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



1040		artment of the Treasury-Internal Revenue Servi		$ \mathbf{rn} = 20$	023	OMB No. 1545-	0074	IRS Use	Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jar	c. 31, 2023, or other tax year beginning		, 2023, ending , 20					See separate instructions.					
Your first name and middle initial Last na SIVAKUMAR KASI				 name INATHAN						Your social security number			
		s first name and middle initial	Last nan							Spouse's social security number			
INDHUMA'		NEELA	AMEGAM						APP	LI	ED F		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			А	pt. no.		Preside	ntial Ele	ection Car	mpaign
_1270, SI	PRUC	E POINT, #7										ou, or you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ate	ZIP co	ode		•	•	jointly, wa nd. Check	
SAINT PA			MN 5			551	FF100				not chang	_	
Foreign countr		F	Foreign province/state/county Foreign p				n postal c		your tax		ınd ັ	Spouse	
Filing Status Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name of	your spouse dent:			surviv or QS	ing spor	use (0 enter	the chi	ld's na	me if the	:
Digital Assets	exch	ny time during 2023, did you: (a) recenange, or otherwise dispose of a digi	ital asset	(or a financia	ıl interest i	n a digital asset					☐ Ye	es 🗵 N	No
Standard Deduction	_	neone can claim:	•			a dependent							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was borr						s blind	
Dependent	s (see	instructions):		(2) Social s		(3) Relationship	p (4						
If more	(1) F	(1) First name Last name		number to yo				Child t	ax cre	dit	Credit fo	or other dep	endents
than four									<u> </u>			Щ_	
dependents, see instruction	s								<u> </u>			ᆜ	
and check here [1 —												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions)					<u> </u>	1a		41,6	09.
IIICOIII C	b	Household employee wages not re	,	,						1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	·	•	•						1d			
W-2G and	W-2G and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26								1e				
1099-R if tax was withheld.							1f						
If you did not							1g						
get a Form	b h	Other earned income (see instructi	ions) .							1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
inotractione.	z	Add lines 1a through 1h		.0						1z		41,6	509.
Attach Sch. B	<u>-</u> _	1	2a		b 1	 Taxable interest	•			2b			
if required.	3a		3a			Ordinary dividen				3b			
			4a			Faxable amount				4b			
Standard	5a		5a			Taxable amount				5b			
Deduction for— Single or	6a		6a		_	Taxable amount				6b			
Married filing	C	If you elect to use the lump-sum e		ethod, check					ÌГ				
separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If					` <u> </u>					7			
Married filing				1, line 10					. –	8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		41,6	509.
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26								10			
Head of household,	11	Subtract line 10 from line 9. This is								11		41,6	509
\$20,800	12	Standard deduction or itemized	•	-						12		27,7	
If you checked any box under	13								13				
Standard Deduction,	14									14		27,7	700
see instructions.	15	Subtract line 14 from line 11. If zer								15		13 0	

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	з 🗌		16	1,393.	
Credits	17							17		
	18	Add lines 16 and 17					[18	1,393.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	,	
	20	Amount from Schedule 3, lin	•				[20		
	21	Add lines 19 and 20					[21		
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0			[22	1,393.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[23	0.	
	24	Add lines 22 and 23. This is			•		[24	1,393.	
Payments	25	Federal income tax withheld							,	
	а	Form(s) W-2				25a 6	,537.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c						25d	6 , 537.	
If you have a	26	2023 estimated tax paymen	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	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	-				[33	6,537.	
Refund	34	If line 33 is more than line 24						34	5,144.	
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	k here	. 🗆 🛚	35a	5,144.	
Direct deposit?	b	Routing number 0 7 1					Savings			
See instructions.	d	Account number 3 7 4			3 8 "					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?					
Designee		structions					mplete be		⊠ No	
	De nai	signee's me		Phone no.			nal identific er (PIN)	ation		
Sign		der penalties of perjury, I declare to	hat I have examine		accompanying sche		` '	best	of my knowledge and	
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know									
пеге	Yo	ur signature	Date	Your occupation	If the IF	RS se	nt you an Identity			
						I	rotection PIN, enter it here ee inst.)			
Joint return? See instructions.				IT						
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation			f the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.					HOME MAKER				(see inst.)	
	Ph	one no. (763) 485-631	Email address	SIVA.ICG@G						
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/06/2024	P020827	703	Self-employed	
Preparer									(678) 965-9522	
Use Only								m's EIN 84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late			BAA	REV 01/27/24 PRO	'		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.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

An IRS individual	l taxpayer identification ı	number (ITIN) i	s for U.S. feder	al tax purposes	only.		ion type (check one box):				
Before you begin • Don't submit th	i: is form if you have, or are	eligible to get, a	a U.S. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN				
	ubmitting Form W-7. Rea										
a Nonresident	alien required to get an ITIN	to claim tax treaty	/ benefit	-			•				
	alien filing a U.S. federal tax	-	•								
	nt alien (based on days pres e		States) filing a U.	S. federal tax retur	n						
	of U.S. citizen/resident alien					ructions) ►					
·			•		•	ŕ					
e 🛛 Spouse of U	J.S. citizen/resident alien		name and SSN/I7 R KASINATHA	TIN of U.S. citizen/		lien (see in					
f Nonresident	t alien student, professor, or r	esearcher filing a	U.S. federal tax re								
g Dependent/s	spouse of a nonresident alien	holding a U.S. vis	sa								
h Other (see in	nstructions) 🕨										
Additional information	on for a and f : Enter treaty co	untry ►		and treaty an	icle numb	oer 🕨					
Name	1a First name		Middle name			Last name					
(see instructions)	INDHUMATHI		NEE	NEELAMEGAM							
Name at birth if different ▶	1b First name		Middle name		Last na						
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.										
Mailing	1270, SPRUCE POINT, #7										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate. SAINT PAUL MN USA 55123										
		SAINT PAUL MN 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 /	· · · ·	birth	City and state or	province	(optional)	5 Male				
Information	05/05/1993	INDIA				▼ Female					
Other Information	6a Country(ies) of citizenshi INDIAN	ip 6b Foreign	tax I.D. number (i	fany) 6c Type	of U.S. vis	sa (if any), n	umber, and expiration date				
	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 No.: W6680638 Exp. date: 10/25/2032 (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 🕨						
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompa documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to										
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number										
your rootius.	Name of delegate, if ap	oplicable (type or p	orint)	t) Delegate's relation to applicant			Court-appointed guardian				
	Signature		Date (month / day		/ year)	Phone					
Acceptance					, , F.	Fax					
Agent's	Name and title (type or	Name of c	ompany	EIN		PTIN					
Use ONLY				_			1				
	Office coo					<u>uc</u>					