1040	1040 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return			turn	202	3	OMB No. 1545-0074		IRS Use Only-Do		vrite or sta	aple in this sp	bace.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending				, 20 See separate instructions			ns.		
Your first name	and m	iddle initial	 name						Your social security number					
HARISH KOT					[210	92	3127		
If joint return, spouse's first name and middle initial Last r					-							security n	umbei	
PREETHI		LAPURA	M					APP	T.T	ED F				
	(numbe	er and street). If you have a P.O. box, see		11 1			A	pt. no.			ection Cam	npaign		
7972 N G		, ,							.075			ou, or you		
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c		spouse	if filing	jointly, wa	nt \$3	
IRVING		, , , , , , , , , , , , , , , , , , , ,		·		TΣ	z	750				nd. Checki	•	
Foreign country name				Foreian p	rovince/state/				Foreign postal code		ow will i c or refu	not change nd.	3	
				5 1-			,			,	Y		pouse	
Filing Status	<u> </u>	Single					Head of h	ouseh	old (HOH)					
-		Married filing jointly (even if only o	ne har	l income)				ousen						
Check only		Married filing separately (MFS)		r moonie,			Qualifying	surviv	ina snouse	(099)				
one box.	L If v		name	of your s	nouse If voi	ı cha								
		u checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the ifying person is a child but not your dependent:												
Digital		ny time during 2023, did you: (a) rece						-				5 d	_	
Assets		hange, or otherwise dispose of a digi					-	et)? (Se	e instructio	ns.)	∐ Ye	es 🛛 N	0	
Standard	_	neone can claim: 🗌 You as a de	•				a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ו							
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind		
Dependents	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	_{lip} (4) Check the b	ox if quali	fies for (see instruc	tions):	
If more	(1) F	(1) First name Last name			number	to you			Child tax cred		Credit fo	or other depe	endents	
than four														
dependents, see instructions	.													
and check	S													
here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	94 , 2	76.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)			
W-2 here. Also	С	c 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 f	orm 2441	, line 26					. 1e	,				
was withheld.	f	Employer-provided adoption bene	m Form 8	n 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 instruction	ions)					· ·		. 1h	1		0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i							
	z	Add lines 1a through 1h	• •							. 1z		94,2	76.	
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b				
if required.	3a	Qualified dividends	3a			bС	Ordinary divide	nds .		. 3b)			
a	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b)			
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b				
Single or	6a	Social security benefits		b Taxable amount					. 6b)				
Married filing separately,	С	c If you elect to use the lump-sum election method, check here (see instructions)							[
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here												
jointly or	8	Additional income from Schedule	1, line	10						. 8				
Qualifying surviving spouse,	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		94 , 2	76.			
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10				
 Head of household, 	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incor	ne				. 11		94 , 2	76.	
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		27,70		
any box under	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	899	95-A			. 13				
Standard Deduction,	14	Add lines 12 and 13								. 14		27,70	00.	
see instructions.	15	Subtract line 14 from line 11. If zer	ss, enter	-0 This is y	our	taxable incom	ne .		. 15		66 , 5	76.		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	7,549.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	7,549.
	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	7,549.
	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	7,549.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 13	,698.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,698.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	13,698.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	6,149.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							6,149.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings		
See instructions.	d	Account number 5 8 6	0 3 6 0	7 7 2	4 6				
	36	Amount of line 34 you want a							
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	
	38	Estimated tax penalty (see instructions)							
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				Yes. Co	omplete be	ow.	× No
	De nai	signee's		Phone no.			onal identifica per (PIN)	ation	
Ciarra			nat I have examined		accompanying sche		. ,	hest	of my knowledge and
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which performance of the statements.								
Here	Yo	ur signature	Date	Your occupation	nt you an Identity				
		0						IN, enter it here	
Joint return?					`	(see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	Date					nt your spouse an ection PIN, enter it here	
your records.				HOME MAKER (s				scholl Fill, enter it here	
	Ph	Phone no. (361)720-5628 Email address HARISHV9631@GMAIL.COM					M		
		eparer's name	 Preparer's signat 		11AIXE 311 90	Date	PTIN		Check if:
Paid					СПРТА ТАТ.Т.АМ		P020827	103	Self-employed
Preparer									(678) 965-9522
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							84-3171965
Go to www.irs.cr		1040 for instructions and the late		TYDAATCI/ IN			111115	_11.1	Form 1040 (2023)
		in orto nor more according and the late	scinomation.		BAA	REV 02/16/24 PRO			10mm 10mu (2023)

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

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See sep	arate instruc		permanen	it reside	nts.				
An IRS individua	I taxpayer identification nur	nber (ITIN) is fo	r U.S. feder	al tax p	ourposes	only.			be (check one	box):	
Before you begin		uble to get a 119		urity p	mbor /SC	۰ ۸ /۱		Apply for a new ITIN			
	nis form if you have, or are elig	-		-							
	ubmitting Form W-7. Read t ederal tax return with Form								c, d, e, i, or g	g, you	
	t alien required to get an ITIN to c	-									
_	t alien filing a U.S. federal tax retu	-									
c 🗌 U.S. resider	nt alien (based on days present	in the United Stat	es) filing a U.	S. federa	al tax retur	n					
d 🗌 Dependent	of U.S. citizen/resident alien	f d, enter relations	hip to U.S. cit	izen/res	ident alien	(see ins	tructions) 🕨				
e Spouse of U.S. citizen/resident alien											
f 🗌 Nonresident	t alien student, professor, or rese										
	spouse of a nonresident alien ho	-			-						
h 🗌 Other (see in											
Additional information	on for a and f : Enter treaty countr			an	d treaty art						
Name	1a First name PREETHI	IVIIC					st name IUSLAPURAM				
(see instructions) Name at birth if	1b First name	Mid	Middle name				name	-1			
different ►							, namo				
Applicant's	2 Street address, apartment r	umber, or rural rou	ute number. If	you ha	ve a P.O. I	box, see	separate i	nstruc	tions.		
Mailing	7972 N GLEN DR Apt 1075										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
	IRVING TX USA 75063										
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
(See Instructions)											
Birth	4 Date of birth (month / day / yea	r) Country of birth	1	City ar	nd state or	province	e (optional)	5	Male		
Information	09/09/1999	INDIA					X Female				
Other Information	6a Country(ies) of citizenship	6b Foreign tax I				of U.S. v	isa (if any), n	umber	, and expiration	date	
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
	Issued by: INDIA No.: V3211985 Exp. date: 10/11/2031 (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 ►										
0' -1	Under penalties of perjury, I (app	licent/delegate/acco	ntanca agant)	doolara	U	,	d this applic	ation	including accom		
Sign Here	documentation and statements, ar information with my acceptance age	id to the best of m	y knowledge a	nd belief	, it is true,	correct,	and complete	e. I aut	thorize the IRS t		
Keep a copy for your records.	Signature of applicant (if d	ctions)	Date (month / day / year) Phone number								
	Name of delegate, if applic		Delegate's relationship to applicant				rent Court-appointed guardiar wer of attorney				
Acceptance	Signature		Date (month / day			Phone					
Agent's	Name and title (type as art))	Nome of -				Fax				
Use ONLY	Name and title (type or print) Nam			of company			code				

REV 02/16/24 PRO