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



£1040		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		urn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not v	write or staple in this space	ə.
For the year Jar	c. 31, 2023, or other tax year beginning	, 2023, ending , 20						See separate instructions.				
Your first name	iddle initial	ame						Your social security number				
KALYANA	KRAVARTHY	UMANTHA						637	11 0227			
If joint return, spouse's first name and middle initial Last name									Spouse's social security numbe			
MADHAVI			'AMRAJ	ΙÜ					APP	LI ED F		
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.	Presidential Election Campaig		
906 SUT	CER (	GATE LN								Check	here if you, or your	_
		ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	ZIP c	ode	spouse	if filing jointly, want S	
MORRISVI	TITE					NC		275	60	_	this fund. Checking low will not change	а
					<u> </u>				n postal code		x or refund.	
										,	You Spot	use
Filing Status		Single					Head of ho	ouseh	old (HOH)			_
_		Married filing jointly (even if only or	ne had	income)					0.0 (1.01.)			
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(088)		
one box.	If v	ou checked the MFS box, enter the	name	of vour s	nouse If you	ı che					ild's name if the	
		alifying person is a child but not you			pouso. Il you	. 0110		01 00	oo box, onto	1 1110 011		
Digital		ny time during 2023, did you: (a) rece				-		-				
Assets	exch	ange, or otherwise dispose of a digi	tal asse	et (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	ee instruction	ns.)	☐ Yes ☒ No	
Standard	Som	eone can claim:	penden	ıt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	<u> </u>					
Age/Blindness	s You:	Were born before January 2, 1	959	Are bl	lind <b>Spo</b>	use	: Was bor	n befo	ore January 2	2. 1959	☐ Is blind	
Dependent				T	·		(3) Relationshi				ifies for (see instruction	ns):
-	(1) First name Last name			(2) Social security (3) number			(b) Holationship		Child tax cr		Credit for other depende	
If more than four	(,,	(1) The than to Last Hallo			,				П			_
dependents,	-										_	
see instructions —											_	
and check here	]											_
	1a	Total amount from Form(s) W-2, be	nv 1 (se	a instruc	rtions)					. 1a	139,667	,
Income	b	Household employee wages not re								. 16		·
Attach Form(s)		Tip income not reported on line 1a								. 10		_
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	•		,					. 10		_
W-2G and		Taxable dependent care benefits f								. 16		_
1099-R if tax	e •	Employer-provided adoption bene								. 1f		_
was withheld.  If you did not	f		iils iroi	II FOIIII 6	1839, IIIIe 29	•				_	_	_
get a Form	9	Wages from Form 8919, line 6.				•				. 10		).
W-2, see n Other earned income (see instructions)								1	<u> </u>			
instructions.	i	Nontaxable combat pay election (s	see msi	ructions)		•	<u>li</u>				139,667	,
	<u>z</u>	Add lines 1a through 1h	 		· · · ·	L T				. 1z	<del></del>	<u>•</u>
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b		_
	3a		3a				ordinary divider			. 3b		_
Standard	4a		4a				axable amount			. 4b		
Deduction for—	5a		5a				axable amount			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a			<b>b</b> Taxable amount .				. 6b	)	
separately,	_C	If you elect to use the lump-sum e							L	╡┞ <u></u>		
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sched		•			•		L	<b>」                                    </b>	_	
jointly or Qualifying	8 Additional income from Schedule 1, line 10											
surviving spouse, 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 6. This is your total income							+	<u>.</u>				
\$27,700 • Head of	ad of											
household,	11	Subtract line 10 from line 9. This is	-							. 11	· · · · · · · · · · · · · · · · · · ·	
\$20,800 12 Standard deduction or itemized deductions (from Schedule A)							. 12	27,700	<u>.                                    </u>			
any box under Standard	13	Qualified business income deducti	on fron	n Form 8	995 or Form	899	5-A			. 13		
Deduction,	14									. 14	,	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is y	our t	taxable incom	е.		. 15	111,967	

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	15,248.		
Credits	17	Amount from Schedule 2, lir	ne 3					17			
	18	Add lines 16 and 17						18	15,248.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lir	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,248.		
	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	15,248.		
Payments	25	Federal income tax withheld	l from:								
	а	Form(s) W-2	3,329.								
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	23,329.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	32								
	33	Add lines 25d, 26, and 32. T	33	23,329.							
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	8,081.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here		35a	8,081.		
Direct deposit?	b	Routing number 1 2 2				Checking	Savings				
See instructions.	d										
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		structions	below.	<b>⋈</b> No							
•		signee's	Phone			onal ident	tification				
<u></u>		name no. number (PIN)  Under panalties of perium. I declare that I have examined this return and accompanying schedules and statements, and to						the best	of my lenguage and		
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	Vo	ur signature	Date	Your occupation	l If th	 BS SA	nt you an Identity				
	10	ui signature	Date	Tour occupation			PIN, enter it here				
Joint return?				IT PROFESS	(see	(see inst.)					
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation		f the IRS sent your spouse an				
your records.					HOME MAKED		ntity Prot e inst.)	ection PIN, enter it here			
			Empil address	HOME MAKER	(000						
-		Phone no. (602) 632-3975   Email address KALYANKHK@GMAIL.COM  Preparer's name   Preparer's signature   Date   PTIN							Check if:		
Paid		·	'		רווסתו האודאיי	1		2702	Self-employed		
Preparer							P0208				
Use Only								n's EIN	(678) 965-9522		
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							84-3171965		



## **Application for IRS Individual Taxpayer Identification Number**

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).						<ul><li>▲ Apply for a new ITIN</li><li>☐ Renew an existing ITIN</li></ul>				
Reason you're si	ubmitting Form W-7. Read the	e instructions fo	r the box y	ou check. Cauti	on: If you					
a Nonresident	t alien required to get an ITIN to cla	aim tax treaty bene	efit							
<b>b</b> Nonresident	t alien filing a U.S. federal tax retur	n								
	nt alien <b>(based on days present in</b>		_							
	of U.S. citizen/resident alien									
e 🗵 Spouse of U		d or e, enter name				lien (see in				
6 D Name and American	,	KALYANA CHAI					637-11-0227			
	t alien student, professor, or resear	_	ederai tax re	eturn or claiming at	1 exception	on				
h Other (see in	spouse of a nonresident alien hold									
	on for <b>a</b> and <b>f</b> : Enter treaty country	<b>&gt;</b>		and treaty art	icle numb	ner 🕨				
Name	1a First name		dle name	and troaty an	Last na					
(see instructions)	MADHAVI				KAN	TAMRAJI				
Name at birth if	1b First name	Mido	dle name		Last name					
different ▶										
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 906 SUTTER GATE LN									
Address	City or town, state or provinc	e, and country. Inc	clude ZIP co	de or postal code	where app	oropriate.				
	MORRISVILLE		NC	USA		27560				
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 ☐ Male									
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.I	D. number (i	fany) 6c Type	of U.S. vis	sa (if any), n	number, and expiration date			
mormanon	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.									
	USCIS documentation OtherDate of entry into									
				d States						
	Issued by: INDIA No.: X6182717 Exp. date: 03/07/2033 (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 ► ITIN IRSN and									
	6f Enter ITIN and/or IRSN ► I		IF		and					
	name under which it was issued ▶									
	6g Name of college/university or company (see instructions) ▶									
	City and state ► Length of stay ►									
01.4	,									
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accommod documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.									
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)  Date (month / day / year)  Phone number									
, , ,	Name of delegate, if applica		Delegate's relation to applicant	ship		Court-appointed guardian				
Acceptance	Signature			Date (month / day )	year)	Phone				
Acceptance Agent's	<b>7</b>				Fax					
Use ONLY	Name and title (type or print	<u> </u>	Name of co	ompany	EIN	PTIN				
JJC VIILI	<b>"</b>		Office co	ode						