<b>1040</b>		Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return		urn	20 <b>23</b> OMB No. 1545		0074 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				, 20 See ser			parate instructions.	
Your first name and middle initial										Your social security number			
VENU				VALETI								1772	
If joint return, spouse's first name and middle initial Last												security number	
VENKATA	NA LAKSHM	ETI						APP	T.T	ED F			
		er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign	
												ou, or your	
		ce. If you have a foreign address, also co	low.	Sta	te	ZIP o			jointly, want \$3				
PLANO			TX			750	24	, v		nd. Checking a not change			
Foreign country name				Foreign province/state/county					n postal code	your tax			
											2 Yo	ou 🗌 Spouse	
Filing Status	; [	Single					Head of h	ouseh	old (HOH)				
Check only		Married filing jointly (even if only o	ne had	income)									
one box.		Married filing separately (MFS)					Qualifying	surviv	/ing spouse	(QSS)			
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depe	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rece	aiva (as	a roward	d award or	navn	ment for prope	rtv or	services): or	(b) sell			
Assets		ange, or otherwise dispose of a digi						-			ΠYe	es 🛛 No	
Standard	-	eone can claim:  You as a de		·			a dependent						
Deduction	_	Spouse itemizes on a separate return			-								
Age/Blindness	S You:	Were born before January 2, 1	959 [	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2. 1959		s blind	
Dependents		•		(2) 5	Social security		(3) Relationsh	14	•		x if qualifies for (see instructions):		
• If more		(1) First name Last name			number to you				Child tax cree		Credit fo	or other dependents	
than four													
dependents,													
see instructions and check	5												
here 🗌													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	ctions)					. 1a		47,119.	
Attach Form(s)	b	Household employee wages not re	eported	l on Form	n(s) W-2	• •		• •		. 1b			
W-2 here. Also	<b>c</b> Tip income not reported on line 1a (see instructions)							. 1c					
attach Forms W-2G and	d		iver payments not reported on Form(s) W-2 (see instructions)					• •		. 1d			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 1e				
was withheld.	f	Employer-provided adoption bene		-			• •		. 1f	-			
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		. <u>1</u> g			
W-2, see		h Other earned income (see instructions)								. <u>1h</u>		0.	
instructions. i Nontaxable combat pay election (see instructions)							<b>1</b> i					17 110	
		Add lines 1a through 1h			· · · ·	· ·		• •		. 1z	-	47,119.	
Attach Sch. B if required.	2a	· · -	2a				axable interest			. 2b	-		
	<u>3a</u>		3a				ordinary divider				-		
Standard	4a		4a				axable amoun				-		
Deduction for—	5a		5a				axable amoun			. 5b . 6b	-		
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a	mothod			axable amoun	ι	 Г	. 00	·		
separately, \$13,850	7	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)							7				
<ul> <li>Married filing</li> </ul>	8								. 8				
jointly or Qualifying	9								. <u>o</u> . 9	+	47,119.		
surviving spouse, \$27,700	3 10									. <u> </u>			
<ul> <li>Head of household,</li> </ul>	11									. 11		47,119.	
\$20,800	12		-							. 12	-	27,700.	
<ul> <li>If you checked any box under</li> </ul>	13									. 13	-		
Standard Deduction,	14								. 14		27,700.		
see instructions.	<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>									19,419.			
					,								

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	1,943.		
Credits	17	Amount from Schedule 2, lin	17								
	18	Add lines 16 and 17						18	1,943.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1,943.		
	23	Other taxes, including self-e						23	0.		
	24	Add lines 22 and 23. This is						24	1,943.		
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	5,836.				
	b	Form(s) 1099				25b					
	с	Other forms (see instructions				25c					
	d	Add lines 25a through 25c	<i>,</i>					25d	6,836.		
If you have a	26	2023 estimated tax payment	ts 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 from Schedule 8812									
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .		·		30					
	31	Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	,	•	•			33	6,836.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							4,893.		
lioidiid	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							4,893.		
Direct deposit?	b	Routing number 1 1 1	Savings								
See instructions.	d	Account number 9 3 5									
	36	Amount of line 34 you want a									
Amount	37	Subtract line 33 from line 24									
You Owe	0.	For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see instructions)									
Third Party	Do	you want to allow another	,								
Designee							omplete b	elow.	🗙 No		
U	De	esignee's		Phone		Personal identification					
	na			no.			ber (PIN)				
Sign		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.									
Here		· · · ·				• •	, ,				
	YO	ur signature	Date	Your occupation	ur occupation If the IRS sent you Protection PIN, en						
Joint return?								nst.)	,		
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat			ne IRS sent your spouse an			
Keep a copy for your records.								ection PIN, enter it here			
your records.				HOME MAKE	(see i	nsi.)					
		one no. (917)213-306		Email address	VALETIRPA2	9060GMAIL.C					
Paid		eparer's name	Preparer's signat		_	Date	PTIN		Check if:		
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2024 P02082						Self-employed			
Use Only	Fir								678)965-9522		
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form <b>1040</b> (2023)		

REV 02/23/24 PRO

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

## Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		lais who are n ► See sepa			bermanen	t reside	nts.					
An IRS individual	taxpayer identification number	(ITIN) is for	U.S. feder	al tax p	urposes	only.			be (check one			
Before you begin		to mot a 110				•••		Apply for a new ITIN				
• Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).									-			
	ederal tax return with Form W-7								<b>c, a, e, t,</b> or	g, you		
	alien required to get an ITIN to claim t				Nooption	0000						
	alien filing a U.S. federal tax return	···· <b>,</b> ····										
c 🗌 U.S. residen	t alien (based on days present in the	United States	s) filing a U.S	S. federa	l tax retur	า						
d 🗌 Dependent o	of U.S. citizen/resident alien ] If d, e	nter relationshi	ip to U.S. cit	izen/resi	ident alien	(see ins	tructions) 🕨					
e 🛛 Spouse of U		r <b>e,</b> enter name U VALETI	and SSN/IT						ons) ► 73-44-17	72		
f 🗌 Nonresident	alien student, professor, or researche	r filing a U.S. fe	ederal tax re				ion					
	spouse of a nonresident alien holding a	-			-							
h 🗌 Other (see ir	,											
	on for a and f: Enter treaty country	Midd	lla nomo	and	treaty art							
Name	<b>1a</b> First name VENKATA DHANA LAKSH		liddle name Last									
(see instructions) Name at birth if	1b First name											
different ►												
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.											
Mailing	4669 PERTHSHIRE CT											
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. PLANO TX USA 75024											
<b>F</b> (	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, ar	nd country. Inc	lude postal	code wh	ere appro	oriate.						
				0.1			(					
Birth Information		NDIA		City an	d state or	province	e (optional)	5				
		Foreign tax I.E	), number (if	anv)	6c Type	of U.S. v	isa (if anv), n		Female	n date		
Other	INDIA								,			
Information	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.											
	USCIS documentation Other Date of entry into											
	the United States											
	Issued by: INDIA No.: W7833677 Exp. date: 11/28/2032 (MM/DD/YYYY):											
	<ul> <li>6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?</li> <li>X No/Don't know. Skip line 6f.</li> </ul>											
	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	name under which it was issued										
First name Middle name Last name									ast 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 Here	Under penalties of perjury, I (applicant) documentation and statements, and to information with my acceptance agent in c	the best of my	knowledge a	nd belief,	it is true,	correct,	and complete	e. I aut	thorize the IRS			
Keep a copy for your records.	Signature of applicant (if delegate, see instructions)				Date (month / day / year) Phone number							
	Name of delegate, if applicable		Delegate's relationship to applicant			Power o	Parent Court-appointed guardian Power of attorney					
Acceptance	Signature			Date (month / day /			Phone					
Agent's	Name and title (type or print)	Name of co	ame of company			Fax PTIN						
Use ONLY		Name of company			EIN Office of							

REV 02/23/24 PRO