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



1040		artment of the Treasury-Internal Revenue Servi		rn 20	23	OMB No. 1545-	0074	IRS Use	Only—	Do not w	rite or staple	in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				, 20		See separate instructions.		
Your first name and middle initial Last na				 name					,	Your social security number		
V SARATHKUMAR DEVA				/ARAPALLI						147 21 6208		
		s first name and middle initial	Last nam							Spouse's social security number		
SREEDEVI EDUE				JGANTI						APPLIED FOR		
		er and street). If you have a P.O. box, see					Α	pt. no.				on Campaign
4595 W S	SPRI	NG CREEK PKWY					2	322	- 1	Check h	nere if you,	, or your
City, town, or post office. If you have a foreign address, also complete sp				spaces below. State			ZIP code			•	٠,	ntly, want \$3
PLANO				TX			75024			•	tnis tuna. ow will not	Checking a change
Foreign country name			Fo	Foreign province/state/county Fo				oreign postal code		1		
Filing Status Check only one box.	If y	Married filing separately (MFS) you checked the MFS box, enter the alifying person is a child but not you	name of ur depend	your spouse. If			surviv or QS	ing spou	use (C enter	the chi	ld's name	if the
Digital Assets	exch	ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi	ital asset	(or a financial in	nterest in	n a digital asset					☐ Yes	⊠ No
Standard Deduction	_	neone can claim:	•			a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was born	n befo	re Janua	ary 2,	1959	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social security (3) Relationsh		(3) Relationshi	nip (4) Check the bo			1		
If more	(1) F	(1) First name Last name		number to you			Child tax c		ax cre	dit	Credit for ot	ther dependents
than four									ᆗ_			Ц
dependents, see instruction	s								ᆜ_			<u> </u>
and check here	1 —						-		 			
-	 1а	Total amount from Form(s) W-2, be	ov 1 (see	instructions)				L		1a		<u> </u>
Income	b	, , ,	•	,						1b		, , , , , , , , , ,
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2								1c		
W-2 here. Also attach Forms	d									1d		
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld. f Employer-provided adoption benefits from Form 8839, line 29					29					1f		
If you did not		Wages from Form 8919, line 6							1g			
get a Form	a Form h Other earned income (see instructions)							1h		0.		
W-2, see instructions. i Nontaxable combat pay election (see instructions)							i .		•			
	z	Add lines 1a through 1h								1z		90,714.
Attach Sch. B if required.	<u>-</u> 2a	1	2a	- · ·	b Т	axable interest	•			2b	_	
	3a		3a			ordinary dividen				3b		
	4a		4a			axable amount				4b		
Standard	5a		5a			axable amount				5b		
Deduction for— Single or	6a		6a			axable amount				6b		
Married filing	С	If you elect to use the lump-sum e		ethod, check h					. \Box			
separately, \$13,850	7	Capital gain or (loss). Attach Sched			•	•			. E	7		
 Married filing jointly or 	8	Additional income from Schedule		•	•	•				8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		90,714.
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26										
 Head of household, 	11									11		90,714.
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)								12		27,700.
If you checked any box under	13	· · · · · · · · · · · · · · · · · · ·								13		
Standard Deduction,	14	Add lines 12 and 13								14		27,700.
see instructions.	15	Subtract line 1/1 from line 1.1. If zero or less enter -0. This is your tayable income										63 014

Form 1040 (202	3)							Page 2	
Tax and Credits	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,123.	
	17						17		
	18	Add lines 16 and 17					18	7,123.	
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8					20		
	21						21		
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	7,123.	
	23	Other taxes, including self-employment tax,					23	0.	
	24	Add lines 22 and 23. This is your total tax					24	7,123.	
Payments	25	Federal income tax withheld from:						,	
	а	Form(s) W-2			25a 12	,218.			
	b	Form(s) 1099			25b	,			
	c	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	12,218.	
	26	2023 estimated tax payments and amount a					26	,	
If you have a qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28				
	29	American opportunity credit from Form 8863			29				
	30	Reserved for future use	•		30		1		
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are your					32		
	33	Add lines 25d, 26, and 32. These are your to					33	12,218.	
Refund	34	If line 33 is more than line 24, subtract line 2					34	5,095.	
riciana	35a	Amount of line 34 you want refunded to you				. 🗀	35a	5,095.	
Direct deposit?	b	Routing number 1 1 1 0 0 0 6			_	Savings		·	
See instructions		Account number 8 6 8 3 7 0 5 6 7							
	36	Amount of line 34 you want applied to your		ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the amo							
You Owe	0,	For details on how to pay, go to www.irs.gov					37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to disc tructions		n with the IRS?		mplete b	elow.	⊠ No	
		signee's	Phone			nal identif	ication		
	naı		no.			er (PIN)			
Sign Here		der penalties of perjury, I declare that I have examined ief, they are true, correct, and complete. Declaration of		, , ,		,		, ,	
	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity		
Joint return?				MCTNEED		Protection PIN, enter it here (see inst.)			
See instructions.	Sn	ouse's signature. If a joint return, both must sign.	SOFTWARE ENGINEER Date Spouse's occupation			If the	If the IRS sent your spouse an		
Keep a copy for your records.		opease o signature. Il a joint rotain, boar most signi		' '			lentity Protection PIN, enter it here ee inst.)		
	Ph	one no. (469)777-0841	Email address		D@GMAIL.CO	' М			
		parer's name Preparer's signat	1		Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2024	P02082	2703	Self-employed	
Preparer		n's name GLOBAL TAXES LLC						678)965-9522	
Use Only		n's address 245 ROONEY CT E BRU	NSWICK N	J 08816			s EIN	84-3171965	
Go to www.irs.o	ov/Forn	21040 for instructions and the latest information		DAA	DEV 01/21/24 DDO			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.

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) ▶ V SARATHKUMAR DEVARAPALLI 147-21-6208 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 SREEDEVI EDUPUGANTI (see instructions) Middle name 1b First 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 4595 W SPRING CREEK PKWY Apt 2322 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75024 PLANC 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 06/25/1978 ▼ 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.: V4833882 Exp. date: 12/22/2031 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** Fax Agent's Name and title (type or print) Name of company **Use ONLY** Office code