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

2023

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending				:0	S	See separate instructions.		
Your first name	Your first name and middle initial Last name					Y	our so	cial security	y number			
UDAY	DAY KOTHURI						093	81   5	701			
					-			curity number				
KEERTHI PRIYA PALISETTY							APP	LI EI	DF			
		er and street). If you have a P.O. box, see					Apt	. no.			· · · · ·	on Campaign
2600 KIN	P PKWY				21	0.2	С	heck h	nere if you,	or your		
		ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ite	ZIP code				٠,	tly, want \$3
CELINA							75009				this fund. ( ow will not	Checking a
Foreign country	/ name										or refund.	criarige
											You	Spouse
Filing Status	; [	Single				Head of ho	ouseholo	НОН)	)			
Check only	_	✓ Married filing jointly (even if only one had income)										
one box.		Married filing separately (MFS)		Qualifying surviving spouse (QSS)								
	lf y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or QSS	QSS box, enter the child's name if the				if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	Δt ar	ny time during 2023, did you: (a) rece	aiva (ac									
Digital Assets		lange, or otherwise dispose of a digi									Yes	⊠ No
Standard		eone can claim:  You as a de		_ <u>`</u>			1,1 (000			,		
Deduction	_	Spouse itemizes on a separate return		•		•						
				_	anon.							
Age/Blindness	You	: Were born before January 2, 1	959	Are blind Spo	ouse	: U Was bor					☐ Is bli	
Dependents	s (see	instructions):	(2) Social security	,	(3) Relationsh	ip					instructions):	
If more	(1) F	irst name Last name		number		to you		Child tax cred			Credit for oth	ner dependents
than four								L			L	
dependents, see instructions	s							L			<u>L</u>	╡
and check	. —							L	<u> </u>		<u>L</u>	
here L								L			<u>L</u>	
Income	1a	Total amount from Form(s) W-2, bo	•	•						1a		78,508.
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)							1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g		0.
W-2, see	h	Other earned income (see instructi	,			٠	i			1h		<u> </u>
instructions.	i -	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>						78,508.
	Z	<u> </u>			 L T					1z		0,300.
Attach Sch. B if required.	2a	'	2a			axable interest		•		2b		
	3a_		3a 4a			ordinary divider axable amount				3b 4b		
Standard	4a 5a		<del>т</del> а 5а			axable amount		•		5b		
Deduction for—	_							•		6b		
Single or Married filing	6a c								· .	OD		
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)							. 📙	7	7	
Married filing jointly or	8	. • ,				•		•	. Ш	8	+	
Qualifying	9	Additional income from Schedule 1, line 10							9	7	78,508.	
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							10		0,500.	
Head of	11	Adjustments to income from Schedule 1, line 26							11		78,508.	
household, [ \$20,800	12		-	-				•		12		27,700.
If you checked any box under	13	Standard deduction or itemized deductions (from Schedule A)							13		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Standard Deduction,	14	Add lines 12 and 13							14		27,700.	
see instructions.	15	<b>F</b>								15		50,808.

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌		16	5,659.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	5,659.	
	19	Child tax credit or credit for	other dependent	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	5,659.	
	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 <b>total tax</b>					24	5,659.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a	7,425			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	7,425.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 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	from Form 8863	3, 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 payments and refundable credits								
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>							7,425.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	1,766.	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							1,766.	
Direct deposit?	b	Routing number 3 2 2			<b>c</b> Type:	Checking	Savings	3		
See instructions.	d	Account number 1 0 8 7 5 3 0 8 5								
	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 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee	ins	structions	below.	<b>⋉</b> No						
		esignee's	Phone no.		ntification					
		me								
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,	
Here		our signature	,	Date	Your occupation				ent you an Identity	
	10	our signature		Date	Tour occupation				PIN, enter it here	
Joint return?				SOFTWARE ENGINEER				(see inst.)		
See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation				f the IRS sent your spouse an		
Keep a copy for your records.							Identity Protection PIN, enter it here (see inst.)			
,		/054\004.050		HOME MAKER	(36	e 1113t.)				
		Phone no. (951)321-9535							Chaple if:	
Paid		eparer's name	Preparer's signat		CIIDMA CIITA	Date	PTIN	00000	Check if:	
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	01/30/2024		82703 one no. (	Self-employed	
Use Only									(678)965-9522	
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								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 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) ▶ UDAY KOTHURI 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 KEERTHI PRIYA PALISETTY (see instructions) 1b First name Middle name Name at birth if Last name different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 2600 KINSHIP PKWY Apt 2102 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75009 CELINA USA 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** Information 09/28/1994 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.: P6894806 Issued by: INDIA Exp. date: 01/11/2027 (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** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code