E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20						See separate instructions.			
Your first name and middle initial Last na				 name						Your social security number				
					RAPALLY						731 80 6955			
If joint return, spouse's first name and middle initial Last na											Spouse's social security number			
NAVYA GOPU											APP	T.T	ED F	
	er and street). If you have a P.O. box, see						Apt. no.				ction Ca			
		PRINGS ROAD											ou, or yo	
		ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode		spouse	if filing	jointly, wa	ant \$3
JACKSONVILLE					'			322	20056				nd. Check not chang	_
										your tax		•	ge	
· ·	•							·			,	Yo		Spouse
Filing Status	s \square	Single					Head of he	ouseh	old (HOI	 -				
Check only		Married filing jointly (even if only o	ne had ii	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
	If y	you 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												
		alifying person is a child but not you												
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	. award. or	pavn	nent for prope	rtv or	services): or (b) sell.			
Assets		nange, or otherwise dispose of a dig											es 🛛 I	No
Standard	Som	neone can claim:	pendent	: 🗆 `	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	n befo	ore Janua	arv 2.	1959		s blind	
Dependent				Ī	ocial security		(3) Relationsh	- 1					see instru	uctions):
-		(1) First name Last name			number to you					ax cre	dit	Credit fo	r other dep	pendents
If more than four													\Box	
dependents,														
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		97,9	955.
	b									1b				
Attach Form(s) W-2 here. Also	С									1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and 1099-R if tax	CG and Tayable dependent care benefits from Form 2///1 line 26								1e					
was withheld.	ii wa						1f							
If you did not	u did not g Wages from Form 8919, line 6								1g					
get a Form W-2, see							1h			0.				
instructions.	i													
	z	Add lines 1a through 1h									1z		97,9	955.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			b Ta	axable interest				2b			65.
	3a_	Qualified dividends	3a			b 0	rdinary divider	nds .			3b			
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)												
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
 Married filing 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		98,0	020.	
\$27,700	10	·								10				
 Head of household, 	11	Subtract line 10 from line 9. This is	your a c	djusted g	gross incor	ne					11		98,0	020.
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)							12			700.		
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13					
Standard Deduction,	14	Add lines 12 and 13						14		27,7	700.			
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loce	ontor i	O This is y	our t	avabla incom				15		70 3	

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	7,999.	
Credits	17	Amount from Schedule 2, line 3									
	18	Add lines 16 and 17							18	7,999.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ie 8						20		
	21	Add lines 19 and 20						[21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[22	7,999.	
	23	To the second								0.	
	24	Add lines 22 and 23. This is	your total tax					[24	7,999.	
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2				25a	14	,551.			
	b	_ 11.									
	С										
	d	Add lines 25a through 25c							25d	14,551.	
If you have a	26	2023 estimated tax payment							26	·	
qualifying child,	27	Earned income credit (EIC)		• •		27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .		•		30					
	31	Amount from Schedule 3. lin				31					
	32	Add lines 27, 28, 29, and 31					le credits		32		
	33	Add lines 25d, 26, and 32. T	•		-			-	33	14,551.	
Refund	34	If line 33 is more than line 24							34	6,552.	
	35a	Amount of line 34 you want				•	=		35a	6,552.	
Direct deposit?	b	Routing number 0 5 1				Chec		avings	Ju		
See instructions.		Account number 4 3 5 0 4 5 0 9 8 9 5 6									
	36	Amount of line 34 you want				36	Τ'				
Amount	37					00					
You Owe	31	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions									
rou owe	38	Estimated tax penalty (see instructions)									
Third Dorty		you want to allow another									
Third Party Designee		structions					Yes. Co	mplete be	low.	X No	
		Designee's Phone Personal identification									
	nar			no.				er (PIN)			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and										
Here	bei	pelief, they are true, correct, and complete. Declaration of preparer (other than taxpaye					ali informatioi				
11010	Yo	ur signature	Date	te Your occupation					nt you an Identity		
l-:t0				 SOFTWARE ENGINEER				Protection PIN, enter it here (see inst.)			
Joint return? See instructions.	Sn	SOFTWAKE ENGINEER .								nt your spouse an	
Keep a copy for	Op									ection PIN, enter it here	
your records.		HOME MAKER (see in							st.)		
	Ph	one no. (603) 892-133	9	Email address	NAVEENSURA	PALLY(GMAIL.CO	M			
Doid	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 TALLA	AM 02/	25/2024	P020827	703	Self-employed	
Preparer	Fire	Firm's name GLOBAL TAXES LLC Phone								(678) 965-9522	
Use Only	Fire		Y CT E BRU	NSWICK N	J 08816			Firm's		84-3171965	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV (02/16/24 PRO			Form 1040 (2023)	



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 vou'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) ▶ NAVEEN SURAPALLY 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 NAVYA GOPU (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 8022 ECHO SPRINGS ROAD Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 32256 **JACKSONVILLE** 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 02/04/1997 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.: R1586469 Exp. date: 07/03/2027 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