1040	Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Retu			turn	202	23 OMB No. 1545-007		-0074	IRS Use Only	y—Do not write or staple in this space.			
For the year Jan. 1-Dec. 31, 2023, or other tax year beginning					, 2023, ending				, 20 See separate instruction			ns.	
Your first name	iddle initial							Your social security number					
BHARGAV PAM										769	37	8969	
If joint return, spouse's first name and middle initial											-	security nu	umbei
NAVATHA		LAMKON	JDA					APP	T.T	ED F			
	(numbe	er and street). If you have a P.O. box, see			1011			A	pt. no.			ction Cam	npaigr
12572 OF	K KI	NOLL RD						न	-9			ou, or your	
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	-		0	jointly, war	
POWAY						CZ	4	920	64	, v		nd. Checki not change	•
Foreign country name				Foreign p	rovince/state/o				n postal code			•	5
										-	V Yo	u 🗌 Sp	pouse
Filing Status		Single					Head of h	ouseh	old (HOH)	1			
-		Married filing jointly (even if only o	ne hac	l income)					()				
Check only one box.] Married filing separately (MFS)		,			Qualifying	surviv	ring spouse	(QSS)			
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che					ild's na	me if the	
		וalifying person is a child but not אסנ											
.	<u> </u>		-:										
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig						-			ΠYe	s 🛛 N	in
		neone can claim: You as a de					a dependent			110.)		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>
Standard Deduction	_	Spouse itemizes on a separate retur	•										
		: Were born before January 2, 1		Are b		ouse		n hofe	ore January	2 1050		s blind	
Dependents			000	<u> </u>	Social security		(3) Relationsh	14) Check the b				tions):
•		(1) First name Last name			number	to you		Child tax c			r other depe	-	
lf more than four												\Box	
dependents,													
see instructions and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a		78,04	43.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1b)		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see i	nstructior	ns)					. 1c	;		
attach Forms	d	Medicaid waiver payments not rep	yments not reported on Form(s) W-2 (see instructions)							. 1d	I		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	orm 2441	, line 26 .					. 1e	•			
was withheld.	f	Employer-provided adoption bene	m Form 8	m Form 8839, line 29					. 1f	:			
If you did not	g	Wages from Form 8919, line 6 .								. 1g	I		
get a Form W-2, see	h	Other earned income (see instruct						. 1h	1		0.		
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1i						
	z	Add lines 1a through 1h							. 1z	:	78,04	43.	
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b			
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b			
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 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	method,	check here	(see	instructions)		[_
\$13,850	7									7			
 Married filing jointly or 	8								. 8				
Qualifying spouse,	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		78,04	43.		
\$27,700	10	Adjustments to income from Sche								. 10)		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		78,04	43.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12	2	27,70	
If you checked any box under	13 Qualified business income deduction from Form 8995 or Form 8995-A												
Standard Deduction,	14	Add lines 12 and 13								. 14		27,70	00.
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 T						our f	taxable incom	ie .	[5	50,34	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	5,599.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	5,599.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	5,599.
	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	5,599.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 6	,182.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>				2	25d	6,182.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30					30			
	31	Reserved for future use 30 Amount from Schedule 3, line 15 31							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33		,	-				32 33	6,182.
Refund	34	Add lines 25d, 26, and 32. These are your total payments							583.
neiuna	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							583.
Direct deposit?	b	Routing number 3 2 2	Savings	85a					
See instructions.	ď	Account number 9 3 5			c Type: 🗙	Checking	ournige		
	36	Amount of line 34 you want a							
Amount	37	Subtract line 33 from line 24				36			
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see instructions)							
Third Party		you want to allow another							
Designee			•				omplete belo	ow.	× No
_ • • • · 9 · • • •	De	signee's	Phone		Perso	onal identifica	tion		
	nar	ne		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the							
Here		ief, they are true, correct, and com		, ,					
	Yo	ur signature	Date	Your occupation	you an Identity				
Joint return?				SOFTWARE ENGINEER (see inst.)					
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat		If the IR	S sent	your spouse an	
Keep a copy for	-1-	,,,,,,,,			Identity	Protec	ction PIN, enter it here		
your records.				HOME MAKER	(see inst	.)			
	Ph	one no. (858) 269-810	9	Email address	BHARGAVPAM	ERA@GMAIL.CC	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	7	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/04/2024	P020827	03	Self-employed
Use Only	Fin	Firm's name GLOBAL TAXES LLC Phone							578)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	v/Forn	1040 for instructions and the late	st information.		BAA	REV 01/27/24 PRO			Form 1040 (2023)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service	July	See sepa	arate instruc		permanen	it reside	nts.				
An IRS individua	l taxpayer identification nun	nber (ITIN) is for	U.S. feder	al tax p	ourposes	only.			pe (check one b	ox):	
Before you begin	urity pu	mbor (SS	۰. ۱۸			or a new ITIN an existing ITIN	J				
• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check											
	ederal tax return with Form								, c, u, e, i, or g	, you	
	t alien required to get an ITIN to c	-			·	,		,			
b 🗌 Nonresident	t alien filing a U.S. federal tax retu	rn									
_	nt alien (based on days present i		-								
d 🗌 Dependent	of U.S. citizen/resident alien	f d, enter relationsh	nip to U.S. cit	izen/res	ident alien	(see ins	tructions) 🕨				
e 🛛 Spouse of L		f d or e, e nter name BHARGAV PAM					alien (see in		ions) ► 69-37-8969		
f 🗌 Nonresident	t alien student, professor, or resea	archer filing a U.S.	federal tax re								
	spouse of a nonresident alien hole	ding a U.S. visa									
h Other (see in	nstructions) ► on for a and f : Enter treaty country				d trooty ort	iolo pur	bor b				
Name	1a First name		dle name	and treaty ar lle name			name				
(see instructions)	NAVATHA					BE	LLAMKONI	DA			
Name at birth if different ►	1b First name	Middle name Last n					name				
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	12572 OAK KNOLL RD Apt E-9										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. POWAY CA USA 92064										
F	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
Foreign (non- U.S.) Address											
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
<u></u>	4 Date of birth (month / day / year	Country of hirth		City or	d atata ar	provino	(ontional)	5			
Birth Information	03/19/1995	INDIA		City and state or province (optional) 5 Male							
Other	6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiratio								late		
Information	INDIA										
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.										
	USCIS documentation Other Date of entry into										
	Issued by: INDIA No.: N6456630 Exp. date: 01/03/2026 (MM/DD/YYY):										
	Issued by: INDIA No.: N6456630 Exp. date: 01/03/2026 (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 Kirst name K										
	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										
Sign Here	documentation and statements, an information with my acceptance age	d to the best of my	knowledge a	nd belief	, it is true,	correct,	and complete	e. I au	thorize the IRS to		
Keep a copy for your records.	Signature of applicant (if de	tions)	Date (month / day / year) Phone number								
	Name of delegate, if applic		Delegate's relationship to applicant			_	Parent Court-appointed guardian Power of attorney				
Acceptance	Signature			Date (month / day /			Phone				
Agent's	Name and title (type or prin	Name of or	Name of company			Fax		PTIN			
Use ONLY				· · ·			e code				
I	F I										

REV 01/27/24 PRO