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.

Check only				ed filing separately (N					spou	ise (QSS)	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you cl	heck	ed the HOH or	QSS box, ent	er the	child's	name if the	e qualifying
Your first name and middle initial				me					Your so	cial security	/ number
HARISH KUMAR				DURI					359-25-0859		
				me					Spouse's social security numbe		
				LAGUNDLA					APPLIED FOR		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Apt. no.		Presider	ntial Electio	n Campaigr
2979 ELI	LIS :	TOWN DR								nere if you, o	
		ce. If you have a foreign address, also co	mplete spaces below. State Z				ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a	
TRACY			CA				95377	^ F ^ F F		this fund. C ow will not d	_
Foreign country name			Foreign province/state/county			Foreign postal of			or refund.		
								You Spous			
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a	,				•	,	,	Yes	X No
Standard		eone can claim: You as a de					45501). (000 11	iotrac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<b>Deduction</b>		Spouse itemizes on a separate return	•			а асренает					
Age/Blindness	S You:	Were born before January 2, 1	958	Are blind Spo	ouse	: Was bor	n before Janu	ary 2,	1958	Is blir	nd
Dependents	s (see	instructions):	(2) Social security		,	(3) Relationsh	ip (4) Check	(4) Check the box if		ies for (see i	nstructions):
If more		rst name Last name	number			to you	Child	Child tax cred		Credit for oth	er dependents
than four											
dependents, see instruction											
and check											
here	]										]
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (see	e instructions)					1a	10	3,444.
	b	Household employee wages not re	eported	on Form(s) W-2					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									
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	fits from	Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instructions)							1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>li</u>					
	<b>Z</b>	Add lines 1a through 1h							1z	10	3,444.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			axable interest			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divide	nds		3b		
	4a	IRA distributions	4a		b Ta	axable amoun	t		4b		
Standard Deduction for—	5a		5a			axable amoun			5b		
Single or	6a	,	6a			axable amoun	t		6b		
Married filing separately,	С	f you elect to use the lump-sum election method, check here (see instructions)									
\$12,950	7	Capital gain or (loss). Attach Scheo						. L	8		
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10									
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									3,444.
surviving spouse, \$25,900	10	Adjustments to income from Schedule 1, line 26									
Head of household.	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									3,444.
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)									5,900.
If you checked any box under	13	Qualified business income deducti							13		
Standard	14	Add lines 12 and 13							14		<u>5,900.</u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is y	our <b>t</b>	axable incom	ie		15	7	7,544.

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 881	14 <b>2</b> 4972	3 🗌		16	8,892.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	8,892.
	19	Child tax credit or credit for other depende	ents 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 less	s, enter -0				22	8,892.
	23	Other taxes, including self-employment tax	x, from Schedul	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	8,892.
<b>Payments</b>	25	Federal income tax withheld from:						
-	а	Form(s) W-2			<b>25</b> a 1	5,572.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	15,572.
If you have a	26	2022 estimated tax payments and amount	applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	12		28			
	29	American opportunity credit from Form 88	63, 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 yo	ur <b>total other p</b>	ayments and refu	ındable credits	s	32	
	33	Add lines 25d, 26, and 32. These are your	total payments	s			33	15,572.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amour	nt you <b>overpai</b> d	t	34	6,680.
riciana	35a	Amount of line 34 you want refunded to y	🗆	35a	6,680.			
Direct deposit?	b	Routing number 1 0 2 0 0 0 0		<b>c</b> Type: 🔀	Checking	Savings		
See instructions.	d	Account number 3 2 0 9 4 2 2	2 2 2 3					
	36	Amount of line 34 you want applied to you	ır 2023 estimat	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>ar</b> For details on how to pay, go to <i>www.irs.g</i>	•				37	
	38	Estimated tax penalty (see instructions)			38			
Third Party Designee		you want to allow another person to distructions				Complete	below.	X No
•						rsonal ident	ification	
		me	no.			mber (PIN)		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							
пеге	Yo	ur signature	Date	Date Your occupation				nt you an Identity
				COEMINADE	MOTNEED		ection Pl	N, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, <b>both</b> must sign.	Date	SOFTWARE E Spouse's occupati		,	,	at your spouse an
Keep a copy for your records.	opouse s signature. Il a joint return, <b>both</b> filust sign.		Date	HOME MAKER		Ider	e IRS sent your spouse an tity Protection PIN, enter it here inst.)	
	——Ph	Phone no. (719)330-4349 Email address HARISHCHUNDURI06@GMAIL.COM						
		eparer's name Preparer's sign	nature		Date	PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAM	01/21/2023	3 P0208	2703	Self-employed
Preparer								678)965-9522
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 F						88-2145487
								1010



## 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):

Before you begin • Don't submit th		orm if you have, or are eligil	ble to get, a	U.S. social sec	curity nu	mber (SS	SN).		oply for a renew an ex	new ITIN xisting ITIN	
		itting Form W-7. Read the ral tax return with Form V								, e, f, or g, you	
a Nonresident	t alie	n required to get an ITIN to cla	aim tax treaty	benefit							
<b>b</b> Nonresident	t alie	n filing a U.S. federal tax retur	n								
		en (based on days present in									
_		S. citizen/resident alien									
e ⊠ Spouse of U	J.S. d			name and SSN/I			resident a	•		► 25-0859	
f Nonresident	alie	n student, professor, or resear	rcher filing a l	J.S. federal tax r	eturn or o	claiming a	n excepti	on			
		ise of a nonresident alien hold	ing a U.S. vis	a							
h Other (see in											
Additional information		r a and f: Enter treaty country		N. 1. 11	and	d treaty ar					
Name	1а	First name		Middle name			Last r		DT 7		
(see instructions)	416	SUPRIYA	Middle name				ALLAGUNI	ЛΠΑ			
Name at birth if different •	ID	First name		Middle name			Last r	larrie			
Applicant's Mailing	2	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 2979 ELLIS TOWN DR									
Address		City or town, state or province TRACY		-		CA	USA	7	9537	7	
Foreign (non- U.S.) Address	3										
(see instructions)		City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 ☐ Male   10/06/1995 INDIA										
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration							expiration date			
	6d Identification document(s) submitted (see instructions)										
	the United States Issued by: INDIA No.: W2993477 Exp. date: 07/12/2032 (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).										
	-		ne, list on a snee	t and atta			e instruction	ns).			
	6f Enter ITIN and/or IRSN ► ITIN			IRSN			anc				
		name under which it was iss	ued ▶	First name		Middle r	ame		Last n	ame	
	60	6g Name of college/university or company (see instructions) ▶									
	J	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 accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to shall information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								e the IRS to share		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)					Date (month / day / year) P			Phone number		
•		Name of delegate, if applicable (type or print)				Delegate's relationship to applicant			Parent Court-appointed guardian Power of attorney		
Acceptance	Í	Signature			Date (month / day / year)			Phone			
Agent's		- N		1				Fax			
Use ONLY		Name and title (type or print)  Name of com				pany EIN PTIN Office code					