1040		rtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ım 20 2	2	OMB No. 1545	-0074	IRS Use O	nly—Do no	ot write or sta	ple in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of yo	d filing separately (N pur spouse. If you cl					sp	ualifying s bouse (QS d's name i	S)	
Your first name	and mi	middle initial Last name You								our social security number		
GOWTHAM			AVANTHULA					780	780-10-0634			
If joint return, sp	ouse's	first name and middle initial	Last nam	ne					Spou	se's social	security number	
AMULYA			NUTHA	AKKI					APF	LIED F	OR	
Home address (numbe	r and street). If you have a P.O. box, see	instructio	ns.			A	pt. no.	Presi	idential Ele	ction Campaigr	
1235 MAR	TIN	TAVERN RD								ck here if yo		
		ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP co	ode			ointly, want \$3	
MORRISVI	LLE			NC			275	60	· · ·		d. Checking a not change	
Foreign country	name		F	oreign province/state/o				preign postal code		· · ·		
Digital		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									s 🛛 No	
Assets				<u> </u>			assetj	? (See Insi	ructions	s.) 🗆 re		
Standard Deduction	_	eone can claim:	•			•						
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 195	8 🗌 Is	blind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4	Check the	box if qu	ualifies for (s	ee instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax c		Credit for	r other dependents	
than four												
dependents, see instructions]			
and check]			
here 🗌]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)						1a	81,859.	
	b	Household employee wages not re	eported c	on Form(s) W-2 .					• 🗆	1b		
Attach Form(s) W-2 here, Also	С	Tip income not reported on line 1a	tructions)					• 🗆	1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							• 🗆	1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26 						•	1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f		
If you did not	g	Wages from Form 8919, line 6 .							•	1g		
get a Form	h	Other earned income (see instruction	ions) .				· ·		· _	1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h							•	1z	81,859.	
Attach Sch. B	2 a	Tax-exempt interest	2a		bΤ	axable interest			•	2b		
if required.	3a		3a		b C	Ordinary divider	nds .		•	3b		
	4a	IRA distributions	4a		bТ	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	t			5b		
 Deduction for – Single or 	6a	Social security benefits	6a		bТ	axable amoun	t			6b		
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 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	81,859.	
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26								10		
Head of 11 Subtract line 10 from line 9. This is your adjusted gross income .									. [11	81,859.	
household, \$19,400	12	Standard deduction or itemized	deductio	ons (from Schedule	A)					12	25,900.	
If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
any box under Standard	14	Add lines 12 and 13							. [14	25,900.	
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								15	55,959.	

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

Form **1040** (2022)

Form 1040 (2022	2)									F	Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		. [1	6	6,30	
Credits	17	Amount from Schedule 2, lin	ne3					. 1	7		
	18	Add lines 16 and 17						. 1	8	6,30	06.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 1	9		
	20	Amount from Schedule 3, lin	ne8					. 2	20		
	21	Add lines 19 and 20						. 2	1		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 2	2	6,30	06.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 2	3		0.
	24	Add lines 22 and 23. This is	your total tax					. 2	.4	6,30	06.
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	11,0	38.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions				25c					
	d	Add lines 25a through 25c						. 2	5d	11,03	38.
	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			. 2	26	· · · · ·	
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31				undable ci	edits .	. 3	2		
	33	Add lines 25d, 26, and 32. T			-			. 3	3	11,03	38.
Refund	34	If line 33 is more than line 24							4	4,73	32.
Refutio	35a	Amount of line 34 you want				•	-	3	5a	4,73	32.
Direct deposit?	b	Routing number 1 1 1				Checking					
See instructions.	d	Account number 5 8 6				IIII		0			
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	This is the am	ount vou owe							
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions						. 3	7		
	38	Estimated tax penalty (see ir	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See					
Designee		structions					/es. Com	olete belo	w.	X No	
		signee's		Phone				dentificat	ion _		
	nai			no.			number	()			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here				、	1, 2, 7		Iomation o			,	0
	YO	ur signature		Date	Your occupation					you an Identity , enter it here	1
Joint return?					STUDENT			(see inst.	_		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.				ition If th			your spouse a	
Keep a copy for your records.					Ide		-		tion PIN, enter	it here	
your records.					HOME MAKEF			(see inst.)		
		one no. (361) 488-806		Email address	GOWTHAMVAKKAVAN				1.	21 1 1	
Paid		eparer's name	Preparer's signat			Date				Check if:	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/15/	2023 PC	208270		Self-emplo	,
Use Only		m's name GLOBAL TAX						Phone no		78)965-9	
			Y CT E BRU	NSWICK N	J 08816			Firm's El	N	84-3171	
Go to wayay in a	ov/Form	1010 for instructions and the late	et information		DAA					Earm 1040	1 (2020)

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

BAA REV 03/02/23 PRO

Form **1040** (2022)

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

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See sepa	arate instruc		manen	reside	nts.				
An IRS individual	I taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax pur	poses	only.			(check one box):		
 Before you begin: Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). 								X Apply for a new ITIN ☐ Renew an existing ITIN			
must file a U.S. fo	ubmitting Form W-7. Read the ederal tax return with Form V	N-7 unless you	meet one						d, e, f, or g, you		
	t alien required to get an ITIN to cl		efit								
_	t alien filing a U.S. federal tax retu at alien (based on days present ir		a) filing a LL	2 fodoral ta	w roturn						
_	of U.S. citizen/resident alien) If						tructions)				
e 🛛 Spouse of U	J.S. citizen/resident alien	d or e, enter name GOWTHAM VAI	and SSN/IT	IN of U.S. o	citizen/re	esident	alien (see ins		s)►		
	alien student, professor, or resea	-	ederal tax re	turn or clai	ming an	excepti	on				
	spouse of a nonresident alien hold	ling a U.S. visa									
h Other (see in	nstructions) ► on for a and f : Enter treaty country			and tr			har b				
Name	1a First name		lle name	anu tr	eaty arti	Last					
(see instructions)	AMULYA						IUTHAKKI				
Name at birth if	1b First name	Mido				Last	st name				
different 🕨	2 Street address apartment n	imber, or rural rout	e number li	vou have	a P O h		sonarato ir	structio	ne		
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 1235 MARTIN TAVERN RD										
Mailing	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
Address	MORRISVILLE NC USA 27560										
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address	Other and the an analysis and country, include an other and the second state										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth	4 Date of birth (month / day / year)	Country of birth		City and s	tate or p	orovince	e (optional)	5 🗌 N	/lale		
Information	12/20/1996	INDIA							X Female		
Other Information	6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date INDIA 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 Other Date of entry into										
	Issued by: INDIA No.: R5302873 Exp. date: 01/10/2028 (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 Kirst name K										
	First name Middle name Last name 6g Name of college/university or company (see instructions) ►										
	City and state ► Length of stay ►										
Cian	Under penalties of perjury, I (appl	icant/delegate/accent	tance agent)				d this applic	ation incl			
Sign Here	documentation and statements, and information with my acceptance ager	to the best of my	knowledge a	nd belief, it	is true,	correct,	and complete	. I author	ize the IRS to share		
Keep a copy for your records.	Signature of applicant (if de	tions)	Date (month / day / year) Phone number								
	Name of delegate, if applica		Delegate's relationship to applicant				Parent Court-appointed guard				
Acceptance	Signature					Phone					
Agent's	Name and title (type or print)			Name of company EIN			Fax PTIN				
Use ONLY							ce code				

REV 03/02/23 PRO