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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, ending , 20					, 20		See separate instructions.			
Your first name	iddle initial	 name						Your social security number			nber			
PRATAP 1	N	Ι							791	04	9926			
	s first name and middle initial	me							Spouse's social security number					
PRIYANK		PATI	L							APP	LI	ED F	ı	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Ca	
285 PLA	TAT	ION STREET							923		Check h	nere if y	ou, or yo	our
		ce. If you have a foreign address, also co	mplete s	paces bel	ces below. State ZIF			ZIP c	IP code s			•	jointly, w	
WORCESTER					MA			016	01 00 1				nd. Checl	_
								Foreig				or refu	nd.	Spouse
Filing Status		Single					Head of h	ousah	old (HOI				<u>и</u>	Spouse
Filing Status	_	_	ne had i	ncome)			riead or ii	ousen	ola (i ioi	1)				
Check only		Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS)												
one box.	If v	ou 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												
		you 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 allifying person is a child but not your dependent:												
<u></u>														
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi											es X	No
Standard		neone can claim: You as a de					a dependent	, ,						
Deduction		Spouse itemizes on a separate retur	•		•		•							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp e	ouse	: Was bor	n befo	ore Janu	arv 2.	1959	☐ Is	s blind	
Dependent				Ī	Social security		(3) Relationsh	11					see instru	uctions):
If more		(1) First name Last name			number to you			Child tax c			edit	Credit fo	r other dep	pendents
than four														
dependents,	_													
see instruction and check	s —													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions) .						1a		109,7	737.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(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	е	Taxable dependent care benefits f	from For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruction	ions)					, .			1h			0.
instructions.	i	Nontaxable combat pay election (see instructions)												
	Z	Add lines 1a through 1h									1z		109,7	737.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a			b 0	ordinary divide	nds .			3b	4		
Name desired	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method,	check here	(see	instructions)			. 🗀				
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7			
jointly or	8	Additional income from Schedule 1, line 10									8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9		109,7	737.
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26												
household,	11	Subtract line 10 from line 9. This is	s your a c	djusted	gross inco	ne					11		109,7	737.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12		27 ,	700.
any box under Standard	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A				13			
Deduction,	14										14			700.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loc	e antar.	O Thic ic v		tavabla inaam	10			15	- 1	82 (A 3 7

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	9,403.		
Credits	17	Amount from Schedule 2, line 3									
	18	Add lines 16 and 17		18	9,403.						
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, line	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	9,403.		
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is y	our total tax					24	9,403.		
Payments	25	Federal income tax withheld	from:								
•	а	Form(s) W-2				25a 18	,415				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c						25d	18,415.		
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20)22 return			26			
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fron	n Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, 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. Th	nese are your to	tal payments				33	18,415.		
Refund	34	If line 33 is more than line 24						34	9,012.		
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	3 is attached, chec	k here	. 🗆	35a	9,012.		
Direct deposit?	b	Routing number 0 1 1	0 0 0 1	3 8	c Type:	Checking	Savings				
See instructions.	d	Account number 4 6 6	0 1 4 9	6 8 4	6 8						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see in	structions) .			38					
Third Party		you want to allow another	•								
Designee							•		⊠ No		
		esignee's me		Phone no.			onal iden ber (PIN)	tification			
Cian		ider penalties of perjury, I declare th	at I have examined		accompanying sche		, ,	the best	of my knowledge and		
Sign		lief, they are true, correct, and comp									
Here	Yo	Your signature			Date Your occupation				If the IRS sent you an Identity		
								IN, enter it here			
Joint return?					SOFTWARE D	SOFTWARE DEVELOPER					
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupation	on			e IRS sent your spouse an ntity Protection PIN, enter it here		
			HOME MAKER				(see inst.)				
	——Ph	one no. (508) 353-9268	2	Email address	PRATAP2100		<u> Т. </u>				
		eparer's name	Preparer's signat		11/11/11/21/21/2	Date	PTIN		Check if:		
Paid		4 PRIYA RAM SAGAR GUPTA TALLAM			GIIPTA TAT.T.AM	02/11/2024	P0208	32703	Self-employed		
Preparer								Phone no. (678) 965-9522			
Use Only									Firm's EIN 84-3171965		
	<u>'</u> -	1040 C		- 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 taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box):											
Before you begin • Don't submit th	: is form if you have, or are e	ligible to get, a	u.S. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN				
	ubmitting Form W-7. Readederal tax return with Fori										
_	alien required to get an ITIN to		-	•	`		,				
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											
d □ Dependent of U.S. citizen/resident alien ↑ If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶											
e ☑ Spouse of U.S. citizen/resident alien											
f Nonresident	alien student, professor, or re-	searcher filing a	U.S. federal tax re	eturn or claiming a	n exceptio	on					
g Dependent/s	spouse of a nonresident alien h	nolding a U.S. vis	sa								
h Other (see in											
Additional information	on for a and f : Enter treaty cour	ntry ►		and treaty ar							
Name	1a First name		Middle name		Last n						
(see instructions)	PRIYANKA		NAC-1-II		PAT						
Name at birth if different ▶	1b First name					t name					
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	285 PLANTATION STREET APT 923										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. WORCESTER MA USA 01604										
		WORCESTER MA USA									
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)											
Birth	4 Date of birth (month / day / y	rear) Country of	oirth City and state or province			(optional) 5 Male					
Information	02/12/1998	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 Other Date of entry into										
				the United States							
	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		IF	RSN		and				
	name under which it was	Last name									
	First name Middle name Last name 6g Name of college/university or company (see instructions)										
	City and state ► Length of stay ►										
Sign Here	about the first state of the best of the best of the kind belief, it is true, correct, and complete. I dutioned the first the kind belief, it is true, correct, and complete. I dutioned the first true, correct, and complete.										
Keep a copy for your records.	Signature of applicant (if	Phone number									
-	Name of delegate, if app	blicable (type or p	orint)	int) Delegate's relatio to applicant			Court-appointed guardian				
Acceptance	Signature		Date (month / day	/ year)	Phone						
Agent's	7			Fax							
Use ONLY	Name and title (type or p	Name of c	ompany	EIN	PTIN						
OGO VITEI	7		Office co	Office code							