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

£104 (artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or staple	in this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, ending , 20					, 20		See se	parate ins	tructions.
Your first name	and m	iddle initial	ame							Your social security number			
SACHIN	D		V							296 81 3307			
										Spouse's social security number			
SUJATA SACHIN YADAV									APPLIED FOR				
		er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Electi	on Campaign
3980 OL:	D ST	ERLINGTON RD						1	L702			nere if you,	
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code										•	0,	ntly, want \$3 Checking a	
MONROE			LA 7			712	71000			ow will not	•		
Foreign countr		Foreign province/state/county Fore				Foreig	reign postal code yo			or refund	. Spouse		
Filing Status	_	Single					Head of h	ouseh	old (HOI	H)			
Check only	×	Married filing jointly (even if only or	ne had i	ncome)									
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)											
		rou 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	ıalifying person is a child but not you	ır depen	ident:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services	s); or ((b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	na digital asse	t)? (Se	ee instru	ction	s.)	☐ Yes	⊠ No
Standard	Som	neone can claim: 🗌 You as a de	pendent	t 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959 F	Are bli	ind Sp o	ouse	: Was bor	n befo	ore Janu	arv 2	. 1959	☐ Is b	lind
Dependent				(2) S	Social security		(3) Relationsh	- 1				fies for (see	e instructions):
If more		(1) First name Last name			number to you			ib	Child tax cr			-	her dependents
than four													
dependents,	_												
see instruction and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		74,192.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2									1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										:	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax e Taxable dependent care benefits from For					m 2441, line 26						1e		
was withheld.	hheld. f Employer-provided adoption benefits from Form 8839, line 29								1f				
If you did not	g Wages from Form 8919, line 6							1 g					
get a Form W-2, see	h Other earned income (see instructions)							1h		0.			
instructions.	i	Nontaxable combat pay election (see instructions)											
	z	Add lines 1a through 1h			· · ;						1z	1	74,192.
Attach Sch. B	2a	· —	2a				axable interest						
if required.	3a_		3a				rdinary divide						
Standard	4a		4a				axable amoun						
Deduction for—	5a	-	5a				axable amoun						
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)									」] 7		
\$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									8		74 100
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9		74,192.
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26											74 100
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income									11		74 , 192.
If you checked	12	Standard deduction or itemized deductions (from Schedule A)										27 , 700.	
any box under Standard	13	Qualified business income deducti									13		07 700
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 700.
	75	SUBTRACT LING 1/1 from ling 11 1t zor	O OF LOCK	c ontor	LI INICICA	COLUMN 1	avania incom	. ~					110 /1 /1 /

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	5 , 137.		
Credits	17	Amount from Schedule 2, lin		17							
	18	Add lines 16 and 17		18	5 , 137.						
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,137.		
	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 , 137.		
Payments	25	Federal income tax withheld	from:								
	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	8,543.		
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									
	29	American opportunity credit									
	30	Reserved for future use .									
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31		32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	8,543.		
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,406.		
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆 📗	35a	3,406.		
Direct deposit?	b	Routing number 0 6 5			c Type:	Checking :	Savings				
See instructions.	d	Account number 2 9 6	3 2 6 7	5 1							
	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	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_		
Designee	ins	structions	mplete be	low.	⊠ No						
	De nai	signee's		Phone no.			onal identific er (PIN)	ation			
Ciana			nat I have examine		accompanying sche		, ,	hest	of my knowledge and		
Sign Here		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.									
	Yo	ur signature	Date	Your occupation		If the IF	RS ser	nt you an Identity			
		ar eighatare		Tour occupation		Protect	tion Pl	IN, enter it here			
Joint return? See instructions.				QUALITY ASSU	T (see ins	st.)					
	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupati			nt your spouse an				
Keep a copy for your records.		HOME MAKER					Identity Protection PIN, enter it here (see inst.)				
,				Franil address			(000				
		one no. (318) 557-121 eparer's name	6 Preparer's signat	Email address	SACHINYDV®	GMAIL.COM Date	PTIN		Check if:		
Paid		•			CIIDMA MATTANA			702			
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	03/08/2024	P020827		Self-employed		
Use Only									ne no. (678) 965-9522		
				NSWICK N			Firm's	ΕIN	84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)		



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

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		n if you have, or are eligil	ble to get, a	a U.S. social se	curity nu	mber (SS	N).		oply for a new ITIN enew an existing ITIN		
		ting Form W-7. Read the I tax return with Form V							ox b, c, d, e, f, or g, you s).		
a Nonresident	alien	required to get an ITIN to cla	aim 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											
		citizen/resident alien) If						tructions)			
e 🛛 Spouse of U	J.S. cit	_	d or e, enter SACHIN D	name and SSN/ YADAV				alien (see in	0000000		
f Nonresident	alien	student, professor, or resear	rcher filing a	U.S. federal tax							
g Dependent/s	spous	e of a nonresident alien hold	ing a U.S. vi	sa							
h Other (see in	nstruct	ions) ▶									
Additional information	on for a	a and f: Enter treaty country				d treaty art	icle num	ber ►			
Name	1a F	irst name		Middle name I				name			
(see instructions)		SUJATA	SACHIN	SACHIN			DAV				
Name at birth if different ▶	1b F	irst name	Middle name			Last r	Last name				
Applicant's		2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.									
Mailing	3980 OLD STERLINGTON RD APT 1702										
Address		City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
		MONROE				LA	USA		71203		
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)	С	ity or town, state or provinc	e, and count	ry. Include posta	l code wh	ere appro	oriate.				
Birth	4 D	ate of birth (month / day / year)	Country of	birth	City an	d state or	province	(optional)	5 Male		
Information		05/15/1981	INDIA								
Other Information		country(ies) of citizenship INDIA	6b Foreign	tax I.D. number	if any)	6c Type	of U.S. v	isa (if any), n	umber, and expiration date		
illolliadoli	6d Identification document(s) submitted (see instructions)										
		USCIS documentation Other Date of entry into									
								the United States			
		Issued by: INDIA No.: V6912395 Exp. date: 02/24/2032 (MM/DD/YYYY):									
	6e ⊦	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					IR	SN		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 ►										
Sign	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.										
Here											
Keep a copy for your records.							Phone number				
		Name of delegate, if applicable (type or print)				Delegate's relationship to applicant			☐ Parent ☐ Court-appointed guardian☐ Power of attorney		
Acceptance		Signature		Date (month / day / year		year)	Phone				
Agent's	y							Fax			
Use ONLY	Name and title (type or print)			Name of	Name of company			PTIN			
	/				Office			code			