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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this space	e.
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				 name						Your social security number				
GOPINADH NELI				JURT						740 85 4331				
If joint return, spouse's first name and middle initial Last na											Spouse's social security number			ıber
					PASANI						APP	LI	ED F	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campa	aign
10717 A	JSTI	N ST NE						3	325		Check h	nere if y	ou, or your	Ĭ
		ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c				•	jointly, want S	
MINNEAPOLIS				MN			55449			•		nd. Checking not change	a	
Foreign country name				Foreign province/state/county			Foreign postal code			your tax		•		
												Yo	ou 🗌 Spot	use
Filing Status	s [Single					Head of h	ouseh	old (HOI	H)				
Check only	_	Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	ou checked the MFS box, enter the	ou 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	alifying person is a child but not you	ır depen	dent:										
Digital	Δtaı	ny time during 2023, did you: (a) rec	aiva (as	a reward	d award or	navn	nent for prope	rtv or	sarvicas). or (h) sall			
Assets		nange, or otherwise dispose of a dig											es 🗵 No	
Standard		neone can claim: You as a de					a dependent	, ,			,			
Deduction		 Spouse itemizes on a separate retur	•		•		•							
A are /Director are										0	1050		اد دنا دا	
		: Were born before January 2, 1	959 _	_ Are bl	·	ouse		- 1					s blind	
Dependent		s (see instructions): (1) First name Last name			(2) Social security (3) Relations to you			ship (4) Check the b					or other depende	
If more	(1)								Omia i		Juli	Orodit 10		
than four dependents,	-												\dashv	
see instruction	s												\dashv	
and check here \Box	1													
-	1a	Total amount from Form(s) W-2, b	nx 1 (se	 	rtions)						1a		115,114	1
Income	b	• • • • • • • • • • • • • • • • • • • •	•		,						1b			•
Attach Form(s)	c									1c			_	
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and	W-2G and A Tayable dependent care benefits from Form 2///1								1e					
was withheld.	o-it ii wax							1f	_					
If you did not	g	Wages from Form 8919, line 6.									1g			
get a Form	m h Other earned income (see instructions)					1h		0).					
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i							
	z	Add lines 1a through 1h									1z		115,114	ł.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b			
if required.	За	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod,	check here	(see	instructions)			. 🗆				
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
Married filing jointly or	8	Additional income from Schedule 1, line 10								8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		115,114	l .	
\$27,700	10	Adjustments to income from Schedule 1, line 26												
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								11		115,114	ł.	
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i ons (fro	m Schedule	A)					12		27 , 700).
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13				
Standard Deduction,	14	Add lines 12 and 13								14		27 , 700		
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loca	ontor	O This is y	011r t	avabla incom				15	1	27 /11/	1

Form 1040 (2023	3)								Page Z			
Tax and Credits	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	з 🗌		16	10,051.			
	17	7 Amount from Schedule 2, line 3						17				
	18	Add lines 16 and 17							10,051.			
	19	Child tax credit or credit for other dependents from Schedule 8812						19				
	20	·						20				
	21	Add lines 19 and 20						21				
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,051.			
	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	10,051.			
Payments	25	Federal income tax withheld	l from:									
	а	a Form(s) W-2										
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c						25d	19,794.			
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						
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28						
	29	American opportunity credit	3, line 8		29							
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin		31								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits										
	33	Add lines 25d, 26, and 32. T	33	19,794.								
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	9,743.			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	9,743.			
Direct deposit?	b	Routing number 0 8 1				Checking	Savings	3				
See instructions.	d	Account number 3 5 5 0 0 4 4 7 3 8 4 1										
	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. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions										
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party	Do	you want to allow another				See						
Designee		structions	e below.	⋉ No								
_		esignee's	Phone			identification						
<u></u>		me	hat I have evenine	no.			ber (PIN)		of my line wiledge 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	l If t	If the IRS sent you an Identity							
	10	di Signature	Date Your occupation				Protection PIN, enter it here					
Joint return?				SOFTWARE E	NGINEER	(se	see inst.)					
See instructions.	Sp	ouse's signature. If a joint return, I	Date	on			IRS sent your spouse an					
Keep a copy for your records.			HOVE MAKED				Identity Protection PIN, enter it here (see inst.)					
, 501 1000100.		(01.6) 600 064	- " "	HOME MAKER								
		Phone no. (816) 699-3649 Email address GOPINADHN5097@GMAIL.COM Preparer's name Preparer's signature Date PTIN						Check if:				
Paid		·	'		ייידיית תחתוני	1		00700	Self-employed			
Preparer			RAM SAGAR GUPTA TALLAM 02/24/2024 1				82703					
Use Only							hone no. (678) 965-9522					
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							m's EIN	84-3171965			



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) ▶ GOPINADH NELLURI 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 LAKSHMIVASAVI MUPPASANI (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 10717 AUSTIN ST NE Apt 325 **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 55449 MINNEAPOLIS 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 08/25/1997 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 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.: P5215563 Exp. date: 01/09/2027 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