E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545-0	0074	IRS Use (Only—I	Do not w	rite or sta	aple in th	nis space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					5	See separate instructions.			
Your first name and middle initial Last na					name					···	Your social security number			
VENKATA SURESH KUMAR PAPO												30	-	
If joint return, spouse's first name and middle initial Last na														ity number
											-	LI		-
JHANS I SIDD Home address (number and street). If you have a P.O. box, see instruction								Α	pt. no.					 Campaign
	`	ER ROAD, F6112							p	t		nere if y		
		ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	ite	ZIP co	de	s	spouse	if filing	jointly,	, want \$3
					'				to			to go to this fund. Checking a box below will not change		
ALLEN Foreign country name					Foreign province/state/county				n postal co			ow will cor refu		ange
	,			J F			,				- Cu. 100	Y	_	Spouse
Filing Status		Single					Head of ho	usaha	NY (HUH	١				
Filing Status		•	na had i	ncome)			riead of fio	useni)				
Check only		larried filing jointly (even if only one had income)												
one box.	lf v	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)										mo if t	tho	
		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 ualifying person is a child but not your dependent:												
		amying person to a orma bat flot you	и чорог											
Digital		ny time during 2023, did you: (a) rec	•					•		,	,		_	
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fi	nancial intere	est ir	n a digital asset)? (Se	e instruc	tions	5.)	Y€	es [X No
Standard		neone can claim: 🗌 You as a de	ependent	t 🗌	Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien	l							
Age/Rlindnes	s You	: Were born before January 2, 1	959 [Are b	lind Spo	IIISA	: Was born	hefo	re .lanua	rv 2	1959		s blind	1
			000 _	Ī				14						structions):
•		s (see instructions): (1) First name Last name			(2) Social security number (3) Relationship to you			יין כ	Child tax credit					dependents
If more than four	(1)													
dependents,								+		 			+	
see instruction	s									<u></u> 1			믐	
and check here	1									<u></u> 1			믐	
-	10	Total amount from Form(s) W-2, b	ov 1 /oo	o inetru	ations)						1a		16	,321.
Income	1a	, , ,	,		,	•				•				, 321.
Attach Form(s)	b	3							•	1b				
W-2 here. Also attach Forms	C	Tip income not reported on line 1a (see instructions)						•	1c					
W-2G and	d		,						•	1d				
1099-R if tax	e	Taxable dependent care benefits t							•	1e				
was withheld. If you did not	f		n Form 8839, line 29						•	1f				
get a Form	g	Wages from Form 8919, line 6						•	1g			0.		
W-2, see	h :	Other earned income (see instructions)							1h			<u> </u>		
instructions.	i											16	,321.	
Attach Sch. B if required.	<u>z</u>	Add lines 1a through 1h	20		· · · ·		axable interest			•	1z			, , , , , ,
	2a	' -	2a								2b			
	3a		3a				Ordinary dividend				3b			
Standard	4a		4a				axable amount				4b	_		
Deduction for—	5a	_	5a				axable amount				5b			
Single or Married filing	6a	•	6a				axable amount				6b			
separately, \$13,850	C 7	If you elect to use the lump-sum election method, check here (see instructions)								-				
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. Ш	7				
jointly or Qualifying	8	Additional income from Schedule 1, line 10							•	8		1 0	201	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		Тр	, 321.	
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26								•	10			
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income							11			,321.		
If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12		<u>27</u>	<u>,</u> 700.		
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							13					
Deduction, see instructions.	14	Add lines 12 and 13						14	_	27	<u>,700.</u>			
JOO HIBLIUOLIONS.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter	-U This is yo	our 1	taxable income	• .			15			0.

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		1	6	0.	
Credits	17										
	18	Add lines 16 and 17								0.	
	19	Child tax credit or credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, line 8									
	21	Add lines 19 and 20									
	22	Subtract line 21 from line 18. If zero or less, enter -0								0.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21								0.	
	24	Add lines 22 and 23. This is	your total tax					2	4	0.	
Payments	25	Federal income tax withheld	from:								
,	а	Form(s) W-2	767.								
	b	Form(s) 1099									
	С	Other forms (see instructions)									
	d	Add lines 25a through 25c	·					25	5d	1,767.	
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return			2	6		
qualifying child,	27	Earned income credit (EIC)									
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									
	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	•	•	-			3	3	1,767.	
Refund	34	If line 33 is more than line 24							4	1,767.	
········	35a	Amount of line 34 you want				•	-	. 🗆 35	5a	1,767.	
Direct deposit?	b	Routing number 1 1 1				K Check		avings			
See instructions.	d	Account number 9 5 8 2 1 8 9 3 2									
	36	Amount of line 34 you want a			ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the amount you owe .									
You Owe	00	For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38										
Third Party Designee		you want to allow another structions	•				□Vaa Car	nnlata hala		X No	
		structions								∧ NO	
		ame no. rumber (PIN)							OH		
Sign	Un	der penalties of perjury, I declare th	nat I have examine	d this return and	accompanying sch	nedules ar	d statements.	and to the b	est of	my knowledge and	
Here			f preparer (other than taxpayer) is based on all information of v Date Your occupation					hich preparer has any knowledge. f the IRS sent you an Identity			
	10	ur signature	Date	SOFTWARE EMPLOYEE				Protection PIN, enter it here			
Joint return? See instructions.		and the state of t	Data	(see inst.)	(see inst.) If the IRS sent your spouse an						
Keep a copy for	Sp	ouse's signature. If a joint return, I	Date		dentity Protection PIN, enter it here						
your records.			HOME MAKE	HOME MAKER (see				,			
	Ph	one no. (346) 637-986	7	Email address	SURESH.PAR	POLUGG	MAIL.COM	_			
	_	eparer's name	Preparer's signat	ure		Date		PTIN	\Box	Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY.	A RAM SAC	SAR GUPTA	03/2	23/2024 E	20208270	13	Self-employed	
Preparer		Firm's name GLOBAL TAXES LLC Phone								578) 965-9522	
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's									
Go to www.irs.aa		n1040 for instructions and the late			BAA	REV/ 03	/07/24 PRO			Form 1040 (2023)	
9										- ()	

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

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

Application type (check one box):

Apply for a new ITIN Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **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 If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ VENKATA SURESH KUMAR PAPOLU f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Middle name Last name Name JHANSI SIDDA (see instructions) Middle name 1b First name Last name Name at birth if different . . > 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 1300 N CUSTER ROAD, F6112 Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75013 ALLEN USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) **Birth** Male 06/26/1991 Information TNDTA X Female 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 Other TNDTA Information X Passport Driver's license/State I.D. **6d** Identification document(s) submitted (see instructions) USCIS documentation Other Date of entry into the United States Exp. date: 05/11/2032 (MM/DD/YYYY): Issued by: INDIA No.: W0592199 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 ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign 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. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Signature Date (month / day / year) Phone **Acceptance** Fax Agent's Name and title (type or print) Name of company PTIN **Use ONLY** Office code