E 1040 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return			m 202	23	OMB No. 1545-	0074	IRS Use Only	—Do not w	rite or sta	ple in this space.	
For the year Jan	e. 31, 2023, or other tax year beginning		, 2023, ending				, 20 See separate instruction			nstructions.	
Your first name	and mi	 iddle initial	Last nam						Your social security number		
BOHAN KI	ROHAN KUMAR PALI								391		0735
		s first name and middle initial	Last nam								security number
RAMYA			NAGAN	Л					APP	т.т.	ED F
	(numbe	er and street). If you have a P.O. box, see				A	pt. no.		• •	ction Campaign	
		NQUIN RD, UNIT- 2N									ou, or your
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code sp									spouse	if filing	jointly, want \$3
SCHAUMBU		, <u> </u>		IL							nd. Checking a not change
Foreign country name			Fc	oreign province/stat		county Fo				ow will i	•
									-	🗌 Yo	ou 🗌 Spouse
Filing Status	. [Single				Head of ho	buseh	old (HOH)			
•		Married filing jointly (even if only o	ne had in	come)				(-)			
Check only one box.		Married filing separately (MFS)		,		Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name of	your spouse. If y	ou ch			•	. ,	ld's nai	me if the
		alifying person is a child but not you									
Distal		w time during 2022, did your (a) rea		roward oward a	rpou	mont for propor	tuor		(b) coll		
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig					-			ΠYe	es 🛛 No
Standard		eone can claim: You as a de				a dependent	<i></i>		10.)		
Deduction	_	Spouse itemizes on a separate retur	•			•					
		Were born before January 2, 1		1	oouse	_	n hofe	ore January 2	0 1050		s blind
Dependents		•	939	(2) Social secur		(3) Relationshi	14				see instructions):
•		(1) First name Last name		number	ity	to you		Child tax cred		,	r other dependents
lf more than four											
dependents,											
and check											
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .		·			. 1a		89,657.
	b	Household employee wages not re	eported o	on Form(s) W-2 .					. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see inst	tructions)					. 1c	:	
attach Forms	d	Medicaid waiver payments not rep	orted on	on Form(s) W-2 (see instructions)					. 1d		
W-2G and 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	g	Wages from Form 8919, line 6 .							. 1g		
get a Form W-2, see	h	h Other earned income (see instructions)							. 1h		0.
instructions.	i Nontaxable combat pay election (see instructions)										
	z	Add lines 1a through 1h	. _i .						. 1z		89,657.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	Faxable interest			. 2b		
if required.	3a	Qualified dividends	3a			Ordinary divider			. 3b		
Standard	4a		4a			Faxable amount			. 4b		
Deduction for—	5a		5a			Faxable amount			. 5b		
 Single or Married filing 	6a	, _	6a			Faxable amount	· ·	· · · _	. 6b		
separately,	c	If you elect to use the lump-sum e					• •	· · · [
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche					• •	L	_ 7	_	
jointly or Qualifying	8	Additional income from Schedule 1, line 10							. 8		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•			• •		. 9		89,657.
\$27,700 • Head of	10	Adjustments to income from Sche					• •		. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-			• •		. 11		89,657.
If you checked	12	Standard deduction or itemized					• •		. 12	-	27,700.
any box under Standard	13	Qualified business income deduct		⊢orm 8995 or For	m 899	95-A	• •		. 13		
Deduction, see instructions.	14							. 14		27,700.	
	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							. 15		61,957.	

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	6,997.	
Credits	17	Amount from Schedule 2, lir						17		
	18	Add lines 16 and 17					[18	6,997.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,997.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is						24	6,997.	
Payments	25	Federal income tax withheld								
· · · , · · · · · · · · · · ·	а	Form(s) W-2				25a 12	2,399.			
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	<i>.</i>					25d	12,399.	
If you have a	26	2023 estimated tax paymen	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	3, line 8		29				
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T		-				33	12,399.	
Refund	34	If line 33 is more than line 24						34	5,402.	
lioiana	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							5,402.	
Direct deposit?	b	Routing number 0 6 3	Savings							
See instructions.	d	Account number 8 9 8				Checking	Ŭ			
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24								
You Owe	0.	For details on how to pay, g						37		
	38	Estimated tax penalty (see instructions)						-		
Third Party	Do	you want to allow another								
Designee						omplete be	elow.	🗙 No		
U		signee's		Phone			onal identific	cation		
	nai			no.			ber (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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge									
Here		· ·							nt you an Identity	
	to	ur signature		Date	Your occupation				IN, enter it here	
Joint return?			3/2/2024 IT ENGIN		IT ENGINE	ER	(see ir			
See instructions.	Sp	ouse's signature. If a joint return,	both must sign. Date Spouse's occupat		ion		he IRS sent your spouse an			
Keep a copy for your records.		Roymyp					Identit (see in	ntity Protection PIN, enter i		
your rooordo.		HOME MAKER					(151.)		
		one no. (484) 934-711		Email address	ROHANPALLI	EY@GMAIL.CO			Oh a shaife	
Paid		parer's name	Preparer's signat			Date	PTIN		Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/02/2024	P02082		Self-employed	
Use Only		m's name GLOBAL TA							678)965-9522	
			Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965	
Go to www.irs.go	ov/Forn	1040 for instructions and the late	est information.		BAA	REV 02/23/24 PRO			Form 1040 (2023)	

REV 02/23/24 PRO

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	separate instru		permanen	it reside	nts.				
An IRS individua	I taxpayer identification nu	mber (ITIN) is	for U.S. fede	ral tax p	ourposes	only.			pe (check one bo	x):	
Before you begin								or a new ITIN			
	his form if you have, or are el			-			Renew an existing IT				
	ubmitting Form W-7. Read ederal tax return with Forn								c, d, e, f, or g,	you	
_	t alien required to get an ITIN to	-				19 (900		5).			
_	t alien filing a U.S. federal tax re	•	20110111								
	nt alien (based on days present		States) filing a U	S. federa	al tax retur	n					
d 🗌 Dependent	of U.S. citizen/resident alien	If d, enter relati	onship to U.S. c	tizen/res	ident alien	(see ins	tructions) 🕨				
e 🛛 Spouse of U	J.S. citizen/resident alien	If d or e , enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ROHAN KUMAR PALLY 391-55-0735									
	t alien student, professor, or res	-									
- ·	spouse of a nonresident alien h	olding a U.S. vis	а								
h Other (see in	nstructions) ► on for a and f : Enter treaty coun										
Name	1a First name										
(see instructions)	RAMYA					NA	GAM				
Name at birth if different ►	1b First name		Middle name			Last	name				
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	1304 E ALGONQUIN RD, UNIT- 2N										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. SCHAUMBURG IL USA 60173										
	SCHAUMBURG IL USA 60173 3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
Foreign (non-	• Gaber address, aparament namber, or rara route number. Don t use a r.o. Dox number.										
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth Information	4 Date of birth (month / day / ye 08/23/1995	birth	City and state of province (or								
Other	6a Country(ies) of citizenship INDIAN					(I.D. number (if any) 6c Type of U.S. vi			isa (if any), number, and expiration date		
Information											
	USCIS documentatio	·				Last name NAGAM Last name D. box, see separate instructions. de where appropriate. L USA box number. or province (optional) 5 Male E Female pe of U.S. visa (if any), number, and expiration Driver's license/State I.D. Date of entry into the United States 1/2033 (MM/DD/YYYY): er (IRSN)?					
	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). 										
	Image: Second place										
	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										
Sign Here	Under penalties of perjury, I (and documentation and statements, a information with my acceptance and the statement of the st	and to the best o	of my knowledge	and belief	, it is true,	correct,	and complete	e. I au	thorize the IRS to	nying share	
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)			Date (month / day / year)			Phone number				
,	Name of delegate, if appl	rint)	t) Delegate's relationshi to applicant			Parent	Parent Court-appointed guar				
Acceptance	Signature			Date (month / day			Phone				
Agent's	Name and title (type or pr	rint)	Nome of a	Name of the second			Fax				
Use ONLY			Name of company			PTIN					
	1 · · · ·										

REV 02/23/24 PRO