1040	-	artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	write or sta	aple in ti	his space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, ending ,				, 20 See separate instructions.			ctions.		
Your first name	iddle initial	name					Your se	Your social security number					
PRANEETH		PPIDI						71					
-		s first name and middle initial	Last r						-	-		ity number	
HIMAVARSHA PAKALA										APP	LI	ЕD	۔ F
	er and street). If you have a P.O. box, see					A	Apt. no.			•	Campaign		
										here if y			
	ce. If you have a foreign address, also co	spaces below. State			ZIP c					, want \$3			
FRISCO				TX			ζ	750	35		o this fui low will		ecking a
Foreign country	/ name		Foreign province/state/c		county					x or refu		unge	
									Yc	w [Spouse		
Filing Status	; [Single		<u>.</u>			Head of h	ouseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne hac	l income)									
one box.		Married filing separately (MFS)								(QSS)			
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if f	the
	qu	alifying person is a child but not you	ur depe	endent:									
Digital	Δtar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d award or	navn	ment for prope	rtv or	services): o	r (h) sell			
Digital Assets		ange, or otherwise dispose of a digi						-			∐ Ye	es 🛛	No
Standard		eone can claim: You as a de		· · ·			a dependent	, (,			
Deduction		Spouse itemizes on a separate retur	•		-		-						
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 blinc	ł
Dependent	s (see	instructions):		(2) 5	Social security		(3) Relationsh	_{ip} (4) Check the I	oox if qua	if qualifies for (see instructions):		
If more	(1) F	(1) First name Last name			number to you				Child tax credit		Credit fo	r other	dependents
than four													
dependents, see instructions	s ——												
and check	- 												
here											L		
Income	1a	Total amount from Form(s) W-2, be	`		,	•		• •		. 18		91	,695.
Attach Form(s)	b)		
W-2 here. Also	C										>		
attach Forms W-2G and	d								. 10				
1099-R if tax	e	Taxable dependent care benefits f							. 10				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								. 1	-		
lf you did not get a Form	g	Wages from Form 8919, line 6 . <td< td=""><td>. 10</td><td></td><td></td><td>0.</td></td<>							. 10			0.	
W-2, see	h	Other earned income (see instructions)									ו		
instructions.	i											91	,695.
Attack Oak D	z 2a	Add lines 1a through 1h	2a	• • •	· · · ·	ь т	axable interest						,050.
Attach Sch. B if required.	za 3a	· · –	2a 3a				Ordinary divide						
	<u>4a</u>		3a 4a				axable amoun				-		
Standard	ча 5а		4a 5a				axable amoun			. 5			
 Deduction for – Single or 	5a 6a		5a 6a				axable amoun			. 6	-		
Married filing	c	If you elect to use the lump-sum election method, check here (see instructions)								-			
separately, \$13,850	7	•											
 Married filing jointly or 	8												
Qualifying	9	Additional income from obligation of the row								. 9		91	,695.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-	-					. 10			<u>,</u>
 Head of household, 	11	Subtract line 10 from line 9. This is								. 1		91	,695.
\$20,800	12	Standard deduction or itemized							. 12			,700.	
 If you checked any box under Standard Qualified business income deduction from Form 8995 or Form 8995-A Add lines 12 and 13 										. 10			<u>,</u>
							. 14		27	,700.			
see instructions.	15											,995.	

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 4	972 3			16	7,237.	
Credits	17	Amount from Schedule 2, line	e3						17		
	18	Add lines 16 and 17							18	7,237.	
	19	Child tax credit or credit for	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	7,237.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21				23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	7,237.	
Payments	25	Federal income tax withheld	from:								
2	а	Form(s) W-2				. 2	25a 13	3,379.			
	b	Form(s) 1099				. 2	25b				
	с	Other forms (see instructions	3)			. 2	25c				
	d	Add lines 25a through 25c				–			25d	13,379.	
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return .				26		
qualifying child,	27	Earned income credit (EIC)				1	27				
attach Sch. EIC.	28	Additional child tax credit from					28				
	29	American opportunity credit	from Form 8863	B, line 8			29		-		
	30	Reserved for future use .					30				
	31	Amount from Schedule 3, lin	e15				31		-		
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments an	d refund	able credits		32		
	33	Add lines 25d, 26, and 32. Th	-						33	13,379.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								6,142.	
	35a	Amount of line 34 you want	35a	6,142.							
Direct deposit?	b	Routing number 0 6 3	Savings								
See instructions.	d	Account number 8 9 8									
	36	Amount of line 34 you want a		2024 estimate	ed tax		36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe							
You Owe	•	For details on how to pay, go	37								
	38	Estimated tax penalty (see instructions)									
Third Party	Do	you want to allow another					ee '				
Designee		structions	•					omplete	below.	× No	
U		signee's		Phone				onal ident	ification		
	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				1					nt you an Identity		
	YO	ur signature	Date	Your occupa	ation			PIN, enter it here			
Joint return?								(see	e inst.)		
See instructions.	Sp	ouse's signature. If a joint return, b	Date	Spouse's or	ccupation				nt your spouse an		
Keep a copy for your records.				1-					ection PIN, enter it here		
your rooordo.				HOME M			,	e inst.)	-		
		one no. (940)205-2999		Email address	PRANEET		DI@GMAIL.C			Ob a shaft	
Paid		parer's name	Preparer's signat				Date	PTIN		Check if:	
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/03/2024 P02082							Self-employed		
Use Only	Fir								ne no.	(678)965-9522	
	Fir	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816			Firm	n's EIN	84-3171965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	RI	EV 02/23/24 PRO			Form 1040 (2023)	

BAA

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

Application for IRS Individual Taxpayer Identification Number

(Rev. August 2019)	N Francisco Instantiat							01010 100. 1040-0074			
Department of the Treasu Internal Revenue Service		duais who are n ► See sepa			ermanen	t resider	115.				
	taxpayer identification number	•			urposes	onlv.	Applicatio	n type (check one box):			
Before you begin:			0.0. 10001		arposes	onny.		ly for a new ITIN			
	is form if you have, or are eligible	e to get, a U.S.	social sec	urity nur	mber (SS	N).		ew an existing ITIN			
•	Ibmitting Form W-7. Read the										
	ederal tax return with Form W-	-		of the ex	xception	is (see ii	nstructions).				
	alien required to get an ITIN to clair	n tax treaty bene	efit								
	alien filing a U.S. federal tax return										
	t alien (based on days present in t										
d 📋 Dependent o	of U.S. citizen/resident alien If d,	, enter relationsh	ip to U.S. cit	izen/resi	dent alien	(see inst	ructions)				
e 🛛 Spouse of U		or e, enter name RANEETH REI			6. citizen/r	resident a	alien (see inst	ructions) ► 690-71-5873			
f 🗌 Nonresident	alien student, professor, or research				laimina ar	ovconti		090 /1 00/5			
_	spouse of a nonresident alien holdin	-			iairiiriy ai	Гехсери	JII				
h Other (see in	structions)	-									
	n for a and f : Enter treaty country			and	treaty art	icle numl	her 🕨				
Name							and treaty article number ► Last name				
(see instructions)	HIMAVARSHA					PAK	ALA				
Name at birth if	1b First name	Midd	/iddle name			Last r	ame				
different ►											
Applicant's	2 Street address, apartment num	ber, or rural rout	e number. If	you hav	e a P.O. I	oox, see	separate ins	tructions.			
Applicant's Mailing	9600 GAYLORD PARKWAY APT 3215										
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
Audress								75035			
Foreign (non-	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
U.S.) Address											
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.										
Birth		Country of birth		City and	d state or	province	(optional) 5	Male			
Information	09/19/1994	INDIA						🗙 Female			
Other	6a Country(ies) of citizenship 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date INDIA INDIA INDIA INDIA INDIA							nber, and expiration date			
Information	6d Identification document(s) submitted (see instructions)										
	Date of entry into the United States										
	Issued by: INDIA No	YY):									
-	Issued by: INDIA No.: M8837381 Exp. date: 05/12/2025 (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 ar										
	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 (applica documentation and statements, and t information with my acceptance agent in	o the best of my	knowledge a	nd belief,	it is true,	correct, a	and complete.	I authorize the IRS to share			
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number						er				
your rooords.	Name of delegate, if applicabl	le (type or print)		to applicant				Court-appointed guardian			
	Signature			Date (month / day / year			Power of attorney Phone				
Acceptance	oignaturo		Date (month / day /		your	Fax					
Agent's	Name and title (type or print)		Name of co	Name of company			1 dλ	PTIN			
Use ONLY			manie of company			EIN Office c					
1	,					0.0000					

REV 02/23/24 PRO