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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	write or staple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instructions.	
Your first name	and mi	iddle initial	Last na	ame						Your so	ocial security number	
CHALAPAT	ГНІ		PAG:	IDAKUI	ĹΑ					288 97 4420		
If joint return, s	pouse's	s first name and middle initial	Last na							Spouse	's social security numb	
ASHWINI			GAM	JALA						APPI	LIED FOR	
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.		ential Election Campaig	
8405 PAI	LLUX	WAY								Check	here if you, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode		if filing jointly, want \$3	
SAN DIE	GO					CA	4	921	26		o this fund. Checking a low will not change	
Foreign country name Fo				Foreign p	oreign province/state/county Fo				oreign postal code		x or refund.	
										You Spous		
Filing Status	. [Single					Head of ho	useh	old (HOH)			
_		Married filing jointly (even if only or	ne had	income)					(- ,			
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spouse	(QSS)		
one box.	If v	you checked the MFS box, enter the	name	of vour s	pouse. If vou	ı che					ild's name if the	
		alifying person is a child but not you			, ,			-	, , ,			
							-					
Digital		ny time during 2023, did you: (a) reco						-			Dyss VNs	
Assets		ange, or otherwise dispose of a dig					<u>-</u>	1) ? (56	e instruction	15.)	☐ Yes 区 No	
Standard		eone can claim: You as a de	•		•		a dependent					
Deduction	<u>`</u>	Spouse itemizes on a separate retur	n or yo	u were a	duai-status a	allen	<u> </u>					
Age/Blindness	s You:	Were born before January 2, 1	959	Are bl	lind Spo	use	: Was bori	n befo	ore January 2	2, 1959	☐ Is blind	
Dependent	s (see	instructions):		(2)	Social security		(3) Relationshi	p (4) Check the b	ox if qual	ifies for (see instructions	
If more	(1) Fi	irst name Last name		number			to you		Child tax credit		Credit for other dependen	
than four												
dependents,	_											
see instruction	s —											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instruc	ctions)					. 1a	44,872.	
	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1k)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ı (see ir	struction	ns)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2 (see ir	nstru	ictions)			. 10	t	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441,	, line 26 .					. 16		
was withheld.	f	Employer-provided adoption bene	fits from	m Form 8	8839, line 29					. 11	f	
If you did not	g	Wages from Form 8919, line 6 .								. 10	3	
get a Form W-2, see	h	Other earned income (see instructi	ions)							. 1ŀ		
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)			1i					
	z	Add lines 1a through 1h			, .					. 12	44,872.	
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interest			. 2k	o	
if required.	3a	Qualified dividends	3a			b 0	ordinary divider	nds .		. 3Ł	o	
	4a	IRA distributions	4a			b T	axable amount			. 4Ł	o	
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5Ł	o	
Single or	6a	Social security benefits	6a			b T	axable amount			. 6Ł	o	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here (see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	ired	, check here		[□ 7		
 Married filing jointly or 	8	Additional income from Schedule	1, line 1	10						. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	. This is y	our total inc	ome	e			. 9	44,872.	
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	your a	djusted	gross incon	ne				. 11	44,872.	
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		
any box under	13	Qualified business income deducti					5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 This is yo	our I	taxable incom	e .		. 15		

Form 1040 (202)	3)						_		Page Z		
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	1,718.		
Credits	17	Amount from Schedule 2, line		17							
	18	Add lines 16 and 17		18	1,718.						
	19	Child tax credit or credit for of	ther dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, line	8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	1,718.		
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is yo	our total tax					24	1,718.		
Payments	25	Federal income tax withheld f	rom:								
-	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						25d	3,106.		
If you have a	26	2023 estimated tax payments	and amount ap	pplied from 20)22 return			26			
qualifying child,	27	Earned income credit (EIC) .				27					
attach Sch. EIC.	28	Additional child tax credit from									
	29	American opportunity credit fr	rom Form 8863	8, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line									
	32	Add lines 27, 28, 29, and 31.	32								
	33	Add lines 25d, 26, and 32. The	33	3,106.							
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	1,388.		
	35a	Amount of line 34 you want re	35a	1,388.							
Direct deposit?	b	Routing number 1 2 1				Checking	Savings				
See instructions.	d	Account number 3 2 5									
	36	Amount of line 34 you want ap	oplied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go	37								
	38	Estimated tax penalty (see ins	_	-		38					
Third Party Designee	Do	you want to allow another particular	person to disc	cuss this retu	rn with the IRS?	See	Complete	below.	⊠ No		
gc	De	signee's		Phone		Per	sonal iden	tification			
		me		no.			nber (PIN)				
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	I .	If the IRS sent you an Identity Protection PIN, enter it here					
Joint return?					ANALYST		(see	e inst.)			
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.			Spouse's occupati		Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	———Ph	one no. (619) 829-0062		Email address	CHALAPATHI		OM				
			Preparer's signat	l .		Date	PTIN		Check if:		
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/2024	P0208	32703	Self-employed		
Preparer									(678) 965-9522		
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							84-3171965		
<u> </u>	<u></u>	40406 1 1 11 11 11 11					1		- 4040		



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	l taxpay	er identification numl	ber (ITIN) is	s for U.S. feder	al tax pu	ırposes	only.		ion type (check one box):		
Before you begin • Don't submit th		if you have, or are eligik	ole to get, a	U.S. social sec	curity num	nber (SS	N).	:	oply for a new ITIN enew an existing ITIN		
		ng Form W-7. Read the tax return with Form V							ox b, c, d, e, f, or g, you s).		
a Nonresident	alien red	quired to get an ITIN to cla	im tax treaty	benefit		-	•		•		
b Nonresident	alien fili	ng a U.S. federal tax returi	n								
c U.S. residen	nt alien (b	pased on days present in	the United	States) filing a U.	S. federal	tax return	1				
d Dependent	of U.S. c	itizen/resident alien) If	d, enter relat	ionship to U.S. ci	tizen/resid	lent alien	(see inst	tructions)			
e 🛛 Spouse of U	J.S. citize			name and SSN/I ⁻ HI PAGIDAKI				alien (see in	000 00 1100		
f Nonresident	t alien stu	udent, professor, or resear	cher filing a	U.S. federal tax re	eturn or cla						
g Dependent/s	spouse c	of a nonresident alien holdi	ing a U.S. vis	sa							
h Other (see in	nstructio	ns) >									
Additional information		and f : Enter treaty country	>		and	treaty arti					
Name	1a Firs			Middle name				Last name			
(see instructions)		SHWINI					GAMJALA				
Name at birth if different ▶	1b Firs							t name			
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	8405 PALLUX WAY										
Address		City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	_	AN DIEGO	4	92126							
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)	City	or town, state or province	e, and count	ry. Include postal	code whe	re approp	riate.				
Birth	I	e of birth (month / day / year)	Country of	birth City and state or province				(optional)	5 Male		
Information		2/12/1988	INDIA								
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date										
mormadon	6d Identification document(s) submitted (see instructions) ✓ Passport □ Driver's license/State I.D.										
	USCIS documentation OtherDate of entry into										
									the United States		
	lss	Issued by: INDIA No.: V1326285 Exp. date: 04/15/2031 (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						SN		and		
	name under which it was issued ▶										
	First name Middle name Last name										
	6g Name of college/university or company (see instructions) ▶										
	City	y and state ►			L	ength 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 shat information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								e. I authorize the IRS to share		
Here											
Keep a copy for your records.								Phone number			
	Na Na	ame of delegate, if applical	orint)	Delegate's relationship to applicant			☐ Parent ☐ Court-appointed guardian ☐ Power of attorney				
Accentance	Sig	gnature		Date (month / day /			Phone				
Acceptance							「	Fax			
Agent's Use ONLY	Name and title (type or print)			Name of c	Name of company				PTIN		
USC ONLI				Of			office code				