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



1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Onl	y—Do not v	write or stapl	le in this space.
For the year Jar	c. 31, 2023, or other tax year beginning		, 2023, ending , 20					See separate instructions.				
Your first name and middle initial Last name					 ame					Your social security number		
VIVEK	VIVEK KORE							158	99	3200		
If joint return, spouse's first name and middle initial Last name										ecurity numbe		
SRIJA PATEL RAIN					J.T.					APP	LI :	ED F
		er and street). If you have a P.O. box, see						A	pt. no.	Preside		tion Campaig
8634 ALI	EBUI	RGH DR								Check	here if you	u, or your
		ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP co	ode			intly, want \$3
HENRICO					VA			232	94			d. Checking a
				Foreign p	Foreign province/state/county			Foreign postal code		box below will not change your tax or refund.		
											You	
Filing Status		Single					Head of ho	ouseh	old (HOH)			
-		Married filing jointly (even if only or	ne had	income)					(- ,			
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spouse	(QSS)		
OHC BOX.	If v	ou checked the MFS box, enter the	name	of vour s	pouse. If you	ı che			• .	. ,	ild's nam	e if the
		alifying person is a child but not you			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			J. Q.	20 20/1, 0.11	0		
Digital		ny time during 2023, did you: (a) rece										\
Assets		ange, or otherwise dispose of a digi						t)? (Se	e instruction	ns.)	∐ Yes	s ⊠ No
Standard	_	eone can claim: You as a de					a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status	alien	1					
Age/Blindness	s You:	Were born before January 2, 1	959	Are b	lind Spc	ouse	: Was bor	n befo	re January	2, 1959	☐ Is I	blind
Dependent	s (see	instructions):		(2)	Social security	,	(3) Relationsh	n (4) Check the b	oox if qua	lifies for (se	ee instructions)
-		(1) First name Last name			number to you			ρ .	Child tax of	-	1	other dependent
If more than four				,								\Box
dependents,												–
see instruction	s —											–
and check here												–
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instru	ctions)					. 1a		92,418.
IIICOIIIE	b	• • • • • • • • • • • • • • • • • • • •	,		,					. 11		,
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2							. 10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10		
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							. 16			
1099-R if tax was withheld.	f	Employer-provided adoption bene							. 11			
If you did not	g g							. 10	_			
get a Form	9 h	Other earned income (see instructions)							. 11		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)										
instructions.	z	Add lines 1a through 1h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ir dotrorio,	,					. 12	,	92,418.
Attach Sch. B		<u> </u>	2a		· · i ·	 h Т	axable interest			. 2l		54.
if required.	3a		3a				Ordinary divider					
	4a		4a				axable amount			. 41		
Standard	5a		5a				axable amount			. 5l		
Deduction for—	6a		6a							. 6l		
Single or Married filing	C		method	b Taxable amount								
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)										
Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								. 8		
jointly or Qualifying	9	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7, and 8. This is your total income.								. 9		92,472.
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 10		JL 1 7 1 L.
Head of		Adjustments to income from Schedule 1, line 26								. 11		92,472.
household, \$20,800	11 12	Subtract line 10 from line 9. This is your adjusted gross income								12		27 , 700.
If you checked any box under	13	Standard deduction or itemized deductions (from Schedule A)										<u> </u>
Standard									. 13		27 700	
Deduction, see instructions.	14 15							. 14		27 , 700. 64 , 772.		
		Capitation in The Holli line 11. If Zel	<u> </u>	o, ciilei	J. IIIIS IS Y	Jui	MANUE IIICUIII	٠.		. 13	•	UI, 114.

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	7,333.		
Credits	17	Amount from Schedule 2, lin		17							
	18	Add lines 16 and 17							7,333.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19			
	20	Amount from Schedule 3, lin	•					20			
	21	Add lines 19 and 20					🗀	21			
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0			🗀	22	7,333.		
	23	Other taxes, including self-e	•				🗀	23	0.		
	24	Add lines 22 and 23. This is			•			24	7,333.		
Payments	25	Federal income tax withheld							.,,,,,,,,		
	а	Form(s) W-2				 25a 14	,486.				
	b	Form(s) 1099				25b	<u> </u>				
	C	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•					25d	14,486.		
	26	2023 estimated tax paymen						26	,		
If you have a liqualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3. lin				31					
	32	Add lines 27, 28, 29, and 31	. These are vour	total other p	avments and refu			32			
	33	Add lines 25d, 26, and 32. T	-				🗀	33	14,486.		
Refund	34	If line 33 is more than line 24						34	7,153.		
riciana	35a	Amount of line 34 you want				•	. 🗆 🗀	35a	7,153.		
Direct deposit?	b	Routing number 1 2 1				_	Savings				
See instructions.	d	Account number 3 2 5 0 6 1 3 5 8 0 9 4									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24									
You Owe	•-	For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party Designee	Do	you want to allow another				See					
	ins	structions				. 🗌 Yes. Co	mplete be	low.	⋈ No		
		signee's		Phone			onal identifica	ation			
	name no. number (PIN)								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 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	٧o	ur signature	Date	Your occupation		If the IF	25 sa	nt you an Identity			
	10	Tour signature		Tour occupation					IN, enter it here		
Joint return?				SOFTWARE ENGINEER			(see inst.)				
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				the IRS sent your spouse an			
Keep a copy for your records.				HOME MAKED				Identity Protection PIN, enter it here (see inst.)			
		Phone no. (669) 292–9369 Email			HOME MAKEK						
		one no. (669) 292-936 eparer's name	9 Preparer's signat	Email address	KVIVEKI946	Date COM	PTIN		Check if:		
Paid Preparer Use Only		PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAM		P020827	7 ∩ つ	Self-employed		
			1	NAPI DAGAK	GOLIW INTINU	02/20/2024	1				
									(678) 965-9522		
Go to want in ~		m s address 243 ROONE n1040 for instructions and the late		MOMICE N			Firm's	LIIN	84-3171965 Form 1040 (2023)		
GO TO WWW.IIS.go	וווטיווער	TOTO IOI IIISII UCIIOIIS AIIU IIIE IALE	acimonnation.		BAA	REV 02/16/24 PRO			FOIIII 1070 (2023)		



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): Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **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 If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ VIVEK KORE f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name SRIJA PATEL RAINI (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 8634 ALDEBURGH DR **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 23294 **HENRICO** USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth 07/22/1999 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other ATOMT Information **6d** Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: U8665622 Exp. date: 02/01/2031 Issued by: INDIA (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 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 ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign 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. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code