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

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Filing Statu	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separately	(MFS)	☐ Head of	household (H	НОН)			fying survi se (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, e	enter	the ch	nild's	name if the	e qualifying
Your first name	and mi	ddle initial	Last nar	me					Yo	ur soc	ial security	y number
ANISH DAIT				ATI					0.5	058-89-1186		
If joint return, spouse's first name and middle initial Last name			name					Spe	Spouse's social security number			
ASHA SHAI			ΔΙΚ					AE	APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no		Pre	esiden	tial Electio	n Campaign
220 CHU	RCH E	HILL DOWNS DRIVE									ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	omplete sp	paces below.	Sta	te	ZIP code					tly, want \$3 Checking a
WARSAW					IN	1	46582				w will not	
Foreign countr	y name		F	oreign province/state	e/count	ty	Foreign posta	al cod	е уо	ur 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	4000197 (000					
Deduction	_	Spouse itemizes on a separate retur	•			•						
Age/Blindnes			958	Are blind S	oouse	: Was bor	n before Ja				☐ Is bli	
Dependent	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	ip (4) Ched	k the	box if	1		instructions):
If more	(1) Fi	(1) First name Last name		number		to you	Chi	Child tax cr		(Credit for oth	er dependents
than four								<u>_</u>			<u>L</u>	
dependents, see instruction	s ——							<u>_</u>			<u>L</u>	
and check _	, —							<u>_</u>			<u>L</u>	
here											L	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	7	9,901.
	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 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8839, line 2	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	ions) .							1h		0.
instructions.	i	Nontaxable combat pay election (see instr	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h								1z	7	9,901.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b		
if required.	<u>3a</u>	Qualified dividends	3a		b C	rdinary divide	nds			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard	5a	Pensions and annuities	5a			axable amoun				5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)							Ш			
separately, \$12,950	7	Capital gain or (loss). Attach Sche								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	7	9,901.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26										
Head of	11	Subtract line 10 from line 9. This is your adjusted gross income								11		9,901.
household, \$19,400	12	Standard deduction or itemized	deducti	ions (from Schedu	le A)					12	2	25,900.
If you checked any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
	14	Add lines 12 and 13								14	2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						15	5	4,001.		
	,											

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Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 881	14 2 4972	3 🗌		16	6,072.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	6,072.	
	19	Child tax credit or credit for other depend	dents from Sched	dule 8812			19		
	20	Amount from Schedule 3, line 8					20		
	21	Add lines 19 and 20					21		
	22	Subtract line 21 from line 18. If zero or les	ss, enter -0				22	6,072.	
	23	Other taxes, including self-employment to	ax, from Schedul	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax	x				24	6,072.	
Payments	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a 10	,377.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	10,377.	
If you have a	26	2022 estimated tax payments and amour	nt applied from 20	021 return			26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8	812		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 year	our total other p	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. These are you	r total payments	s			33	10,377.	
Refund	34	If line 33 is more than line 24, subtract lin	e 24 from line 33	. This is the amour	nt you overpaid		34	4,305.	
	35a	Amount of line 34 you want refunded to		8 is attached, chec	k here		35a	4,305.	
Direct deposit?	b	Routing number 1 1 1 0 0 0		c Type: 🔀	Checking	Savings			
See instructions.	d	Account number 8 6 2 5 5 1	1 8 6						
	36	Amount of line 34 you want applied to yo	ur 2023 estimat	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to www.irs.	37						
	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to ostructions				omplete b	elow.	X No	
		signee's	Phone	9		onal identif	cation r		
		ne	no.			ber (PIN)			
Sign		der penalties of perjury, I declare that I have exar ief, they are true, correct, and complete. Declarati							
Here	Yo	ur signature	Date	Date Your occupation			If the IRS sent you an Identity		
								N, enter it here	
Joint return? See instructions.				MANUFACTUR		_			
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		. Date	Spouse's occupation		Identi	e IRS sent your spouse an ntity Protection PIN, enter it here inst.)		
, ca. 1000.au.		46001564 5050		HOME MAKER			151.)		
		one no. (682) 564-7852 eparer's name Preparer's sign	Email address	ANISHDAITA	.@GMAIL.COM Date	1 PTIN		Check if:	
Paid		'	,	Olinma marray			.702	Self-employed	
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/05/2023 P0208							
Use Only								678) 965-9522	
	Fin	m's address 245 ROONEY CT E B	KUNSWICK N	υ υρότρ		Firm'	S EIN	84-3171965	

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANISH DAITA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 058-89-1186

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2022. See instructions	☐ Se	lf-only 🗵 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2022. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during 2022, you were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$7,300 for family coverage). All others , see the instructions for the amount to enter	3	7,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2022, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,300.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2022, see the instructions for the amount to enter	6	7,300.
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family coverage under an HDHP at any time during 2022, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,300.
9	Employer contributions made to your HSAs for 2022		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,550.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.
Part	<u> </u>	rate l	HSAs, complete
14a	Total distributions you received in 2022 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	4.41-	
•	Subtract line 14b from line 14a	14b 14c	
C 15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
15 16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

BAA



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

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN 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 box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ ANISH DAITA f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name ASHA SHAIK (see instructions) 1b First name Middle name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 220 CHURCH HILL DOWNS DRIVE Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** WARSAW 46582 USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth 05/15/1993 Information TNDTA ▼ Female 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 Other ATOMT Information **6d** Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: L8645160 Exp. date: 04/22/2024 Issued by: INDIA (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 ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign 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. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code