (QSS)	U
If joint return, spouse's first name and middle initial       List name       Spouse's social security umbow         SHIRLISHA       Apt. no.       Apt. no.       Apt. no.         236 KINSAS WAY       Check here it you, or your       Check here it you, or your       Check here it you, or your         C/D, town, or poort office. If you have a foreign address, also complet spaces below.       State       ZIP code       Presidential Election Campaign         Foreign country name       Foreign province/state/country       Foreign postal codes; or (b) sell, assets       You       Spouse's code it security or services; or (b) sell, assets         Assets       Schanger, gift, or otherwise dispose of a digital asset (or a financial lasset (or a financial lasset); (See instructions).       Yes       Yes       No         Standard       Someone can claim:       You sa a dependent       Your spouse as a dependent       Yes       No         Beduction       Spouse itemizes on a separate return or you were a dual-status alian       Check the box it qualifies for feen instructions;       (f) First name       Last name       (g) Abit status       (h) Check the box it qualifies for feen instructions;         If more and check       (f) First name       Last name       (g) Check the box it qualifies for feen instructions;       (g) Check the box it qualifies for feen instructions;         If a total amount from Form(s) W-2, box 1 (see instructions)       1a <td>Your first name</td> <td>and mi</td> <td>ddle initial</td> <td>Last nar</td> <td>ne</td> <td></td> <td></td> <td></td> <td></td> <td>Your so</td> <td>cial securit</td> <td>y number</td>	Your first name	and mi	ddle initial	Last nar	ne					Your so	cial securit	y number
HIRISHA       CHOUTAKURI       APPLIED FOR         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign provide of Hing John you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign provide of Hing John you have a foreign address, also complete spaces balow.       State       ZIP code       Spoces for Hing John you have a foreign address, also complete spaces balow.       State       ZIP code       Spoces for Hing John you have a foreign address, also complete spaces balow.       State       ZIP code       Spoces for Hing John you have a foreign address, also complete spaces balow.       State       ZIP code       Spoces for Hing John you have a foreign address, also complete spaces balow.       State       ZIP code       Spoces for Hing John you have a foreign address, also complete spaces balow.       You is pose to mission you for the origin address of a digital asset (or a financial interest in a digital asset)? (See Instructions.)       You is pose is mission you is not refund       You is pose is mission you were a dual-status alien         Standard       Spoces instructions):       (2) Social ascurity       (3) Real ascurity       (3) Real asset)? (See Instructions.)       (4) Check the box if qualifies for fore fore fore fore fore fore fore	VIVEK			BAIR	Y					165-	47-3903	3
Home address function and strately. If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaign of your apout of filling jointly, want 35 are strated for a family of your apout of filling jointly, want 35 are strated for the electron of your apout of filling jointly, want 35 are strated for a family of your apout and the electron electron ele	If joint return, sp	ouse's	first name and middle initial	Last nar	ne					Spouse	's social sec	curity number
Home address function and strately. If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaign of your apout of filling jointly, want 35 are strated for a family of your apout of filling jointly, want 35 are strated for the electron of your apout of filling jointly, want 35 are strated for a family of your apout and the electron electron ele	SHIRISHA			снои	TAKURI					APPL	IED FO	З
295 KANSAS WAY       Check here if you ary our 'ou'       Check	Home address (	numbe	r and street). If you have a P.O. box, see	instructio	ons.			A	Apt. no.	Preside	ntial Election	on Campaigr
City, tow, or post office. If you have a foreign address, also complete spaces below.       State       2/P code       spouse if filing jointly, want 35 tog ot bink into Checking a tog ot bink intore tog ot a tog ot bink into Checking a tog ot bink int	296 KANS	AS V	NAY									
FEREMONT       CA       945.93       box below will not change         Foreign country name       Foreign province/state/country       Foreign province/state/country       You       Spouse         Digital       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse familiass       Yes       No         Dependents       See instructions):       (P) Erst name       Last name       (P) Social security       (P) Relationship       (P) Check the box if qualifies for (see instructions)         If more       (P) First name       Last name       (P) Social security       (P) Relationship       (P) Check the box if qualifies for (see instructions)         If more       (P) First name       Last name       (P) Social security       (P) Relationship       (P) Check the box if qualifies or (see instructions)         If a Total amount from Form(s) W-2, box 1 (see instructions)       1a       161, 0.06.       1a       161, 0.06.         Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d       1d       1d         Medicaid waiver payments not reported on Form(s		-		mplete sp	baces below.	Sta	te	ZIP c	ode			
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         Digital Asset or a financial interest in a digital asset()?       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Deduction       Spouse Itemizes on a separate return or you were a dual-status alien       Spouse Itemizes on a separate return or you were a dual-status       (d) Check the box if uaiffies for (see instructions);         If more than four dependents, see instructions;       (d) First name       (d) First name       (d) Check the box if uaiffies for (see instructions);         Income than four dependents, see instructions;       (d) First name       (d) First name       (d) First name       (d) First name         In tata frame       (d) First name         In total amount from Form(s) W-2, box 1 (see instructions)       (d) First name       (d) First name       (d) First name       (d) First name         W-20 and not below       0       (d) First name       (d) First name       (d) First name       (d) First name	FREMONT							94.5	39	u v		0
Digital Assets       At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). □ Yes No         Standard Deduction       Someone can calaim:       You as a dependent (You as a dependent)       Spouse is a dependent         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (f) First name       Last name       number       (a) Relationship       (f) Check the box if qualifies for (see instructions)         Income       1a       Total amount from Form(§) W-2, box 1 (see instructions)	-	name		F	oreign province/st					1	x or refund.	
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (see instructions):       (2) Social security       (3) Paletionship       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       number       (2) Social security       (3) Paletionship         (dependents, see instructions       in a total amount from Form(s) W-2, box 1 (see instructions)       in a total amount from Form(s) W-2, box 1 (see instructions)       in a total amount from Form(s) W-2, box 1 (see instructions)       in a total amount from Form(s) W-2, box 1 (see instructions)         Attach Forms       Ve2 tree Also       ease instructions)       in a total amount from Form (s) W-2, box 1 (see instructions)       in a total amount from Form 2441, line 26       in a total amount from Form 8919, line 6         (f) weak witheight and waver payments not reported on Form (s) W-2 (see instructions)       in a total waver pay election (see instructions)       in a total waver pay election (see instructions)       in a total waver pay election (see instructions)         (f) weak witheight and waver pay election (see instructions)       in a total waver pay electi			, , , , , , , , , , , , , , , , , , ,	`	,			,	<i>,</i> .	( ) /		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1958       Are blind       Spouse:       Was born before January 2, 1958       Is blind         Dependents       (i) First name       Last name       (ii) Social security       (ii) Relationship       (iii) Child tax credit       (redit for other dependent         and check       Imme       Last name       (iii) Social security       (iii) Relationship       (iii) Child tax credit       Credit for other dependent         and check       Imme       Last name       (iii) Child tax credit       Credit for other dependent         and check       Imme       Last name       Imme       Last name       Imme         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Imme       1a       161, 006.         Hore - Also attach Forms       Household employee wages not reported on Form(s) W-2 (see instructions)       1a       161, 006.         W-23 and get a Form       Wages from Form 8919, line 6       Imme       1a       161, 006.         If you did child and social adoption benefits from Form 8839, line 29       1f       1a       161, 006.         W-24 see instructions.       Imme       Imme       Imme       Imme       Imme	Assets				· · · · · · · · · · · · · · · · · · ·			asset)	? (See instru	ictions.)	Yes	X No
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions) Child tax credit Credit for other dependent is to you         If more than four       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions) Child tax credit       Credit for other dependent is to you         ad check       Image: the security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions) Child tax credit       Credit for other dependent         and check       Image: the security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions)       Image: the security number is you       (3) Relationship to you         Income       Image: the security number is you       Image: the security number is you       (3) Relationship to you       (4) Check the box if qualifies for (see instructions)         Income       Image: the security number is you         Income       Image: the security number is you         Instructions				•	·		•					
Dependents       (b) First name       Last name       number       (b) you       Child tax credit       Credit for other dependent         the more than four dependents, see instructions	Age/Blindness	You:	Were born before January 2, 1	958	Are blind	Spouse	: 🗌 Was bor	n befo	ore January 2	2, 1958	Is bl	ind
If more than four dependents, see instructions and check here       Immediate and check here       Immedi	Dependents	(see	instructions):		(2) Social sec	urity	(3) Relationsh	ip (4	) Check the b	ox if quali	ifies for (see	instructions):
than four dependents, see instructions and check here       Image: see instructions and check here       Im	-								Child tax c	redit	Credit for oth	ner dependents
see instructions       Image: Construction of the second sec											]	
and check       here       i       i         here       i       i       Total amount from Form(s) W-2, box 1 (see instructions)       i       i         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       i       i       i         W-2 here, Also       c       Tip income not reported on Form(s) W-2 (see instructions)       i       i       i         W-2 are, Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       i       id         W-2 are, Also       dependent care benefits from Form 839, line 29       it       id         was withheld,       g       Wages from Form 8919, line 6       if         if you did not get a form       m Other earned income (see instructions)       it       it         was withheld,       a       Nontaxable combat pay election (see instructions)       it       it         was withheld,       g       Wages from Form 8919, line 6       it       it       it       it         fif required.       a       Qualified dividends       it       it       it       it       it         get a form       b       Nontaxable combat pay election (see instructions)       it       it       it       it       it       it <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>]</td><td>7</td></td<>											]	7
here       Image: structure in the image: structure in the image: structure in the image: structure in the image: structure image: struc											]	7
Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s) W-2 here.ksd       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.ksd       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-23 and       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1f         If you did not get a form       Wages from Form 8919, line 6       1g         get a form       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       12       161, 006.         Attach Sch. B       2a       La       b       Taxable interest       2b       1b         Attach Sch. B       2a       La       b       Taxable amount.       4b       5b         Deduction for-       Sa       Qualified dividends       3a       10.       b       Taxable amount.       4b       5b         Standard Deduction for       F       Social security benefits       Ga       Social security benefits       6a       5a       5b       162, 799.         Naried fling separately, S12,950       C       If you elect to use the lump-sum election											]	
Household employee wages not reported on Form(s) W-2.       1b         Attach Form(s) W-2 here.ksd       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.ksd       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-23 and       Taxable dependent care benefits from Form 2441, line 26       1d         Wages from Form 8919, line 6       1f         If you did not get a form       Wages from Form 8919, line 6       1g         get a form       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       12       161, 006.         Attach Sch. B       2a       La       b       Taxable interest       2b       1b         Attach Sch. B       2a       La       b       Taxable amount.       4b       5b         Deduction for-       Sa       Qualified dividends       3a       10.       b       Taxable amount.       4b       5b         Standard Deduction for       F       Social security benefits       Ga       Social security benefits       6a       5a       5b       162, 799.         Naried fling separately, S12,950       C       If you elect to use the lump-sum election	Incomo	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instructions)					. 1a	16	
Attach Form(s)       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Form(s)       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         1099-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         get a Form       W ages from Form 8919, line 6       1g       1g         W-2, see instructions.       Add lines 1a through 1h       1z       161,006.         Attach Sch. B       2a       Tax-exempt interest       2a       2b         Attach Sch. B       a       Qualified dividends       3a       10.         b       Taxable amount       5b       5b         Standard       Sa       Sa       10.       5b         Deduction for- single or authyring separately.       F       C if you elect to use the lump-sum election method, check here (see instructions)       7       1,783.         8       Other income from Schedule 1, line 10       10       10       40       162,799.         10       Adjustments to income from Schedule 1, line 26       10       11       162,799.         11	income	b		•	,					. 1k		
W-2 refer. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and 1099-R if tax       f       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         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       in       Other earned income (see instructions)       1i         W-2, see       in Nontaxable combat pay election (see instructions)       1i       1z         Attach Sch. B       2a       Tax-exempt interest       2a       2b         Attach Sch. B       2a       Tax-exempt interest       2b       3b       10.         Standard       Deduction for-       6a       b       Taxable amount       5b         Standard       Social security benefits       6a       b       Taxable amount       6b         Standard Deduction for-       Fig. 90       C       If you elect to use the lump-sum election method, check here (see instructions)       7       1,783.         Standard Dirity or Standard Ting separately, S12,890       8       Other income from Schedule 1, line 10       7       1,783.         Standard Standard Deduction for		с		•	.,					. 10	;	
W-20 and 1099-R if tax was withheld       e       Taxable dependent care benefits from Form 2441, line 26       1e         W-20 and 1099-R if tax was withheld       f       Employer-provided adoption benefits from Form 8839, line 29       1f         was withheld       g       Wages from Form 8919, line 6       1g         W-2, see instructions.       h       Other earned income (see instructions)       1h       0.         V-2, see instructions.       z       Add lines 1a through 1h       1z       161,006.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       10.       b       Taxable amount       4b       5b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       c       If you elect to use the lump-sum election method, check here (see instructions)       7       7       1,783.         Standard Deduction for-       f       You elect to use the lump-sum election method, check here (see instructions)       7       1,783.         Standard Deduction for-       f       You elect to use the lump-sum election method, check here (see instructions)       7       <												
1099-Rif tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       M       Wages from Form 8919, line 6       1g         W-2, see instructions.       Nontaxable combat pay election (see instructions)       1i         X-2, see instructions.       Nontaxable combat pay election (see instructions)       1i         X-2       Add lines 1a through 1h       1z         Attach Sch. B       2a       b       Tax-exempt interest         X-2       Qualified dividends       3a       10.         4a       b       Tax-able amount       3b         Yea       Seandard       Defuction for- 6a       Social security benefits       6a         Standard       C       If you elect to use the lump-sum election method, check here (see instructions)       1         Varied filing separately, or S12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,783.         Varied filing binity or Qualifying surviving spouse. S19,400       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       162,799.         11       162,799.       10       Adjustments to income from Schedule 1, line 26       12       25,900.         11       Subtract l			1 5 1		() (							
Wase withined.       Wages from Form 8919, line 6       1g         If you did not       g       Wages from Form 8919, line 6       1h         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         www.www.www.www.www.www.www.www.www.ww			•		-	29 .						
In your during the form       Image: Construction of the form												
W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Add lines 1 a through 1h       161,006.         Attach Sch. B       2a       Tax-exempt interest       2b         if required.       3a       10.       b       Taxable interest       2b         4a       B       Ordinary dividends       3b       10.         5a       Qualified dividends       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Single or Married filing separately, \$12,950       C       If you elect to use the lump-sum election method, check here (see instructions)       7       1,783.         8       Other income from Schedule 1, line 10       Standard       9       162,799.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10         9       162,799.       10       25,900.         11       162,799.       10       20,900.         9       162,799.       10         9       162,799.       10 <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td>			•									0.
Instructions.       z       Add lines 1a through 1h       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	W-2, see		(	,			1	1				
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       10.       b       Taxable interest       3b       10.         4a       IRA distributions       4a       10.       b       Taxable interest       3b       10.         4a       IRA distributions       4a       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,783.         8       Other income from Schedule 1, line 10       10       10       10         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       162,799.         10	instructions.	-								17	. 16	51.006.
if required.       3a       Qualified dividends       3a       10.       b       Ordinary dividends       3b       10.         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing jointly (st12,950       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,783.         • Married filing jointly (st12,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       162,799.         • Married filing jointly or gualifying surviving spouse, St25,900       9       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       162,799.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       12       25,900.         • If you checked ary box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995 A       13       14       25,900.         • If you checked ary box under Standard	Attach Sch. B			2a		ь	axable interest					,
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- • Single or Married filing separately, \$12,950       5a       Denometry benefits       5a       b       Taxable amount       5b         • C       If you elect to use the lump-sum election method, check here (see instructions)       5       6b       6b         • Married filing jointly or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,783.         • Married filing jointly or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       162,799.         • Head of household, \$19,400       12       Standard deduction or itemized deductions (from Schedule A)       11       162,799.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         • If you checked any box under Standard       14       15       Subtract line 14 from line 11       12       25,900.			· · ·		10.							10
Standard Deduction for-       5a       Pensions and annuities					200		,					10.
Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         • Single or Married filing separately, \$12,950       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointy or Qualifying surviving spouse, \$25,900       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       7       1,783.         • Married filing jointy or Qualifying surviving spouse, \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       162,799.         • Madd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       .       .       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       11       162,799.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       .       .       13         • Hyou checked any box under Standard       14       25,900.       14       25,900.       15       136       899	Chandand											
<ul> <li>Single or Married filing separately, \$12,950</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Capital gain or (loss). Attach Schedule D if required. If not required, check here</li> <li>Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Capital gain or (loss). Attach Schedule D if required definition</li> <li>Head of</li> <li>Head of</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Capital gain or (loss). Attach deduction or itemized deductions (from Schedule A)</li> <li>Capital gain or (loss). Attach deduction from Form 8995 or Form 8995-A</li> <li>Capital gain or (loss). Attach deduction from line 11. If zero or less enter -0. This is your taxable income</li> <li>Capital gain or (loss). Attach definition or less enter -0. This is you</li></ul>												
separately, \$12,950       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       1,783.         • Married filing jointy or Qualifying surviving spouse. \$25,900       8       Other income from Schedule 1, line 10       8         • Married filing jointy or Qualifying surviving spouse. \$25,900       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       162,799.         • Married filing jointy or Qualifying surviving spouse. \$25,900       10       10       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       162,799.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       25,900.         • If you checked any box under Standard       14       25,900.       13       14       25,900.         • If Add lines 12 and 13       • • • • • • • • • • • • • • • • • • •					acthod chock h				· · · ·		,	
Maried filing jointy or Qualifying surviving spouse, \$25,900       8       Other income from Schedule 1, line 10       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       162,799.         10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       162,799.         • If you checked any box under Standard       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         • Add lines 12 and 13       14       25,900.       14       25,900.         • If you checked any box under Standard       14       25,900.       13			,			•	,	• •	· · · L			1 702
jointly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9162, 799.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income11162, 799.• If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1225, 900.• If you checked any box under Standard131425, 900.• If you checked any box under Standard131425, 900.• If you checked any box under Standard131425, 900.• If you checked any box under Standard15Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income15136								• •	· · · L			1,/03.
surviving spouse, \$25,900       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$19,400       12       Subtract line 10 from line 9. This is your adjusted gross income       11       162,799.         • If you checked any box under Standard       13       Qualified business income deduction from Form 8995 or Form 8995-A       12       25,900.         • If you checked any box under Standard       14       Add lines 12 and 13       14       25,900.         • Subtract line 14 from line 11       If zero or less enter -0-       This is your taxable income       15       136	jointly or							• •				-0 700
\$25,900       10       Adjustments to income from schedule 1, life 20       11       10         • Head of household, \$19,400       11       Subtract line 10 from line 9. This is your adjusted gross income       11       162,799.         • If you checked any box under Standard       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         • Add lines 12 and 13       14       25,900.       14         • Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15					,				· · ·			) <b>Z</b> , 199.
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       13         14       Add lines 12 and 13       14       25,900.       14       25,900.         15       Subtract line 14 from line 11. If zero or less enter -0 This is your taxable income       15       136.899	\$25,900		•						· · ·			
\$19,400       12       Standard deduction or itemized deductions (irom 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         • If you checked any box under Standard       14       Add lines 12 and 13       14       25,900.         • Deduction, Deduction,       15       Subtract line 14 from line 11 If zero or less enter -0- This is your taxable income       15       136				•				• •	• • •			
any box under 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         136.899	\$19,400				·	,						23,900.
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         136.899	any box under			ion from	FOLU \$992 OL	orm 899	э-А	• •				
	Standard				· · · ·		· · · ·					
		15	Subtract line 14 from line 11. If zer	U OF IESS	s, enter -U INIS	is your t	laxable incom	е.	· · ·	. 15		36,899.

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

Form **1040** (2022)

Form 1040 (2022	2)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	. 16	21,352.
Credits	17	Amount from Schedule 2, line 3				. 17	
	18	Add lines 16 and 17				. 18	21,352.
	19	Child tax credit or credit for other depend	lents from Sched	ule 8812		. 19	)
	20	Amount from Schedule 3, line 8				. 20	7,500.
	21	Add lines 19 and 20				. 21	7,500.
	22	Subtract line 21 from line 18. If zero or les	ss, enter -0			. 22	13,852.
	23	Other taxes, including self-employment ta	ax, from Schedul	e 2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your total tax	<b>x</b>			. 24	13,852.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			<b>25a</b> 20,5	56.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				. 250	20,556.
16	26	2022 estimated tax payments and amour	nt applied from 20	)21 return		. 26	;
If you have a qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8			28		
	29	American opportunity credit from Form 8	863, line 8		29		
	30	Reserved for future use	-		30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are ye			ndable credits .	. 32	2
	33	Add lines 25d, 26, and 32. These are you	•	-		. 33	20,556.
Defund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33	This is the amour	nt you overpaid .	. 34	6,704.
Refund	35a	Amount of line 34 you want refunded to			•	35a	a 6,704.
Direct deposit?	b	Routing number 0 1 1 0 0 0			Checking Sav		
See instructions.	d	Account number 0 0 4 6 6 9				Ŭ	
	36	Amount of line 34 you want applied to yo	our 2023 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the a	amount vou owe	_			
You Owe	•	For details on how to pay, go to www.irs.				. 37	
	38	Estimated tax penalty (see instructions)			38		
Third Party	Do	you want to allow another person to o	discuss this retu	rn with the IRS?	See		
Designee		tructions				plete below	/. 🗙 No
-		signee's	Phone			l identificatio	n
	na		no.		number		
Sign		der penalties of perjury, I declare that I have exar ef, they are true, correct, and complete. Declarati					
Here			1	1			sent you an Identity
	ŶŎ	ır signature	Date	Your occupation			PIN, enter it here
Joint return?				SOFTWARE E	NGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign	. Date	Spouse's occupation	on		sent your spouse an
Keep a copy for your records.						Identity Pro	otection PIN, enter it here
your recorde.				HOME MAKER		(See Inst.)	
		one no. (571)230-5815	Email address	VIVEK.BAIR	Y@GMAIL.COM		
Paid		parer's name Preparer's sig				TIN	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIY	A RAM SAGAR	GUPTA TALLAM	03/10/2023 PC	2082703	
Use Only		n's name GLOBAL TAXES LLC					(678)965-9522
	Fir	n's address 245 ROONEY CT E B	RUNSWICK N	J 08816		Firm's EIN	
Co to wayy in a	ou/Eorr	1040 for instructions and the latest information		<b>D</b> 4 4			Farm 10/0 (0000)

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

BAA REV 03/02/23 PRO

Form **1040** (2022)

Department of the Treasury

## **Additional Credits and Payments**

OMB No. 1545-0074

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

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

İ	2022
	Attachment Sequence No. <b>03</b>

	Revenue Service			•		uence No. 03
		orm 1040, 1040-SR, or 1040-NR				curity number
1		SHIRISHA CHOUTAKURI		165-4	17-390	3
Pa	Nonre	fundable Credits				
1	Foreign tax	credit. Attach Form 1116 if required			1	
2	Credit for o Form 2441	child and dependent care expenses from Form 2441	, line 11.		2	
3		redits from Form 8863, line 19			3	
4		savings contributions credit. Attach Form 8880			4	
5	Residential	energy credits. Attach Form 5695			5	
6	Other nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for p	rior year minimum tax. Attach Form 8801	6b			
с	Adoption cr	edit. Attach Form 8839.............	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative I	motor vehicle credit. Attach Form 8910	6e			
f	Qualified pl	ug-in motor vehicle credit. Attach Form 8936	6f	7,500.		
g	Mortgage ir	nterest credit. Attach Form 8396	6g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6ј			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
Ι	Amount on	Form 8978, line 14. See instructions	6I			
Z	Other nonre	fundable credits. List type and amount:				
			6z			
7		nonrefundable credits. Add lines 6a through 6z			7	7,500.
8		through 5 and 7. Enter here and on Form 1040, 1040-	-SR, or 104	40-NR,		
	line 20 .				8	7,500.
For Pa	aperwork Reduct	ion Act Notice, see your tax return instructions.	REV 03/02/23	•		<i>d on page 2)</i> 3 (Form 1040) 2022
		BAA BAA				

Schedule 3 (Form 1040) 2022

Par	t II 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	-SR, or 1040-NR,	15	
	BAA REV	03/02/23 PRO	Schedule	e 3 (Form 1040) 2022

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

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

Go to *www.irs.gov/ScheduleD* for instructions and the latest information. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. 2022 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VIVEK BAIRY & SHIRISHA CHOUTAKURI

Your social security number

165-47-3903

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	12,093.	10,342.	32.	1,783.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 <b>4</b>	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	Carryover 6	( )		
7	e any long-	1,783.			

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.		<b>(d)</b> Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	. ,	12			
13	Capital gain distributions. See the instructions	13				
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions						( )
15	o to Part III	15				

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	1,783.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 03/02/23 PRO

Schedule D (Form 1040) 2022

Form **8949** 

### **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022 Attachment Sequence No. 12A

en identification m

Name(s) shown on return	Social security number of taxpayer identification number
VIVEK BAIRY & SHIRISHA CHOUTAKURI	165-47-3903

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	(b) (c) Date acquired discussed of		(d) Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
MORGAN STANLEY DOMESTIC HOLDINGS, INC.	01/01/22	12/31/22	12,093.	10,342.	W	32.	1,783.
<b>2</b> Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			12,093.	10,342.		32.	1,783.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA



Department of the Treasury

Internal Revenue Service Name(s) shown on return

# Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles and New Clean Vehicles)

Attach to your tax return.

OMB No. 1545-2137

Attachment Sequence No. 69

Go to www.irs.gov/Form8936 for instructions and the latest information.

Identifying number 165-47-3903

#### VIVEK BAIRY & SHIRISHA CHOUTAKURI

Note: This credit is for qualified plug-in electric drive motor vehicles placed in service before 2023, qualified two-wheeled plug-in electric vehicles acquired before but placed in service in 2022, and new clean vehicles placed in service after 2022. See separate instructions for vehicle definitions and other requirements.

Part	Tentative Credit			
	separate column for each vehicle. If you need more colum dditional Forms 8936 and include the totals on lines 12 and		( <b>a)</b> Vehicle 1	(b) Vehicle 2
1	Year, make, and model of vehicle	1	Ford Mustang Mach-E	
2	Vehicle identification number (see instructions)	2	3FMTK4SE7NMA39515	
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3	11/13/2022	
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a	7,500.	
b	Phase-out percentage (see instructions)	4b	100.00 %	%
с	Tentative credit. Multiply line 4a by line 4b	4c	7,500.	

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	Part II Credit for Business/Investment Use Part of Vehicle								
5	Business/investment use percentage (see instructions)	5	%	%					
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6							
7	Section 179 expense deduction (see instructions) .	7							
8	Subtract line 7 from line 6	8							
9	Multiply line 8 by 10% (0.10)	9							
10	Maximum credit per vehicle	10	2,500	2,500					
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11							
12	Add columns (a) and (b) on line 11								
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)								
14	<b>Business/investment use part of credit.</b> Add lines S corporations, stop here and report this amount on Sch amount on Form 3800, Part III, line 1y	nedule	e K. All others, report this						

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

### Part III Credit for Personal Use Part of Vehicle

			(a) Vehicle 1		(b) Vehicle 2
15	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15	7,5	00.	
16	Multiply line 15 by 10% (0.10)	16			
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17			
18	For vehicles with four or more wheels placed in service before 2023, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17. For vehicles placed in service after 2022, see instructions	18	7,5	00.	
19	Add columns (a) and (b) on line 18			19	7,500.
20	Enter the amount from Form 1040, 1040-SR, or 1040-NR	20	21,352.		
21	Personal credits from Form 1040, 1040-SR, or 1040-NR (	21			
22	Subtract line 21 from line 20. If zero or less, enter -0- an the personal use part of the credit	22	21,352.		
23	<b>Personal use part of credit.</b> Enter the <b>smaller</b> of lin Schedule 3 (Form 1040), line 6f. If line 22 is smaller than li	23	7,500.		

REV 03/02/23 PRO Form **8936** (Rev. 1-2023)

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

### Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		<ul> <li>See sepa</li> </ul>			permanen	t reside	nts.					
An IRS individual	l taxpayer identification number (	ITIN) is for	U.S. feder	al tax p	ourposes	only.			be (check one	box):		
Before you begin		urita da con	mah ar /CC	•••		or a new ITIN	INI					
• 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									Renew an existing ITIN			
	ederal tax return with Form W-7 u								<b>c, a, e, ĭ,</b> or	g, you		
_	alien required to get an ITIN to claim ta					- (						
<b>b</b> Nonresident alien filing a U.S. federal tax return												
c 🗌 U.S. residen	nt alien <b>(based on days present in the l</b>	United State	<b>s)</b> filing a U.S	S. federa	al tax retur	n						
d 🗌 Dependent o	of U.S. citizen/resident alien ] If d, ent	ter relationsh	ip to U.S. cit	izen/res	ident alien	(see ins	tructions) 🕨					
e 🛛 Spouse of U		<b>e, enter name</b> K BAIRY							ons)►	3		
f 🗌 Nonresident	alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception											
g 🗌 Dependent/s	spouse of a nonresident alien holding a	U.S. visa										
h 🗌 Other (see in	·											
	on for a and f: Enter treaty country	Midd	And treaty article numb Middle name				name					
Name (see instructions)	SHIRISHA	Wilde					OUTAKURI					
Name at birth if different	1b First name	Midd	lle name				st name					
Applicant's	<ul> <li>2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.</li> <li>296 KANSAS WAY</li> </ul>											
Mailing Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.											
Address	FREMONT				CA	USA	A 94539					
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number</b> .											
(see instructions)	Offerences and the second se											
Birth	4 Date of birth (month / day / year) Cou	intry of birth		City ar	d state or	province	e (optional)	5	Male			
Information		IDIA						X	Female			
Other Information	6a Country(ies) of citizenship 6b F INDIA 6b F	Foreign tax I.[	D. number (if	any)	6c Type	of U.S. v	isa (if any), n	umber	, and expiration	date		
	6d Identification document(s) submitte		,	Passp		Driver	's license/St	ate I.D	).			
	USCIS documentation	Other					Date of en	try into	0			
		10/51510	-		02/14/	2026		he United States				
	Issued by:       INDIA       No.:       N9451519       Exp. date:       03/14/2026       (MM/DD/YYYY):         6e       Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?											
	No/Don't know. Skip line 6f.		mai nevenue									
	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) ►											
0.	City and state ►     Length of stay ►											
Sign Here									thorize the IRS t			
Keep a copy for your records.	Signature of applicant (if delegate	e, see instruct	ructions) Date (month / day		ionth / day /	′ year)	Phone num	lber				
	Name of delegate, if applicable (ty	ype or print)	Delegate's relations to applicant			ship	Parent		ourt-appointed g	juardian		
Acceptance	Signature						Phone Fax	Phone				
Agent's	Name and title (type or print)		Name of company			EIN	i un	F	νTIN			
Use ONLY						ce code						

REV 03/02/23 PRO