For the year Jan. 1-Dec. 31, 2023, or other tax year beginning 2023, ending 202 See separate instructions. Your first name and middle initial Last name 2023, ending 202 Your social security number SRIKANTH YOU DALA 293 41 311.8 Spouse's social security number JIRT Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Providential Election Campaign JOU TAMESON FASS 710.02 Check here if You, or your GA 300.22 Your to post efficie. If you have a foreign address, also complete spaces below. State ZIP code to go to this fund. Checking a Jung to the fund pointy want 33 Foreign country name Foreign province/state/county Foreign prov	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or sta	ple in this space.
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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	5,047.
Credits	17	Amount from Schedule 2, lir	e3					17	
	18	Add lines 16 and 17						18	5,047.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,047.
	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	5,047.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	0,084.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	9,084.
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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	9,084.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							4,037.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							4,037.
Direct deposit?	b	Routing number 0 6 1							
See instructions.	d	Account number 3 3 4							
	36	Amount of line 34 you want	applied to your	2024 estimate	edtax	36			
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. C	omplete b	elow.	× No
	De nai	signee's		Phone no.			onal identifi ber (PIN)	cation	
Ciarra			nat I have examined		accompanying sche		. ,	e 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				
						Prote	ction P	IN, enter it here	
Joint return?					SOFIWARE ENGINEER			nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	ion			nt your spouse an	
your records.				HOME MAKEI	5	(see in	•	ection PIN, enter it here	
	Ph	one no. (510)710-594	Email address			` `			
		one no. (510) 710-594 eparer's name	Preparer's signat	1	VAVUDALA.SKI	KANTH@GMAIL.C	PTIN		Check if:
Paid							P02082	,702	Self-employed
Preparer									
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							(678) 965-9522
Go to warne in an		1040 for instructions and the late		NOWICI IN					84-3171965 Form 1040 (2023)
GO TO WWW.IIS.go	JVIPOM	no40 for instructions and the late	sumonnation.		BAA	REV 01/27/24 PRO			Form 1040 (2023)

REV 01/27/24 PRO

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

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 for	r U.S. feder	al tax p	ourposes	only.			be (check one	box):
Before you begin		ible to get a LLG		urity pu	mbor /SC	۰ ۸ /۱		Apply for a new ITIN		
	nis form if you have, or are elig ubmitting Form W-7. Read th	-		•					-	
	ederal tax return with Form								c, a, e, i, or	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 i	n the United State	es) filing a U.S	S. federa	al tax retur	n				
d 🗌 Dependent	of U.S. citizen/resident alien]	d, enter relations	hip to U.S. cit	izen/res	ident alien	(see ins	tructions) 🕨			
e 🛛 Spouse of L		d or e, enter nam SRIKANTH VA					alien (see in		ons)►	8
f 🗌 Nonresident	t alien student, professor, or resea	archer filing a U.S.	federal tax re							
g 🗌 Dependent/	spouse of a nonresident alien hold	ding a U.S. visa								
h 🗌 Other (see in	,									
	on for a and f : Enter treaty country 1a First name		dla nama	and	d treaty art					
Name	SIRI						st name ULIGADDA			
(see instructions) Name at birth if	1b First name	Mid					name			
different ►										
Applicant's	2 Street address, apartment n	umber, or rural rou	ite number. If	you ha	ve a P.O. I	box, see	separate i	nstruc	tions.	
Mailing	900 JAMESON PASS Apt 7102									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	ALPHARETTA GA USA 30022									
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.									
			·							
Birth	4 Date of birth (month / day / year) Country of birth		City ar	nd state or	province	e (optional)	5	Male	
Information	01/11/1996	INDIA					isa (if any), number, and expiration date			
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I			Н4	of U.S. v	isa (if any), n U26068		, and expiration 04/09/	
	6d Identification document(s) su		uctions)	Passp	oort	Driver	's license/St	ate I.D).	
	USCIS documentation Other Date of entry into									
	Issued by: INDIA No.: S3919713 Exp. date: 09/16/2028 (MM/DD/YYYY): 12/15/202								023	
	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).									
	6fEnter ITIN and/or IRSN ►ITINIRSNand									
	name under which it was issued First name Kindle name Last name									
	6g Name of college/university or company (see instructions) ► City and state ► Length of stay ►									
	Under penalties of perjury, I (appl	icant/delegate/accer	otance agent)	declare	U	,	d this applic	ation	including accom	
Sign Here	documentation and statements, and information with my acceptance age	d to the best of my	y knowledge a	nd belief	, it is true,	correct,	and complete	e. I aut	horize the IRS t	
Keep a copy for your records.	Signature of applicant (if de	Date (month / day / year) Phone number								
	Name of delegate, if application		Delegate's relationship to applicant				Parent Court-appointed guardiar Power of attorney			
Acceptance	Signature			Date (month / day / year			Phone	Phone		
Agent's							Fax			
Use ONLY	Name and title (type or prin	Name of co	f company E			PTIN				
						Office of	code			

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