E1040	1040 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Re			urn	20 22 OMB No. 1545-00			-0074	174 IRS Use Only-D			rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly [u checked the MFS box, enter the n on is a child but not your dependen	ame of y	0	separately (N use. If you cl	,					spou	ise (QSS)	-	
Your first name											Vour so	cial securit	v number	
ANURAG												Your social security number 326-37-7382		
	ouse's	first name and middle initial	Last nar		. 土						Spouse's social security number			
APOORVA			MYAD									LED FOR	-	
	numbe	r and street). If you have a P.O. box, see						A	Apt. no.				on Campaign	
38952 PO									· · · · · · · · · · · · · · · · · · ·			iere if you,		
		ce. If you have a foreign address, also co	omplete si	mplete spaces below. State ZI					ode		spouse	if filing join	tly, want \$3	
FARMINGT									0005			this fund. ow will not	Checking a	
Foreign country			F									or refund.	0	
0 1												🗌 You	Spouse	
Digital Assets		y time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	X No	
Standard		eone can claim: You as a de	-				a dependent		. (000					
Deduction		Spouse itemizes on a separate retur	•		•									
Age/Blindness	You:	Were born before January 2, 1	958	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore Janua	ry 2,	1958	🔄 ls bl	ind	
Dependents	(see	instructions):	(2) S		Social security		(3) Relationsh	ip (4	(4) Check the b		if qualit	ies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you			Child tax c		dit	Credit for oth	her dependents	
than four												[
dependents, see instructions												[
and check												[
here														
Income	1a	Total amount from Form(s) W-2, b			,						1a	8	38,216.	
Attach Form(s)	b	Household employee wages not r						• •	• •		1b			
W-2 here. Also	C	Tip income not reported on line 1a						• •	• •		1c	-		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	_				
W-2G and 1099-R if tax	e	Taxable dependent care benefits									1e			
was withheld.	f	Employer-provided adoption bene		-							1f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •	• •		1g		0.	
W-2, see	h i	Other earned income (see instruct	,				· · · · ·	· ·		• •	1h		0.	
instructions.	z	Nontaxable combat pay election (Add lines 1a through 1h		,							1z	5	38,216.	
Attach Sch. B	2a		2a	• •	· · · ·		axable interes	• •	• •	• •	2b		,210.	
if required.	3a		3a				rdinary divide			• •	3b			
	4a		4a				axable amoun			• •	4b			
Standard	5a	-	5a				axable amoun			• •	5b			
Deduction for-	6a		6a				axable amoun				6b			
 Single or Married filing 	c	If you elect to use the lump-sum election method, check here (see instructions)												
separately,	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7			
\$12,950Married 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	8	38,216.				
surviving spouse,	10	Adjustments to income from Schedule 1, line 26									10			
\$25,900 • Head of	11	•	e 10 from line 9. This is your adjusted gross income							11	8	38,216.		
household, \$19,400	12								12		25,900.			
If you checked	hecked 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	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15	1	52,316.			
					-									

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

Form **1040** (2022)

Form 1040 (2022	2)								Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	7,068.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	7,068 7,068 7,068 7,068 7,068 11,874 11,874 11,874 4,806 4,806
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,068.
	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	7,068.
Payments	25	Federal income tax withheld							
2	а	Form(s) W-2				25a 11	,874.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	11,874.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	Indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	11,874.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	4,806.
	35a	Amount of line 34 you want			is attached, cheo	ck here	. 🗆	35a	4,806.
Direct deposit?	b	Routing number 0 7 1			c Type: 🗙	Checking	Savings		
See instructions.	d	Account number 6 7 3	7 6 3 5	9 0					
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						
Designee		structions				_	omplete b		X NO
	De nai	signee's me		Phone no.			onal identif ber (PIN)	ication	
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	accompanying sch		. ,	the bes	t of my knowledge a
-		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				
							ection P inst.)	IN, enter it here	
Joint return? See instructions.		oussis signature. If a isint return t	Dete	SOFIWARE DEVELOPER			,		
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign. Date			Spouse's occupati	on			nt your spouse an ection PIN, enter it he
your records.		HOME MAKER				(see			
	Ph	one no. (832)983-433	0	Email address	ANURAG.NERLA	KANTI@GMAIL.C	MC		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/18/2023	P02082	2703	Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC				Phor	ie no. (678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	s EIN	88-214548
Go to www.irs.a	ov/Form	n1040 for instructions and the late	st information		DAA	DEV 01/00/22 DDO			Form 1040 (20

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

REV 01/09/23 PRO BAA

Form **1040** (2022)

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

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent residents.

Department of the Treas Internal Revenue Service		See sep	arate instruc		permaner	it reside	1115.				
An IRS individual	I taxpayer identification nui	mber (ITIN) is for	r U.S. feder	al tax p	ourposes	only.	Applicat	ion ty	/pe (check one box)):	
Before you begin • Don't submit th	n: his form if you have, or are elig	gible to get, a U.S	6. social sec						for a new ITIN an existing ITIN		
must file a U.S. f	ubmitting Form W-7. Read t ederal tax return with Form	W-7 unless you	meet one						, c, d, e, f, or g, y	ou	
	t alien required to get an ITIN to o t alien filing a U.S. federal tax ret		lem								
	at alien (based on days present		es) filing a U.	S. federa	al tax retur	n					
_	of U.S. citizen/resident alien						tructions) 🕨				
e 🛛 Spouse of L	J.S. citizen/resident alien	If d or e, enter nam ANURAG NERL		IN of U.	S. citizen/	resident	alien (see in		tions) ► 326-37-7382		
	t alien student, professor, or rese	-	federal tax re	eturn or o	claiming ar	n except	ion				
	spouse of a nonresident alien ho	lding a U.S. visa									
h Other (see in	nstructions) ► on for a and f : Enter treaty count	n / N					bor b				
Name	1a First name	untry and treaty arti Middle name			Last name						
(see instructions)	APOORVA						YADAM				
Name at birth if different ►	1b First name	Mid	Middle name Last r				name				
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 38952 POLO CLUB DR Apt 204										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.FARMINGTON HILLSMI USA48335										
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth Information	4 Date of birth (month / day / yea 09/25/1994	ar) Country of birth INDIA	City and state or province (optional) 5 Male								
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 6 Type of U.S. visa (if any), number, and expiration date								÷		
	6d Identification document(s) submitted (see instructions) Image: Passport Image: Driver's license/State I.D. Image: Discussion of the passbore										
	the United States Issued by: INDIA No.: N1246975 Exp. date: 07/27/2025 (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										
	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 accompanyin documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to shar information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.										
Keep a copy for your records.	Signature of applicant (if d	Date (month / day / year) Phone number									
	Name of delegate, if applicable (type or print)			Delegate's relationship to applicant			Parent	Parent Court-appointed guard			
Acceptance	Signature			_			Phone Fax				
Agent's	Name and title (type or pri	Name of co	ompany		EIN						
Use ONLY							fice code				

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