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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan.	1-Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding _		, 20		See sep	parate inst	ructions.
Your first name and middle initial				ame					Your social security number		
GOKULA KRISHNAN				ESH		063 65 1710					
				ame							curity numbe
RACHANA SURENDRA BABU								APP	LIE	DF	
	numbe	er and street). If you have a P.O. box, see					Apt. no.				on Campaigr
1470 SPI	CE '	TREE CIRCLE					202		Check h	nere if you,	or your
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP code				itly, want \$3
FAIRBORN				OH			45324		•	ow will not	Checking a change
Foreign country	name			Foreign province/state/	e/county Fo		Foreign postal			or refund.	•
										You	Spouse
Filing Status		Single				☐ Head of ho	ousehold (HC	H)			
Check only	×	Married filing jointly (even if only or									
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	ouse (QSS)		
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS box	, ente	r the chi	ld's name	if the
	qu	ıalifying person is a child but not you	ır depe	ndent:							
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavr	ment for proper	rtv or service	s): or	(b) sell.		
Assets		nange, or otherwise dispose of a digi	•				•	, .	. ,	☐ Yes	⊠ No
Standard	Som	neone can claim:	pender	nt Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate returi	n or yo	u were a dual-status	alien	1					
Age/Rlindness	Vou	: Were born before January 2, 1	959 I	Are blind Spo	ouse	. Was bor	n before Janı	ıarı/ 2	1050	☐ Is bli	ind
Dependents			000 [-			(4) Ob I	<u> </u>	-		instructions):
•	•	First name Last name		(2) Social security number	/	(3) Relationshi	ib I.,	tax cr		•	her dependents
If more than four	(.,.	2431 14.110				. ,		П		Γ	
dependents,								Ħ			
see instructions and check	. —							$\overline{\sqcap}$			
here								$\overline{\sqcap}$			
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions) .					1a	3	30,685.
	b	Household employee wages not re	eported	on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ir	structions)					1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e		
was withheld.	f	Employer-provided adoption bene	fits fror	m Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instructi	ions)						1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>					
	z	Add lines 1a through 1h	. ;						1z	8	30,685.
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interest			2b		
if required.	<u>3a</u>	Qualified dividends	3a		b C	ordinary divider	nds		3b		
Standard	4a	-	4a			axable amount			4b		
Deduction for—	5a		5a			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	Capital gain or (loss). Attach Schedule D if required. If not required, check here								+	
jointly or Qualifying	8	Additional income from Schedule 1, line 10								+	20 60=
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									30,685.
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26									
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-					11		30,685.
If you checked _	12	Standard deduction or itemized deductions (from Schedule A)							12		27,700.
any box under Standard	13	Qualified business income deducti			ı 899	ю-А			13		7 700
Deduction, see instructions.	14 15	Add lines 12 and 13									27,700. 52 985

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	5,917.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	5,917.
	19	Child tax credit or credit for	other dependen	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	5,917.
	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	5,917.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 1	0,009		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	10,009.
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	m 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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,009.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	4,092.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	ck here	🗆	35a	4,092.
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛	Checking] Savings	s	
See instructions.	d	Account number 1 2 4	1 7 6 2	7 4 7					
	36	Amount of line 34 you want	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	_	-				37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•			_			
Designee							Complete		⊠ No
		esignee's me		Phone no.			rsonal ider mber (PIN)		
Sign	Un	der penalties of perjury, I declare to	nat I have examined	d this return and	accompanying sche	dules and stateme	nts, and to	the best	of my knowledge and
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informa	tion of wh	ich prepar	er has any knowledge.
пеге	Yo	Your signature		Date	Your occupation				nt you an Identity
								otection P e inst.)	IN, enter it here
Joint return? See instructions.				5.	MECHANICAI	ENGINEER .			
Keep a copy for		ouse's signature. If a joint return, I	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.		HOME MAKER						e inst.)	,
	Ph	one no. (347)259-955	2	Email address	GOKULMECH2	21@GMAIL.C	OM		
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/13/2024	P020	82703	Self-employed
Preparer	Fir	Firm's name GLOBAL TAXES LLC Ph						one no. (678)965-9522
Use Only	Fir	m's address 245 ROONE	m's EIN	84-3171965					
<u> </u>		40406 ' 1 1' 111 11					'		- 1010



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box):											
Before you begin • Don't submit th	: is form if you have, or are elig	ible to get, a	U.S. social sec	urity number (SSN).		pply for a new ITIN enew an existing ITIN				
	ubmitting Form W-7. Read the deral tax return with Form										
	alien required to get an ITIN to c				1		,				
b ☐ Nonresident alien filing a U.S. federal tax return											
c ☐ U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return											
d ☐ Dependent of U.S. citizen/resident alien ↑ If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶											
e ☒ Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶											
GOKULA KRISHNAN SURESH f Nonresident alien student, professor, or researcher filling a U.S. federal tax return or claiming an exception											
		_		turn or claiming	an except	ion					
	spouse of a nonresident alien hole	aing a U.S. vis	sa								
h Other (see in					outiel-						
	on for a and f: Enter treaty country 1a First name	/ -	Middle name	and treaty							
Name	RACHANA		wildule Haffle			name RENDRA E	RARII				
(see instructions)			Middle name								
Name at birth if different •	1b First name		iviluale name		Last	name					
Applicant's	2 Street address, apartment n	umber, or rura	ıl route number. If	you have a P.0). box, see	separate ir	nstructions.				
Mailing	1470 SPICE TREE										
Address	City or town, state or province	ce, and countr	ry. Include ZIP co	de or postal cod	le where ap	opropriate.					
	FAIRBORN			0	H USA	A	45324				
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	ce, and countr	ry. Include postal	code where app	ropriate.						
Birth	4 Date of birth (month / day / year) Country of I	birth	City and state	or province	e (optional)	5 Male				
Information	06/26/1996	INDIA				· · /	Female				
	6a Country(ies) of citizenship	6b Foreign	tax I.D. number (if	any) 6c Ty	oe of U.S. v	risa (if any), n	umber, and expiration date				
Other Information	INDIA		· 	Н4		U12497	211 02/24/2025				
	6d Identification document(s) submitted (see instructions) ☐ Passport ☐ Driver's license/State I.D.										
	USCIS documentation	Other_				Date of en	try into				
			400			the United	States				
	Issued by: INDIA No.: U7871429 Exp. date: 09/30/2030 (MM/DD/YYYY): 07/23/2023										
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	No/Don't know. Skip line 6f. Vos. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions)										
	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										
		ITIN				and					
	name under which it was issued ▶										
	6g Name of college/university or company (see instructions) ▶										
	City and state ► Length of stay ►										
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share 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)						nber				
your records.	Name of delegate, if applica	able (type or p	orint)	ionship	Parent Court-appointed guardian Power of attorney						
	Signature			av / vear)							
Acceptance	0.9			Date (month / day			Fax				
Agent's	Name and title (type or prin	t)	Name of co	l ompany	EIN	ιαλ	PTIN				
Use ONLY	Tame and the type of print	110000			Office code						
	<u> </u>			1 011100	Omos cous						