1040		Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return		urn	20 23 OMB No. 1545-		-0074 IRS Use Only		v—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 instru			nstructions.	
Your first name and middle initial Last na										Your social security number			
	MANOJ KUMAR CH.				HAPALA							9879	
If joint return, spouse's first name and middle initial Last na											· · ·	security number	
NARMADA		ΓA						APP	Т.Т	ED F			
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign	
											ou, or your		
City, town, or post office. If you have a foreign address, also complete spaces below. State							te	ZIP c	-			jointly, want \$3	
FARMINGI	ON				MI			483	35	, v		nd. Checking a not change	
Foreign country name				Foreign pr	rovince/state/o	count	county F		n postal code	your tax			
											Yo	u Spouse	
Filing Status	; [Single					Head of he	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 sp	pouse. If you	ı che	ecked the HOF	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) rec	eive (as	a reward	d. award. or	pavr	nent for prope	rtv or	services): or	(b) sell.			
Assets		ange, or otherwise dispose of a dig				-		-			🗌 Ye	es 🛛 No	
Standard	Som	eone can claim: 🗌 You as a de	pender	ıt 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	l						
Age/Blindness	S You:	Were born before January 2, 1	959 [Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 ls	s blind	
Dependents	s (see	instructions):		(2) S	Social security		(3) Relationsh	ip (4) Check the b	ox if quali	ox if qualifies for (see instructions):		
If more	(1) Fi	(1) First name Last name		number to yo			to you		Child tax c	redit	Credit fo	r other dependents	
than four													
dependents, see instructions	s ——											_ <u> </u>	
and check												<u> </u>	
here			. ,	I	、								
Income	1a	Total amount from Form(s) W-2, b			,					. <u>1a</u>		86,024.	
Attach Form(s)	b	Household employee wages not re	•		. ,					. 1b			
W-2 here. Also attach Forms	с с	Tip income not reported on line 1a (see instructions)							. <u>1c</u> . 1d				
W-2G and	d e								. 1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene		,				• •		. 1f			
If you did not	a	Wages from Form 8919, line 6 .			-			• •		. 1g			
get a Form	9 h	Other earned income (see instruct				•		• •		· · · · · · · · · · · · · · · · · · ·		0.	
W-2, see instructions.	i Nontaxable combat pay election (see instructions)												
	z									. 1z		86,024.	
Attach Sch. B	2a	ũ l	2a			bТ	axable interest			. 2b		i	
if required.	3a	· ·	3a				ordinary divider				-		
	4a	IRA distributions	4a				axable amoun						
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun			. 5b			
Single or	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b			
Married filing separately,	с	If you elect to use the lump-sum e	lection	method,	check here (see	instructions)		[
\$13,850	7	 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 8 Additional income from Schedule 1, line 10 							7				
 Married filing jointly or 	8								. 8				
Qualifying surviving spouse,	9								. 9		86,024.		
\$27,700	10									. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incon	ne				. 11		86,024.	
\$20,800 If you checked r	12	2 Standard deduction or itemized deductions (from Schedule A)								. 12		27,700.	
any box under Standard	13	13 Qualified business income deduction from Form 8995 or Form 8995-A								. 13			
Deduction,	14	14 Add lines 12 and 13							. 14		27,700.		
see instructions.	15	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							. 15		58,324.		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	6,559.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	6,559.
	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	6,559.
	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	6,559.
Payments	25	Federal income tax withheld							
· · · , · · · · · · · ·	а	Form(s) W-2				25a	11,1	186.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	11,186.
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 Schedule 8812							
	29	American opportunity credit from Form 8863, line 8							
	30	Reserved for future use .		,		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T							11,186.
Refund	34	If line 33 is more than line 24	34	4,627.					
norana	35a	Amount of line 34 you want	. 35a	4,627.					
Direct deposit?	b	Routing number 0 2 1	vings						
See instructions.	d	Account number 3 8 1							
	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				s		37	
	38	Estimated tax penalty (see instructions)							
Third Party		you want to allow another							
Designee		structions	•				Yes. Com	plete below.	🗙 No
	De	esignee's		Phone			al identification		
	nai			no.			number		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Declaration	I I I I I I I I I I I I I I I I I I I	ı				
	Yo	ur signature	Date	Your occupation			ent you an Identity PIN, enter it here		
Joint return?								(see inst.)	in, enter it here
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	ation			he IRS sent your spouse an	
Keep a copy for	-1-	,,,,,,			Identity Prot	tection PIN, enter it here			
your records.				HOME MAKE	ER	(see inst.)			
	Ph	one no. (361) 720-533	5	Email address	MANOJ.CHA	PALA@GM	MAIL.COM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	P	νΤΙΝ	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLA	м 02/23	3/2024 P	02082703	Self-employed
Use Only	Fir	irm's name GLOBAL TAXES LLC Phon							(678)965-9522
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/2	16/24 PRO		Form 1040 (2023)

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

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See sep	arate instruc		bermanen	reside	ints.			
An IRS individual	l taxpayer identification nur	nber (ITIN) is fo	r U.S. feder	al tax p	urposes	only.			oe (check one k	cox):
Before you begin • Don't submit the	:: is form if you have, or are elig	uble to get a LLS	S social sec	urity nu	mher (SS	۲N)	Apply for a new ITIN			N
Reason you're su	ubmitting Form W-7. Read t ederal tax return with Form	he instructions for	or the box y	ou chec	k. Cauti	on: If yo	ou check be	ox b,		
	alien required to get an ITIN to c	-			хсериоі	13 (300 1		<i>.</i>		
	alien filing a U.S. federal tax retu									
	nt alien (based on days present		es) filing a U.	S. federa	I tax retur	n				
d 🗌 Dependent d	of U.S. citizen/resident alien	f d, enter relations	hip to U.S. cit	izen/resi	dent alien	(see inst	tructions) 🕨			
e 🛛 Spouse of U		f d or e, enter nam MANOJ KUMAF					alien (see ins	1	ons)► 52-53-9879	9
	t alien student, professor, or rese	•	federal tax re							
	spouse of a nonresident alien hol	ding a U.S. visa								
h Other (see in	·									
	on for a and f : Enter treaty countr 1a First name		Idle name	and treaty article numb						
Name (see instructions)	NARMADA	-					АТТА			
Name at birth if different ►	1b First name	Mid	Idle name			Last r	name			
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 36812 BLANCHARD BLVD Apt 102									
Mailing	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
Address	FARMINGTON MI USA 48335									
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, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / yea 05/04/1996	1	City and state or province (optional) 5 Male							
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I	I.D. number (if	any)	6c Type	of U.S. v	isa (if any), ni	umber	, and expiration	date
mormation	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.: S5488390 Exp. date: 05/16/2028 (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).									
	off 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 accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.									
Keep a copy for your records.	Signature of applicant (if d	Date (month / day / year) Phone number								
-	Name of delegate, if applicable (type or print)			Delegate's relationship to applicant				Court-appointed guardian		
Acceptance	Signature						Phone Fax			
Agent's	Name and title (type or priv	nt)	Name of co	ompany		EIN	ιαλ	νTIN		
Use ONLY						e code				

REV 02/16/24 PRO