E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



# 1040		artment of the Treasury-Internal Revenue Servi		ırn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20						See separate instructions.			
Your first name and middle initial Last na				iame							Your social security number			
					DIKONDA						813 91 0137			
If joint return, spouse's first name and middle initial Last na											Spouse's social security number APP LI ED F			ımber
SAI NEHA NIMM									\	-				
	•	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.	- 1			ection Cam	
12369 Dt			manlata am			Cto	4		102				ou, or your jointly, wan	
City, town, or post office. If you have a foreign address, also complete s							ZIP code			•	•	nd. Checkir		
SAINT LOUIS Foreign country name												not change)	
r oreign country	y Hairie		'	To ordigit province, state, county				I OLEIĆ	jii postai c	,oue	your tax or refund. You Spouse			
Filing Status	s [Single					☐ Head of h	ouseh	old (HOI)				
Check only	X	Married filing jointly (even if only or	ne had ir	ncome)			_							
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,			
	If y	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the												
	qu	ialifying person is a child but not you	ır depen	dent:										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a	a reward	, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial intere	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	Ye	es 🗵 No	٥
Standard	Som	neone can claim: 🗌 You as a de	pendent	: 🗆 🗅	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien								
Age/Blindness	s You:	: Were born before January 2, 1	959	Are bli	nd Spo	use	: Was bor	rn befo	ore Janua	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4	l) Check t	he bo	x if quali	fies for (see instruct	tions):
If more		(1) First name Last name			number to you			• 1		ax cre	edit	Credit fo	r other deper	ndents
than four														
dependents,	_													
see instructions and check	S —													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions)						1a		57 , 86	57.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b				
W-2 here. Also	С									1c				
attach Forms W-2G and	d									1d				
1099-R if tax	togg-R if tax e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29								1e	_				
was withheld.									1f					
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	ee n Other earned income (see instructions)							1h			0.			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>l 1i</u>						o /	c =
	<u>z</u>	Add lines 1a through 1h			· · · ·						1z		57,86	١ .
Attach Sch. B if required.	2a		2a				axable interes				2b	_		
ii required.	<u>3a</u>		3a				ordinary divide				3b	_		
Standard	4a		4a				axable amoun				4b	_		
Deduction for—	5a	-	5a				axable amoun				5b	_		
Single or Married filing	6a	,	6a				axable amoun	t		٠ -	6b			
separately,	_ C	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								7				
jointly or Qualifying	8	Additional income from Schedule 1, line 10								8		E7 01		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		57 , 86)/.	
\$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		57,86	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12		27,70	JU .		
any box under Standard	13	_							13		07.76	20		
Deduction, see instructions.	14	Add lines 12 and 13								14		27 , 70		

Form 1040 (202)	3)									Page Z	
Tax and	16	Tax (see instructions). Check if any f	rom Form(s):	881	4 2 4972	3 🗌			16	3,181.	
Credits	17	Amount from Schedule 2, line 3									
	18	Add lines 16 and 17								3,181.	
	19	Child tax credit or credit for other d	lependents fro	m Sched	ule 8812			🔼	19		
	20	Amount from Schedule 3, line 8						2	20		
	21	Add lines 19 and 20						2	21		
	22	Subtract line 21 from line 18. If zero	or less, enter	· -0				2	22	3,181.	
	23	Other taxes, including self-employr	nent tax, from	Schedule	e 2, line 21 .			2	23	0.	
	24	Add lines 22 and 23. This is your to	otal tax					2	24	3,181.	
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2				25a	7,5	571.			
	b	5 Form(s) 1099									
	С	Other forms (see instructions) .				25c					
	d	Add lines 25a through 25c						2	5d	7 , 571.	
If you have a	26	2023 estimated tax payments and a	amount applie	d from 20	22 return			2	26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit from F	orm 8863, line	8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments								7,571.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34	4,390.	
	35a	Amount of line 34 you want refund	ed to you. If F	orm 8888	s is attached, che	ck here .		. 🗌 🖪	5a	4,390.	
Direct deposit?	b	Routing number 3 2 5 0 7	0 7 6	0	c Type: 🛛] Checking	☐ Sa	vings			
See instructions.	d	Account number 7 6 7 1 2 8 0 6 6									
	36	Amount of line 34 you want applied	l to your 2024	estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is	s the amount	you owe.							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							37		
	38	Estimated tax penalty (see instructi	ons)			38					
Third Party		you want to allow another person								_	
Designee		structions				🗀՝		plete belo		⊠ No	
		esignee's me		Phone no.			Persona number	l identificat	ion		
Cian		nder penalties of perjury, I declare that I hav	e examined this		accompanying sche	edules and st		, ,	est o	f my knowledge and	
Sign		lief, they are true, correct, and complete. De									
Here	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity			
		3						Protection PIN, enter it here			
Joint return?					PROJECT MANAGER			(see inst	.)		
See instructions. Keep a copy for your records. Paid		ouse's signature. If a joint return, both mu	st sign. Date	Э	Spouse's occupation				f the IRS sent your spouse an dentity Protection PIN, enter it here		
					HOME MAKER1			(see inst		ction File, enter it here	
		<u> </u>				ISH007@GMAIL.COM					
			er's signature	4441533	AGIVITOUOO	Date		TIN	Т	Check if:	
		M PRIYA RAM SAGAR GUPTA TALLAM SYAM	•	SACAR	בווסדם דמו.ו.מא	l		0208270		Self-employed	
Preparer									one no. (678) 965-9522		
Use Only									m's EIN 84-3171965		
<u> </u>	FILL SQUIESS 240 KOONET CT E DKONSWICK NO 00010								104-31/1905		



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

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) ▶ VENKATA GOPI KRISHNA TADIKONDA f Union 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 SAI NEHA NIMMALA (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 12369 DUNEDIN LN Apt 102 **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 63146 SAINT LOUIS 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 08/03/1997 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 INDIA 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.: R5266007 Issued by: INDIA Exp. date: 12/17/2027 (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