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

2022	2
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	Head of	household	(HOH	H) [		ifying surv ıse (QSS)	iving
one box.	-	u checked the MFS box, enter the nonis a child but not your dependent	-	our spouse. If you	check	ed the HOH or	QSS box,	ente	r the		, ,	e qualifying
Your first name	and mi	ddle initial	Last nar	me					Y	our so	cial security	y number
DILIP K		LA					8	886-92-7039				
If joint return, s	first name and middle initial	me					S	Spouse's social security number				
SRUJANA			KYAD	ARI					I	APPLI	ED FOF	₹
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. r	10.	F	resider	ntial Electio	n Campaign
12500 M	ARION	N LN W					430	5			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	ZIP code					tly, want \$3 Checking a
MINNETO	NKA				MN	1	55305				ow will not	
Foreign countr	y name		F	oreign province/state	count	ty	Foreign po	stal co	de y	our tax	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,		. ,		,	, .	,	,	Yes	⊠ No
Standard		eone can claim: You as a de				a dependent	, (-			/		
Deduction		Spouse itemizes on a separate retur	•			•						
Age/Blindnes	-		958	Are blind Sp	ouse	: Was bor	n before J				☐ Is bli	
Dependent				(2) Social securi	ty	(3) Relationsh				1		instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	С	hild ta	x cred	dit	Credit for oth	er dependents
than four								<u>L</u>			L	
dependents, see instruction	s ——							<u>L</u>			L	
and check	, —							<u></u>				
here	]							L			L	
Income	1a	Total amount from Form(s) W-2, b	`	,						1a	7	3,417.
A44 I- F (-)	b	Household employee wages not re	•	( )				-		1b 1c		
Attach Form(s) W-2 here. Also	С	,										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption bene			9.					1f		
If you did not	g	Wages from Form 8919, line 6.								1g		
get a Form W-2, see	h	Other earned income (see instruct	,							1h	-	0.
instructions.	i	Nontaxable combat pay election (	see instr	ructions)		<u>l</u> i					_	
	Z	Add lines 1a through 1h								1z	1	3,417.
Attach Sch. B	2a	· –	2a			axable interest				2b		
if required.	<u>3a</u>		3a			rdinary divide				3b		
	4a	<del>-</del>	4a			axable amoun				4b		
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun				6b		
Married filing separately,	c	If you elect to use the lump-sum e		•	•	,			. 님	_		
\$12,950	7	Capital gain or (loss). Attach Sche							. Ш	7		
Married filing jointly or	8	Other income from Schedule 1, lin								9		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									$+$ $\frac{7}{}$	3,417.
\$25,900 spouse,	10	Adjustments to income from Schedule 1, line 26									+	
Head of household,	11	Subtract line 10 from line 9. This is								11		3,417.
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)										25,900.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A									+	
Standard Deduction,	14	Add lines 12 and 13								14		25,900.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -0 This is	your <b>1</b>	taxable incom	ne			15	4	7,517.

Form 1040 (202)	2)						_		Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	5,292.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	5,292.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,292.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	5,292.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 1	0,851.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions							
	d	Add lines 25a through 25c						25d	10,851.
	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		7	
	29	American opportunity credit				29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lin				31		7	
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T	33	10,851.					
	34	If line 33 is more than line 24						34	5,559.
Refund	35a	Amount of line 34 you want				•		35a	5,559.
Direct deposit?	b	Routing number 3 2 2			c Type:		Savings	Jour	,
See instructions.		Account number 2 5 0							
	36	Amount of line 34 you want			ed tax	36			
Amount	37					00			
You Owe	31	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	•		1 1		31	
Third Party		you want to allow another							
Designee		structions	below.	X No					
Doolgilloo		Designee's Phone Personal identific							
		me		no.			nber (PIN)		
Sign		der penalties of perjury, I declare t			, , ,		,		, ,
Here	bel	ief, they are true, correct, and com	pased on all informat			, ,			
TICIC	Yo	ur signature	Date	Your occupation				nt you an Identity	
1				COEMMADE ENCINEED			inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	SOFTWARE ENGINEER				t your spouse an		
Keep a copy for	Ор	ouse's signature. If a joint return,	Jour must sign.	Date	opouse s occupe	uion			ection PIN, enter it here
your records.					HOME MAKE	IR	(see	inst.)	
	Ph	one no. (626) 267-117	2	Email address	DILIPKUMARN	OMULA@GMAIL.C	OM		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	м 04/01/2023	P0208	2703	Self-employed
Preparer		Firm's name GLOBAL TAXES LLC Phone							(678) 965-9522
Use Only	Fin		Y CT E BRU	NSWICK N	J 08816			ı's EIN	84-3171965
Go to www.irs.a	ov/Forn	n1040 for instructions and the late			BAA	REV 03/22/23 PRO	'		Form <b>1040</b> (2022



## **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 identificatio	n numb	er (ITIN) is	for U.S. feder	al tax pu	rposes	only.		ion type (check one box):		
Before you begin • Don't submit th	: is form if you have, or a	re eligibl	e to get, a	U.S. social sec	urity num	ber (SSI	V).		oply for a new ITIN enew an existing ITIN		
	ubmitting Form W-7. Federal tax return with								ox <b>b, c, d, e, f,</b> or <b>g, you</b> s).		
a Nonresident	alien required to get an IT	IN to clair	n tax treaty	benefit		-	•		•		
<b>b</b> Nonresident	alien filing a U.S. federal t	ax return	•								
c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return											
d Dependent	of U.S. citizen/resident alie	n γ lf d	, enter relati	onship to U.S. cit	izen/reside	ent alien (	see inst	ructions) 🕨			
e 🛛 Spouse of U	J.S. citizen/resident alien			name and SSN/I7 IAR NOMULA				alien (see in	006 00 5000		
f Nonresident	alien student, professor, o	or researc	her filing a l	J.S. federal tax re							
g Dependent/s	spouse of a nonresident al	ien holdin	g a U.S. vis	a							
h Other (see in	nstructions) ►										
Additional information	on for <b>a</b> and <b>f</b> : Enter treaty		•			reaty artic	cle num	ber <b>&gt;</b>			
Name	1a First name			Middle name			Last r	name			
(see instructions)	SRUJANA						KYA	DARI			
Name at birth if different ▶	<b>1b</b> First name			Middle name La			Last r	ast name			
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	12500 MARION		APT 43								
Address	· ·	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	MINNETONKA					MN	USA		55305		
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)	City or town, state or	province,	and country	y. Include postal	code wher	re approp	riate.				
Birth	4 Date of birth (month / da	ay / year)	Country of b	irth City and state or province (				(optional)	5 Male		
Information	01/12/1994		INDIA								
Other Information	6a Country(ies) of citizen	<b>6b</b> Foreign tax I.D. number (if any) <b>6c</b> Type of U.S. visa (if any), number, and expiration d							umber, and expiration date		
illolliadoli	6d Identification document(s) submitted (see instructions)  Passport  Driver's license/State I.D.										
	USCIS documentation Other										
								the United States			
	Issued by: INDIA No.: M2699755 Exp. date: 10/09/2024 (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 IRS	IN	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 ▶										
Sign Here		ents, and t	to the best o	of my knowledge a	nd belief, it	t is true, o	correct, a	and complete	cation, including accompanying e. I authorize the IRS to share ntification Number.		
Keep a copy for	Signature of applicant (if delegate, see instructions)  Date (month / day / year)  Phone number								nber		
your records.	Name of delegate, if	rint)	Delegate's relationship to applicant			Parent Court-appointed guardian					
	N Signature	Date (month / da			Vear)	Power of attorney					
Acceptance	Signature		Date (month / day /			Phone					
Agent's	Name and title /type	or print		Name of o	mpany			Fax	DTIN		
Use ONLY	Ivame and title (type	Name and title (type or print)  Name of company  EIN					PTIN				
	Office cod						de				