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



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending			, 20	, 20 See separate instr			uctions.	
Your first name and middle initial			Last name					Your social security r			number
SRI HARSHA				BANDARU					631 43 4974		
If joint return, spouse's first name and middle initial				Last name					Spouse's social security numbe		
NAGA MOUNIKA				BANDANATHAM					APPLIED FOR		
		er and street). If you have a P.O. box, see					Apt. no.			ential Election	
8852 NE BRENTFORD WAY								- 1		here if you, o	
		ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	e	ZIP code			if filing jointl	
HILLSBORO				OR			97006		0	this fund. C low will not c	
Foreign country name				Foreign province/state/county						x or refund.	nange
· ·									You Spouse		
Filing Status		Single				Head of ho	ousehold (HO	— Н)			
Check only		✓ Single Tread of nodseriold (FIGH)  Married filing jointly (even if only one had income)									
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS									
0.10 20/11	If y	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the								ild's name if	f the
	-	alifying person is a child but not you		ndont.							
	A		/								
Digital		ny time during 2023, did you: (a) rece lange, or otherwise dispose of a digi					-				⊠ No
Assets				_ <u>`_</u>			t) ! (See Instru	Ction	5.)		Z NO
Standard Deduction		eone can claim: You as a de				a dependent					
Deduction		Spouse itemizes on a separate return	i or you	u were a dual-status	allen						
Age/Blindness	You:	: Were born before January 2, 19	959 [	Are blind Spo	ouse:	☐ Was bor	n before Janu	ary 2,	, 1959	☐ Is blin	ıd
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check	the bo	x if quali	ifies for (see in	nstructions):
If more	(1) Fi	irst name Last name		number		to you	Child tax cr		edit	Credit for othe	r dependents
than four											]
dependents, see instructions	s ——										]
and check	,										]
here L										<u> </u>	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					1a	ı 94	4,716.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								)	
W-2 here. Also	С									;	
attach Forms W-2G and	d									i	
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f	-	
If you did not get a Form	g	Wages from Form 8919, line 6 .							<b>1</b> g		
W-2, see	h	Other earned income (see instructi	,						1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>			_		1 716
	<u>z</u>	<u> </u>							1z		4,716.
Attach Sch. B if required.	2a	'	2a			axable interest			2b		
	3a		3a			rdinary divider			3b		
Standard	4a		4a			axable amount			4b		
Deduction for—	5a		5a			axable amount			5b		
Single or Married filing	6a	Social security benefits 6a b Taxable amount							6b	,	
separately, \$13,850	C 7								] ] <b>-</b>		
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							<u>7</u>   8		
jointly or Qualifying	8 9	Add lines 17, 2b, 2b, 4b, 5b, 7, and 8. This is your total income.							9		4,716.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							10		<u> </u>
Head of	11	Adjustments to income from Schedule 1, line 26							11		4,716.
household, [	12	Standard deduction or itemized	•						12		7,710.
If you checked any box under	13					 5-Δ			13		<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Standard	14	Qualified business income deduction from Form 8995 or Form 8995-A						14		7,700.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss. enter -0 This is v	 ⁄our <b>t</b> :	axable incom	e		15		7 <b>,</b> 700.
	_			, y					,	, ,	, . – • •

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	2 3			16	7,603.
Credits	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	7,603.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	e8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	7,603.
	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 <b>total tax</b>						24	7,603.
Payments	25	Federal income tax withheld from:								
-	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions	s)			250	;			
	d	Add lines 25a through 25c							25d	14,830.
If you have a	26	2023 estimated tax payment	26							
qualifying child,	27	Earned income credit (EIC)								
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812								
	29	American opportunity credit from Form 8863, line 8								
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>								14,830.
Refund	34	If line 33 is more than line 24							33 34	7,227.
11010110	35a	Amount of line 34 you want i				•	=		35a	7,227.
Direct deposit?	b	Routing number 1 1 1				X Chec		Savings		
See instructions.	d	Account number 4 8 8						. 5-		
	36	Amount of line 34 you want a				36	T			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go				ns			37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	•				Yes. Co	mplete b	elow.	⊠ No
Ü		signee's		Phone				nal identif	cation	
		name no. number (PIN)								
Sign Here		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								
	Yo	ur signature	Date					If the IRS sent you an Identity Protection PIN, enter it here (see inst.)		
Joint return? See instructions.			DATA ENGINEER  Date Spouse's occupation					If the IRS sent your spouse an		
Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	HOME MAKER			Identi	Identity Protection PIN, enter it here (see inst.)	
	————	one no. (832) 576-086.	 5	Email address	SRIHARSHA.B			M	•	
		eparer's name	Preparer's signat		J. AIIGAAIIIAG	Date		PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDTA			P02082	702	Self-employed
Preparer		SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/02/2024   P02082 Firm's name GLOBAL TAXES LLC Phone							(678) 965 <b>-</b> 9522	
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							(010) 303-3322	
Co to warming =				TADATCI: IN				1 (11111)	J LIIN	Form <b>1040</b> (2023)
GO TO WWW.IIS.go	מוטרועכ	n1040 for instructions and the late	at initorniditori.		BAA	REV	03/07/24 PRO			rom 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

An IRS individual	l taxpayer identification nun	nber (ITIN) is	for U.S. feder	al tax purpose	s only.		ion type (check one box):			
Before you begin • Don't submit th	SN).	Apply for a new ITIN  Renew an existing ITIN								
	ubmitting Form W-7. Read the deral tax return with Form									
a Nonresident	t alien required to get an ITIN to c	laim tax treaty	benefit							
	t alien filing a U.S. federal tax retu									
	nt alien (based on days present i									
	of U.S. citizen/resident alien	f <b>d,</b> enter relati	ionship to U.S. cit	tizen/resident alie	n (see insti	ructions) 🕨	· 			
e X Spouse of U			name and SSN/I7 HA BANDARU	ΓIN of U.S. citizen						
f Nonresident	t alien student, professor, or resea	archer filing a l	J.S. federal tax re							
h Other (see in	·		a 							
Additional information	on for <b>a</b> and <b>f</b> : Enter treaty country	y <b>&gt;</b>		and treaty a						
Name	1a First name		Middle name		Last n					
(see instructions)	NAGA MOUNIKA					BANDANATHAM				
Name at birth if different ▶	1b First name		Middle name Last n			name				
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.  8852 NE BRENTFORD WAY									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	HILLSBORO		97006							
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>									
(see instructions)	City or town, state or province	ce, and countr	y. Include postal	code where appro	opriate.					
Birth	4 Date of birth (month / day / yea	r) Country of b	oirth	City and state o	r province	(optional)	5 Male			
Information	07/06/2000	INDIA					Female			
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									
monnauon	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.									
	USCIS documentation	U Other _					Date of entry into			
	Issued by: INDIA	the United States (MM/DD/YYYY):								
	Issued by: INDIA No.: X6256144 Exp. date: 02/02/2033 (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 ▶			I	RSN		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 o	of stay ▶					
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanyir documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to sha information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.									
Keep a copy for	Signature of applicant (if delegate, see instructions)  Date (month / day / year)						Phone number			
your records.	Name of delegate, if applic	rint)	Delegate's relatio to applicant	nship [	Parent Court-appointed guardian  Power of attorney					
Acceptance	Signature		Date (month / day	· ' ⊢	Phone Fax					
Agent's	<b>7</b>	IN .	Name of agents							
Use ONLY	Name and title (type or prin	Name of c				N PTIN				
	<u> </u>		Office co			ode				