1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		n 20 2	2	OMB No. 1545-	-0074	IRS Use C	nly—Do	not w	rite or staple in this space.	
Filing Status Check only one box.	lf yo	Single \mathbf{X} Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of your	iling separately (M r spouse. If you ch		_				spol	ifying surviving ıse (QSS) name if the qualifying	
Your first name	rst name and middle initial Last name Yo							Υοι	Your social security number			
PRAVEENK	UMAE	2	KOGILA	L					28	282-41-7168		
If joint return, sp	ouse's	first name and middle initial						Spouse's social security number				
SRILATHA			AKUNUR	I						APPLIED FOR		
Home address (numbe	r and street). If you have a P.O. box, see	instructions.				A	Apt. no.	Pre	side	ntial Election Campaig	
20 CHURC	h ri)					1	.3M			ere if you, or your	
City, town, or po MAPLE SH	ce. If you have a foreign address, also co	es below.				ode 52	tog	go to	if filing jointly, want \$3 this fund. Checking a ow will not change			
Foreign country		Fore					in postal coo					
		··· · · · · · · · · · · · · · · · · ·	. ,						(1)			
Digital		ly time during 2022, did you: (a) rece						,.	• • •		X Yes 🗌 No	
Assets		ange, gift, or otherwise dispose of a	-				asset)	? (See ins	Iructio	ns.)		
Standard Deduction		eone can claim:		Your spouse Fre a dual-status a								
Age/Blindness	You:	Were born before January 2, 1	958 🗌 A	Are blind Spo	use	: 🗌 Was bor		ore Januar			Is blind	
Dependents				(2) Social security		(3) Relationshi	ip (4			· .	ies for (see instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax c			Credit for other dependent	
than four												
dependents, see instructions												
and check												
here]			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see in	structions)						1a	99,777.	
	b	Household employee wages not re								1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26 								1e		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
lf you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form	h	Other earned income (see instructi	ons) .						.	1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h		<u>.</u> .						1z	99,777.	
Attach Sch. B	2a	Tax-exempt interest	2a	I	bΤ	axable interest				2b		
if required.	3a	Qualified dividends	3a	I	b C	ordinary divider	nds .			3b		
	4a	IRA distributions	4a	1	bТ	axable amount	t			4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amount	t			5b		
Deduction for –	6a	Social security benefits	6a		bТ	axable amount	t			6b		
 Single or Married filing 	с	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		
Married filing	8	Other income from Schedule 1, line 10								8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	99,777.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10		
	11	Subtract line 10 from line 9. This is your adjusted gross income								11	99,777.	
household, \$19,400	12	Standard deduction or itemized	-	-					.	12	25,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
any box under Standard	14								14	25,900.		
Deduction,	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	73,877.		
see instructions.	-											

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

Form **1040** (2022)

Form 1040 (2022	2)								Pag	e 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3		16	8,454	
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	8,454	
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	8,454	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .			23	0	١.
	24	Add lines 22 and 23. This is y						24	8,454	
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a 15	,540.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions				25c				
	d	Add lines 25a through 25c .	·					25d	15,540	
	26	2022 estimated tax payment						26		
If you have a qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
)	29	American opportunity credit				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3. line				31				
	32	Add lines 27, 28, 29, and 31.				-		32		
	33	Add lines 25d, 26, and 32. Th						33	15,540	
	34	If line 33 is more than line 24						34	7,086	
Refund	35a	Amount of line 34 you want r						35a	7,086	
Direct deposit?	b	Routing number 0 3 1					· Savings	55a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	÷
See instructions.	b	Account number 3 8 3					Savings			
	36	Amount of line 34 you want a								
Amount						36				
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								
	38	Estimated tax penalty (see in	• •	37						
Think Dauta						38				_
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See							X No	
Designee		signee's		Phone			onal identifi			
	nar			no.			per (PIN)	oution		
Sign	Un	der penalties of perjury, I declare th	nat I have examine	ed this return and	accompanying sch	nedules and stateme	nts, and to	the bes	t of my knowledge	and
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							ər has any knowledo	je.
Here	Yo	/our signature Date Your occupation							nt you an Identity	
							Prote (see i		IN, enter it here	_
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign.		Date	SOFTWARE			,	nt your spouse an	
Keep a copy for	sp								ection PIN, enter it h	nere
your records.		HOME MAKER (see i					nst.)			
	Ph	one no. (571) 395-2797	7	Email address	PRAVEENKUMARI	KOGILA@GMAIL.C	DM MC			
Datal	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/28/2023	P02082	2703	Self-employe	d
Preparer		Firm's name GLOBAL TAXES LLC Phon							(678) 965-952	2
Use Only		m's address 245 ROONEY		NSWICK N	J 08816		Firm'		84-317196	
Go to www.irs.go	ov/Forn	1040 for instructions and the lates	st information.		BAA	REV 03/18/23 PRO			Form 1040 (2	
- 0									- (

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	iduale who aro n	ot LLS citiz	one or i	ormanon	t rocido	nte		JND NO. 1343-0074	
Department of the Treas Internal Revenue Service		See sepa			Jermanen	reside	1115.			
	taxpayer identification numb				urposes	only.	Applicati	on type	e (check one box):	
Before you begin:						ply for	v for a new ITIN w an existing ITIN			
Reason you're su	ubmitting Form W-7. Read the	instructions for	r the box y	ou cheo	k. Cauti	on: If yo	ou check be	эх b, с	c, d, e, f, or g, you	
must file a U.S. fe	ederal tax return with Form W	-7 unless you i	meet one o	of the e	xceptior	i s (see i	nstructions	s).		
a 🗌 Nonresident	alien required to get an ITIN to claim	m tax treaty bene	fit							
b 🗌 Nonresident	alien filing a U.S. federal tax return									
c 🗌 U.S. residen	t alien (based on days present in t	he United State	s) filing a U.S	S. federa	al tax retur	n				
d 🗌 Dependent o	of U.S. citizen/resident alien If d	, enter relationsh	ip to U.S. cit	izen/resi	ident alien	(see inst	tructions) 🕨			
e 🛛 Spouse of U		or e, enter name RAVEENKUMAE			S. citizen/ı	esident a	alien (see ins		ns)▶ 2-41-7168	
f 🗌 Nonresident	alien student, professor, or researc	her filing a U.S. f	ederal tax re	turn or c	laiming ar	n excepti	on			
g 🗌 Dependent/s	spouse of a nonresident alien holdir	ig a U.S. visa								
h 🗌 Other (see in	nstructions) ►	-								
Additional informatic	on for a and f : Enter treaty country			anc	treaty art	icle num	ber 🕨			
Name	1a First name	Midd	Middle name Last				name			
(see instructions)	SRILATHA					AKU	JNURI			
Name at birth if different ►	1b First name	Midd	lle name			Last r	name			
Applicant's	2 Street address, apartment num	ber, or rural rout	e number. If	you hav	ve a P.O. I	oox, see	separate in	struct	ions.	
Mailing	20 CHURCH RD Apt 13M									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
							08	052		
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
U.S.) Address										
(see instructions)	City or town, state or province	, and country. Inc	lude postal	code wh	ere appro	oriate.				
							(
Birth		Country of birth		City an	d state or	province	(optional)	5	Male	
Information	06/14/1992	INDIA)		0- T	-4110	(f		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 date									
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation									
	Issued by: INDIA No.: Z7150948 Exp. date: 03/12/2033 (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 ►									
Clarke	Under penalties of perjury, I (applica	ant/delegate/accept	ance agent)				d this applic	ation in		
Sign Here	documentation and statements, and t information with my acceptance agent	to the best of my	knowledge a	nd belief,	, it is true,	correct, a	and complete	. I auth	orize the IRS to share	
Keep a copy for your records.	Signature of applicant (if dele	ions)	Date (month / day / year) Phone number							
	Name of delegate, if applicab	le (type or print)		to applicant			_	Court-appointed guardian		
Accontance	Signature			Date (month / day ,			Phone			
Acceptance	F						Fax			
Agent's	Name and title (type or print)		Name of company			EIN		PT	- IN	
Use ONLY				Office of			ode			

REV 03/18/23 PRO