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

2022
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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 separate	ly (MFS)	☐ Head of	household (HC	)H) [		ifying sui		
one box.	-	u checked the MFS box, enter the r on is a child but not your dependen	-	our spouse. If yo	u check	ed the HOH or	QSS box, en	ter the	child's	name if t	he qualify	ing
Your first name and middle initial Last name								Your social security number			r	
PRATIK C				DHARY					838-63-4044			
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse's	social se	curity num	ıber
DIMPAL I	BABAI	1	ADAT	E					APPLI	ED FO	)R	
Home address	(numbe	r and street). If you have a P.O. box, see	e instruction	ons.			Apt. no.		Presider	tial Elect	ion Campa	aign
580 AME	RICAN	N AVENUE					В114			ere if you		
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP code				ntly, want S . Checking	
KING OF	PRUS	SSIA									t change	Ja
Foreign countr	y name		F	Foreign province/state/county			Foreign postal			or refund		
										You	Spot	use
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of					-			Yes	⊠ No	
Standard		eone can claim:  You as a de				a dependent	40000). (000).	11011 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Deduction		Spouse itemizes on a separate return				•						
Age/Blindnes			1958	Are blind	Spouse		n before Janu				olind	
Dependent				(2) Social sec	urity	(3) Relationsh	"P				e instructior	
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child	Child tax cred		credit Credit for other deper		ents
than four dependents,								<u>Ц</u>			<u> </u>	
see instruction	s ——							<u>Ц</u>			ᆜ	
and check	, —							<u> </u>			<u>Ц                                    </u>	
here								Ш		_	<u> Ш</u>	
Income	1a	Total amount from Form(s) W-2, b	`	,					1a		78,617	7.
Attach Form(s)	b	Household employee wages not r	•	, ,					1b 1c			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)										
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		•					1e			
was withheld.	f	Employer-provided adoption bene							1f			
If you did not	9	Wages from Form 8919, line 6.							1g			
get a Form W-2, see	h	Other earned income (see instruction							1h	-		).
instructions.	i	Nontaxable combat pay election (							_	4	E0 615	_
	z	Add lines 1a through 1h			<u>.</u>				1z		78,617	<u>/                                     </u>
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes			2b	-		
if required.	3a	Qualified dividends	3a			rdinary divide			3b	-		
	4a	IRA distributions	4a			axable amoun			4b	-		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun			5b	-		
Single or	6a	Social security benefits	6a			axable amoun	t		6b	-		
Married filing separately,	С	If you elect to use the lump-sum e		-	`	,			. H	4		
\$12,950	7	Capital gain or (loss). Attach Sche		•	•			. L	7			
Married filing jointly or	8	Other income from Schedule 1, lir							8	-		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	+	78,617	<u> </u>
\$25,900	10	Adjustments to income from Sche	•						10	+		
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								+	78,617	
\$19,400	12	Standard deduction or itemized							12		25,900	<u>).</u>
If you checked any box under	13	Qualified business income deduct							13	+		
Standard	14	Add lines 12 and 13							14	1	25,900	
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or les	s, enter -0 This	ıs your t	axable incom	ne		15		52,717	١.

Form 1040 (2022	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	5,916.
Credits	17	Amount from Schedule 2, lin	те 3					17	
	18	Add lines 16 and 17						18	5,916.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,916.
	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 total tax					24	5,916.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 10	,666.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	10,666.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	)21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				fundable credits		32	
	33	Add lines 25d, 26, and 32. T	•	•	-			33	10,666.
Defined	34	If line 33 is more than line 24						34	4,750.
Refund	35a	Amount of line 34 you want				•		35a	4,750.
Direct deposit?	b	Routing number 1 1 1			c Type:		Savings		
See instructions.	d	Account number 1 9 5					Ü		
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-	•		38		0.	
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS	? See		.1.	VI.
Designee		structions					omplete b		X No
		signee's ne		Phone no.			onal identifi ber (PIN)	cation [	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com			1 , 0		,		, ,
Here		ur signature	Date	Your occupation	asca on an informati	If the	IRS sen	nt you an Identity	
Joint return?				SOFTWARE	ENGINEER	(see ii		N, enter it here	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupa			nt your spouse an	
your records.							(see in		ection PIN, enter it here
,		000 00 (201) 220 240	7	Email address				,	
		one no. (361) 228-249 eparer's name	Preparer's signat	Email address	rkalik.LIMI	TED26@GMAIL.CO Date	PTIN	$\neg \neg$	Check if:
Paid		•	1 .		רווסתה האדדאג			,702	Self-employed
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/26/2023 P02082  Firm's name GLOBAL TAXES LLC Phon							
Use Only				INICIAT OF AT	T 00016		Phone		678) 965-9522
			Y CT E BRU	MOMICK N			Firm's	i EIIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/24/23 PRO			Form 1040 (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 taxpayer identification number (ITIN) is for U.S. federal tax purposes only.  Application type (check one box):										
Before you begin • Don't submit th	: is form if you have, or are e	ligible to get, a	u.S. social sec	urity number (SS	N).		oply for a new ITIN enew an existing ITIN			
	ubmitting Form W-7. Readederal tax return with Fori									
a Nonresident	alien required to get an ITIN to	o 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										
d ☐ Dependent of U.S. citizen/resident alien ↑ If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶										
e 🛭 Spouse of U	l.S. citizen/resident alien	If <b>d</b> or <b>e</b> , enter		TN of U.S. citizen/			000 00 1011			
f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception										
· — ·	spouse of a nonresident alien h	nolding a U.S. vis	sa							
h U Other (see in	,									
Additional information	on for <b>a</b> and <b>f</b> : Enter treaty cour	ntry ►	NAC-1-II	and treaty art						
Name	1a First name		Middle name		Last n					
(see instructions)	DIMPAL BABAN <b>1b</b> First name		Middle neme		ADA					
Name at birth if different ▶			Middle name			i name				
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.									
Mailing	580 AMERICAN AVENUE Apt B114  City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
Address			ry. Include ZIP co	•	• •					
		KING OF PRUSSIA PA USA 19406								
Foreign (non-	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>									
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth	4 Date of birth (month / day / y	/ year) Country of birth								
Information	04/20/1994	INDIA				,	▼ Female			
Other	6a Country(ies) of citizenship	<b>6b</b> Foreign	tax I.D. number (it	any) 6c Type	of U.S. vis	sa (if any), n	umber, and expiration date			
Information	INDIA									
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.									
	USCIS documentation OtherDate of entry into									
		the United States								
	Issued by: INDIA No.: V4468505 Exp. date: 11/07/2031 (MM/DD/YYYY): 06/25/2022									
	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 ▶			IRSN			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 accompany documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha									
Keep a copy for	Signature of applicant (if delegate, see instructions)  Date (month / day / year)  Phone number									
your records.	Name of delegate, if app	orint)	Delegate's relation to applicant	ship [	Parent Court-appointed guardian  Power of attorney					
_	Signature Date (month / day / year)					Phone				
Acceptance	<b>)</b>		2000 (							
Agent's	Name and title (type or p	orint)	Name of co	ompany	EIN	Fax	PTIN			
Use ONLY	7				Office co	ode				