1040	40 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Retu			turn	202	3	OMB No. 1545-	-0074	IRS Use Only	y—Do not w	- Do not write or staple in this space.		
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending				, 20 See separate instructions			nstructions.	
Your first name	iddle initial	name						Your social security number					
BANU VENKATA SANDEEP KOM												9453	
		s first name and middle initial	name							· · ·	security number		
LIKITHA			HUGUNT	т					APP	T.T	ED F		
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign	
8803 ROE									200			ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c		spouse	if filing j	ointly, want \$3	
IRVING			•			TΣ	x	750	63			nd. Checking a	
Foreign country	name			Foreign p	rovince/state/o				Foreign postal code		box below will not change le your tax or refund.		
							-	-	-		🗌 Yo	_	
Filing Status		Single					Head of he	ouseh	old (HOH)				
-		Married filing jointly (even if only o	ne hac	d income)									
Check only one box.		Married filing separately (MFS)											
one box.	lf v	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											
	-	qualifying person is a child but not your dependent:											
			• /						· 、				
Digital		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig						-			∏Ye	s 🛛 No	
Assets								1) ? (36		15.)			
Standard Deduction	_	Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien											
Deduction		spouse itemizes on a separate retur	n or ye	ou were a	dual-status	allen	1						
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are bl	ind Spc	ouse	🛚 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	blind	
Dependents	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	ip (4				see instructions):	
If more	(1) Fi	(1) First name Last name			number to you				Child tax o	redit	Credit for	r other dependents	
than four													
dependents, see instructions	. —												
and check	·												
here 🗌													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	tions) .					. 1a		93,100.	
Attach Form(s)	b)		
W-2 here. Also	С		,						;				
attach Forms W-2G and	d			n Form(s) W-2 (see instructions)					. 1d				
1099-R if tax	е	Taxable dependent care benefits f	,						. 1e	,			
was withheld.	f	Employer-provided adoption bene			-			• •		. 1f			
lf you did not get a Form	g								. 1g				
W-2, see	h	Other earned income (see instruct							. 1h		0.		
instructions.	i	Nontaxable combat pay election (s	structions)								02 100		
		Add lines 1a through 1h	···		· · · ·	· ·		• •		. 1z		93,100.	
Attach Sch. B if required.	2a		2a				axable interest			. 2b			
	<u>3a</u>		3a				Ordinary divider						
Standard	4a		4a				axable amount			. 4b			
Deduction for—	5a		5a 6a				axable amount			. 5b			
 Single or Married filing 	6a	, _		b Taxable amount					. 6b)			
separately,	с _	If you elect to use the lump-sum election method, check here (see instructions)							╡╵╺				
\$13,850 • Married filing	7									_			
jointly or Qualifying	8	Additional income from Schedule								· 8		02 100	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,										93,100.	
\$27,700 • Head of	10	Adjustments to income from Sche						• •	· · ·	. 10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11		93,100.	
• If you checked	12	Standard deduction or itemized						• •		. 12		27,700.	
any box under 13 Qualified business income deduction from Form 8995 or Form 8995-A							95-A			. 13		07 700	
Deduction, see instructions.	14	Add lines 12 and 13							. 14		27,700.		
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-u This is y	our	taxable incom	е.		. 15		65,400.	

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

Form 1040 (2023)

Form 1040 (2023	3)							Page		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	[1	16 7,411.		
Credits	17	Amount from Schedule 2, lin	e3				1	17		
	18	Add lines 16 and 17					1	18 7,411.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19		
	20	Amount from Schedule 3, lin	ie8				2	20		
	21	Add lines 19 and 20					2	21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	7,411.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23 0.		
	24	Add lines 22 and 23. This is	your total tax				2	24 7,411.		
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 12	,743.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c					2	5d 12,743.		
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		2	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	s, 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	undable credits	3	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			3	33 12,743.		
Refund	34	If line 33 is more than line 24	1, subtract line 24	4 from line 33.	This is the amou	nt you overpaid	3	5,332.		
	35a	Amount of line 34 you want	. 🗌 🖪	5a 5,332.						
Direct deposit?	b	Routing number 2 1 1	Savings							
See instructions.	d	Account number 4 5 2								
	36	Amount of line 34 you want a	applied to your :	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, g	3	37						
	38	Estimated tax penalty (see in								
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See				
Designee	ins					Yes. Co	omplete belo	ow. 🔀 No		
	De nai	signee's		Phone no.			onal identificat per (PIN)	ion		
Ciarra			nat I have examined		accompanying sche		. ,	est 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 best belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare									
Here	Yo	ur signature	Date	Your occupation		If the IRS	S sent you an Identity			
							Protectio	on PIN, enter it here		
Joint return?					APPLICATIO	ON DEVELOPE	R (see inst.	.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat		S sent your spouse an				
your records.				HOME MAKEI	(see inst.	Protection PIN, enter it he .)				
	Ph	one no. (301) 500-769	Q	Email address			`	·		
		eparer's name $(301)500-769$	o Preparer's signat		JANULEF. NOM	MURI@GMAIL.CC	PTIN	Check if:		
Paid			-1				P0208270			
Preparer										
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's El	o. $(678) 965 - 9522$		
Go to warne in an		1040 for instructions and the late		TADATCI/ IN				IN 84-3171965 Form 1040 (20)		
GO TO WWW.IIS.go	JVIPOM	no40 for instructions and the late	scillionnation.		BAA	REV 01/27/24 PRO		Form 1040 (20)		

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 by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service		Viduais who are r See sepa			ermanen	t reside	nts.				
An IRS individual	I taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax p	urposes	only.					
		bla ta gat a LLS	social soc	urity pur	nhor (SS	••••					
		-		-		-			-		
•			,						c, u, e, i, oi	y, you	
a 🗌 Nonresident	t alien required to get an ITIN to cla	aim tax treaty bene	efit								
	t alien filing a U.S. federal tax return										
_	nt alien (based on days present in		-								
d 🗋 Dependent o	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resi	dent alien	(see ins	tructions) 🕨				
e 🛛 Spouse of U						esident	alien (see ins				
	·					excent		03	55-23-94	53	
	spouse of a nonresident alien holdi	-			anning ai	слоорг					
	astructiona)	-									
Additional information				and	treaty art						
		Mide	lle name					-			
,		Mide	lle name			_					
	IN Thisthame						name				
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Intémal Revenue Service An IRS individual Before you begin • Don't submit thi Reason you're su must file a U.S. fe a Nonresident b Nonresident c U.S. resident d Dependent c e Spouse of U f Nonresident g Dependent/s h Other (see in		e, and country. Inc	iude ZIP Coo	le or pos				7	5063		
F		mber, or rural rout	e number. D	on't use	Application type (check one box): Y number (SSN). Apply for a new ITIN Renew an existing ITIN check. Caution: If you check box b, c, d, e, f, or g, you he exceptions (see instructions). ederal tax return n/resident alien (see instructions). addrad tax return n/resident alien (see instructions). COMURI 035-23-9453 n or claiming an exception and treaty article number ▶ Last name POTHUGUNT I Last name POTHUGUNT I Last name POTHUGUNT I Last name and treaty article number ▶ fuse a P.O. box, see separate instructions. or postal code where appropriate. TX USA 75063 t use a P.O. box number. te where appropriate. TX USA 75063 t use a P.O. box number. te where appropriate. TX USA 75063 t use a P.O. box number. te where appropriate. TX USA 75063 t use a P.O. box number. te where appropriate. TX USA 75063 t use a P.O. box number. te where appropriate. TX USA 75063 t use a P.O. box number. te where appropriate. TX USA 75063 t use a P.O. box number. te where appropriate. TX USA 75063 t use a P.O. box number. te where appropriate. t use of entry into the United States tate: 06/15/2025 (MM/DD/YYYY): and datach to this form (see instructions). IRSN and Middle name Last name Length of stay ▶ Hare that I have examined this application, including accompanying belief, it is true, correct, and complete. I authorize the IRS to share plication for IRS Individual Taxpayer Identification Number. tet (month / day / year) Phone number Phone Phone Fax						
• •											
	City or town, state or province	e, and country. Inc	lude postal	code whe	ere appro	oriate.					
Diate	1 Data of birth (month / day / year)	Country of birth		City and	l etato or	province	(optional)	5			
	01/15/2000	INDIA		Ony and		province	(optional)				
	6a Country(ies) of citizenship	6b Foreign tax I.I	D. number (if	any)	6c Type	of U.S. v	isa (if any), ni			n date	
	INDIA										
	er (see instructions) ► formation for a and f. Enter treaty country ► and treaty article number ■ and treaty article number and treaty article number ■ and treaty articl										
	USCIS documentation	└ Other									
			st on a sheet	and atta			e instructior	ıs).			
	name under which it was issu	er which it was issued ► First name Middle name							ast name		
	6g Name of college/university or company (see instructions) ►										
	City and state ► Length of stay ►										
-	documentation and statements, and	to the best of my	knowledge a	nd belief,	it is true,	correct,	and complete	. I autl	horize the IRS		
Keep a copy for	Signature of applicant (if dele										
your records.	Name of delegate, if applical		Delegate's relationship						guardian		
	Signature										
				- (-	· · · , ·	. ,					
-	Name and title (type or print))	Name of co	ompany		EIN		P	TIN		
OUC UNEI							ice code				

REV 01/27/24 PRO