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

OMB No. 1545-0074

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

Filing Statu	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (H	ОН)		alifying s ouse (QS		g	
one box.		u checked the MFS box, enter the noon is a child but not your dependent		our spouse. If you	check	ed the HOH or	QSS box, e	nter t		,	,	ualifying	
Your first name	and mi	ddle initial	Last nar	me					Your s	ocial sec	urity nu	mber	
HARI BABU KOND				ABOLU					894-29-8573				
If joint return, spouse's first name and middle initial Last nam				me					Spouse's social security number				
HOMICA			VEER	EPALLI					APPLIED FOR				
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.		Presid	ential Ele	ction C	ampaign	
11827 B	ERNAI	RDO TERRACE					B-10	7		here if yo			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	Sta	te	ZIP code			e if filing j to this fun			
SAN DIE	GO			CA			92128			elow will r			
Foreign country name			F	Foreign province/state/county			Foreign posta	Foreign postal code yo			your tax or refund.		
										Yo	u 🗌	Spouse	
Digital Assets		ny time during 2022, did you: (a) reca ange, gift, or otherwise dispose of a	,				•	, .	` '		s X	No	
Standard	Som	eone can claim:	pendent	Your spou	se as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien	· .							
Age/Blindnes	s You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse	: Was bor	n before Jar				blind		
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	ip (4) Chec	k the	box if qua	llifies for (s	ee instr	ructions):	
If more	(1) Fi	(1) First name Last name		number		to you	Chile	Child tax cre		Credit for	other de	ependents	
than four													
dependents, see instruction	s —												
and check _													
here										1,			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .					. 1	а	87 ,	750.	
	b	1 , 3 1 ()								b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								С			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1	d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 1	е			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								f			
If you did not	g	Wages from Form 8919, line 6 .							. 1	g			
get a Form W-2, see	h	Other earned income (see instruct	,						. 1	h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>							
	Z	Add lines 1a through 1h							. 1	z	<u>87,</u>	750.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest			. 2	b			
if required.	<u>3a</u>	Qualified dividends	3a		b 0	rdinary divide	nds		. 3	b			
	4a	-	4a			axable amoun				b			
Standard	5a	-	5a			axable amoun			. 5	b			
Deduction for— Single or	6a	,	6a			axable amoun	t		. 6	b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing jointly or	8	Other income from Schedule 1, line 10							. 4	3			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	<u>87,</u>	750.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								0			
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								1		750.	
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)								2	25 ,	900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								3			
any box under Standard	14	Add lines 12 and 13								4		900.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						. 1	5	61,	850.		
,													

Form 1040 (202	2)						Page 2		
Tax and	16	Tax (see instructions). Check if any	from Form(s): 1 881	4 2 4972	3 🗌	1	7,014.		
Credits	17	Amount from Schedule 2, line 3	1	17					
	18	Add lines 16 and 17				1	7,014.		
	19	Child tax credit or credit for other of	dependents from Sched	ule 8812		1	19		
	20	Amount from Schedule 3, line 8				2	20		
	21	Add lines 19 and 20				2	21		
	22	Subtract line 21 from line 18. If zero	o or less, enter -0			2	7,014.		
	23	Other taxes, including self-employe	·	•			0.		
	24	Add lines 22 and 23. This is your to	otal tax			2	7,014.		
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a 12	,416.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions) .			25c				
	d	Add lines 25a through 25c				2	5d 12,416.		
If you have a	26	2022 estimated tax payments and	amount applied from 20	21 return		2	26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Sche							
	29	American opportunity credit from F	Form 8863, 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	3	32					
	33	Add lines 25d, 26, and 32. These a	re your total payments			3	12,416.		
Refund	34	If line 33 is more than line 24, subtr	ract line 24 from line 33.	This is the amou	nt you overpaid	3	5,402.		
	35a	Amount of line 34 you want refund		is attached, che	ck here	. 🗌 🔄	5,402.		
Direct deposit?	b	Routing number 0 2 1 0 0		c Type: 🛛	Checking S	Savings			
See instructions.	d	Account number 6 3 5 2 9	1 2 5 0						
	36	Amount of line 34 you want applied	d to your 2023 estimate	d tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This if For details on how to pay, go to with		see instructions		3	37		
	38	Estimated tax penalty (see instruct	ions)		38				
Third Party Designee		you want to allow another personant of the structions of the structions of the structure of	on to discuss this retur			mplete belo	ow. 🗵 No		
		signee's	Phone			nal identificat	ion		
		me	no.			er (PIN)			
Sign		der penalties of perjury, I declare that I ha lief, they are true, correct, and complete. D							
Here	Yo	ur signature	Date	Your occupation		If the IRS	S sent you an Identity		
		g					on PIN, enter it here		
Joint return?				SOFTWARE I		(see inst.	.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Spouse's occupat	ion		S sent your spouse an Protection PIN, enter it here		
your records.				HOME MAKEI	1 -	(see inst.)			
	———Ph	one no. (978) 493-1240	Email address		OLU01@GMAIL.CC	 M			
Paid			rer's signature	THIRT . INOINDIADO	Date	PTIN	Check if:		
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYAM	· ·	GUPTA TAT.T.AM		P0208270			
Preparer		Firm's name GLOBAL TAXES LLC Phon							
Use Only			E BRUNSWICK N	J 08816		Firm's El			
Co to ununu !		m10.40 few instructions and the latest inform	motion			5 E	Farry 1040 (2000)		



Application for IRS Individual Taxpayer Identification Number

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

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

An IRS individual	l taxpayer identification nui	nber (ITIN) is	s for U.S. feder	al tax purpose	s only.		ion type (check one box):		
Before you begin • Don't submit th	n: nis form if you have, or are elig	gible to get, a	U.S. social sec	urity number (S	SN).		oply for a new ITIN enew an existing ITIN		
	ubmitting Form W-7. Read tederal tax return with Form								
_	t alien required to get an ITIN to		_	•	•				
_	t alien filing a U.S. federal tax ret								
c U.S. resider	nt alien (based on days present	in the United	States) filing a U.	S. federal tax retu	ırn				
d Dependent	of U.S. citizen/resident alien	If d, enter relat	ionship to U.S. ci	tizen/resident alie	n (see inst	tructions) 🕨			
e 🛭 Spouse of U	J.S. citizen/resident alien		name and SSN/I ⁻ U KONDABOLU	_		alien (see in			
f Nonresident	t alien student, professor, or rese	archer filing a	U.S. federal tax re						
g Dependent/s h Other (see in	spouse of a nonresident alien honstructions) ►	•	sa 						
•	on for a and f : Enter treaty count			and treaty a	rticle num	ber ►			
Name	1a First name		Middle name		Last r				
(see instructions)	HOMICA	Middle name			VEEREPALLI				
Name at birth if different ►		lb First name				name			
Applicant's	2 Street address, apartment r				box, see	separate i	nstructions.		
Mailing			RDO TERRACI						
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.								
	SAN DIEGO			C <i>P</i>			92128		
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.								
Birth	4 Date of birth (month / day / year	ar) Country of INDIA	birth City and state or prov			(optional)	5 Male		
Information	12/31/1993					★ Female			
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration								
	6d Identification document(s) submitted (see instructions) 🗵 Passport 🗌 Driver's license/State I.D.								
	USCIS documentation Other Date of entry into								
				the United States					
	Issued by: INDIA No.: V9024927 Exp. date: 09/30/2023 (MM/DD/YYYY): 08/11/202								
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?								
	No/Don't know. Skip line 6f. Vec. Complete line 6f. Vec. Complete li								
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see if the little of the little						· · · · · · · · · · · · · · · · · · ·		
						and			
	name under which it was issued ▶								
	6g Name of college/university or company (see instructions) ▶								
	City and state ► Length of stay ▶								
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying 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.								
Keep a copy for your records.	Signature of applicant (if d	Date (month / day	/ / year) 	Phone number					
	Name of delegate, if applie	orint)	Delegate's relation to applicant	onship	☐ Parent ☐ Court-appointed guardian☐ Power of attorney				
Acceptance	Signature		Date (month / day	//year)	Phone	Phone Fax			
Agent's	No Manager 1991 6	NI C	Name of company			T			
Use ONLY	Name and title (type or pri	Name of c	<u> </u>			EIN PTIN			
	"		Office			code			