1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y−Do not w	vrite or sta	aple in this space.	
For the year Jan	a. 31, 2023, or other tax year beginning		, 2023, ending , 20					See separate instructions.					
Your first name	Your first name and middle initial Last name							Your so	cial sec	curity number			
PRAVEEN	EN KUMAR REDDY PALLE						319	91	1115				
		s first name and middle initial	Last r									security number	
VENKATA	SOW	ΤΑΝΥΆ	СНА	PPIDI						APP	T.T	ED F	
		er and street). If you have a P.O. box, see						A	pt. no.				
17005 RI	VER	RACE DR										ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3	
HUNTERSV						NC	2	280	78	1 0		nd. Checking a not change	
						your tax or refund.							
											Yo	ou 🗌 Spouse	
Filing Status] Single					Head of h	ouseh	old (HOH)	1			
-] Married filing jointly (even if only or	ne had	l income)					. ,				
Check only one box.] Married filing separately (MFS)		,			Qualifying	surviv	ving spouse	(QSS)			
	lf y	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:											
<u></u>	A +												
Digital Assets		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi									ΠYe	es 🛛 No	
		eone can claim: You as a de		·			a dependent	.0: (00		113.)			
Standard Deduction	_	Spouse itemizes on a separate return	•		•		•						
		· _ ·		_			_			0 1050			
Dependents		Were born before January 2, 1	909	Are bl				14	ore January			s blind (see instructions):	
•		irst name Last name		(2) 8	Social security number		(3) Relationsh to you	ip (Child tax c			or other dependents	
lf more than four	<u> </u>	PARTHIV REDDY PALLE			978-71-2112 Son							X	
dependents,	FAI				576 71 2112 5011								
see instructions	s ——												
and check here													
	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	tions)		I			. 1a		62,608.	
Income	b	Household employee wages not re			,								
Attach Form(s) W-2 here. Also	c										-		
attach Forms	d												
W-2G and	e	Taxable dependent care benefits f							. 1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene							. 1f	-			
If you did not	g									. 19	-		
get a Form	h	Other earned income (see instructions)								. 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)											
		z Add lines 1a through 1h										62,608.	
Attach Sch. B	2a	Ŭ I	2a			bТ	axable interest	t .		. 2b	-		
if required.	3a	· · -	3a				Ordinary divide			. 3b	-		
	4a	-	4a				axable amoun			. 4b	-		
Standard	5a		5a				axable amoun			. 5b	-		
• Single or	6a	-	6a				axable amoun			. 6b	,		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$13,850	7	Capital gain or (loss). Attach Sched				•	,		[7			
 Married filing jointly or 	8	Additional income from Schedule								. 8	1		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		62,608.	
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		62,608.	
\$20,800	12		•	-	-					. 12	-	27,700.	
 If you checked any box under 								. 13	_	,			
Standard Deduction,	10 Equalment business medine deduction norm costs of rollinesso A							27,700.					
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is v	our	taxable incom	ie .		. 15		34,908.	
			-		,						· · · ·	· · · · · · ·	

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	3,751.			
Credits	17	Amount from Schedule 2, lin	17									
	18	Add lines 16 and 17	[18	3,751.							
	19	Child tax credit or credit for	[19	500.							
	20	Amount from Schedule 3, lin	ie8					20	185.			
	21	Add lines 19 and 20						21	685.			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	3,066.			
	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							3,066.			
Payments	25	Federal income tax withheld	from:									
-	а	Form(s) W-2				25a 6	,474.					
	b	Form(s) 1099				25b						
	с	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c						25d	6,474.			
If you have a	26	2023 estimated tax payment	[26								
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27						
	28	28 Additional child tax credit from Schedule 8812 . . . 28										
	29	American opportunity credit	from Form 8863	8, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin	ie 15			31						
	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	hese are your to	tal payments				33	6,474.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							3,408.			
	35a	Amount of line 34 you want	. 🗆 🛓	35a	3,408.							
Direct deposit?	b	Routing number 1 1 1				Checking	Savings					
See instructions.	d	Account number 4 8 8										
	36	Amount of line 34 you want applied to your 2024 estimated tax 36										
Amount	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions										
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions										
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?				_			
Designee	ins	instructions							X No			
	De nai	signee's ne	Phone no.			onal identifica per (PIN)	ation					
Cian		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	hest	of my knowledge and			
Sign	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which											
Here	Yo	ur signature	Date	Your occupation	If the IF	RS ser	nt you an Identity					
		0					otection PIN, enter it here					
Joint return?				Date	SOFIWARE ENGINEER			st.)				
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupat			nt your spouse an ection PIN, enter it here				
your records.					HOME MAKE	(see ins		scholl Fill, enter it here				
	Ph	one no. (346)467-579	٥	Email address		.REDDY@GMAIL.CC)M					
		eparer's name	9 Preparer's signat	1	I KAY DONFADDO	Date	PTIN		Check if:			
Paid							P020827	102	Self-employed			
Preparer									678)965-9522			
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							84-3171965			
Go to www.irs.cr		1040 for instructions and the late		TIONITON IN			1 1 11 1 1 1	_11 N	Form 1040 (2023)			
GO 10 W WW.IIS.90		in the instructions and the late	schiomation.		BAA	REV 03/07/24 PRO			10m 10-TU (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			parate instruc		ermanen	t residei	nts.			
An IRS individual	taxpayer identification num	ber (ITIN) is fo	r U.S. feder	al tax p	urposes	only.	Application	type (check one box):		
Before you begin: Image: 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). Image: Renew an existing ITIN								-		
		-		-		-				
must file a U.S. fe	ubmitting Form W-7. Read th ederal tax return with Form V	N-7 unless you	u meet one							
_	alien required to get an ITIN to cl		nefit							
	alien filing a U.S. federal tax retu at alien (based on days present i		es) filing a LL	S fodoral	tax rotur	2				
	of U.S. citizen/resident alien		-				tructions) \blacktriangleright	SON		
e 🗌 Spouse of L		d or e, enter nan PRAVEEN KUN				esident a	alien (see insti	uctions) ► 319-91-1115		
f 🗌 Nonresident	alien student, professor, or resea	rcher filing a U.S.	. federal tax re	eturn or cl	aiming ar	n excepti	on			
	spouse of a nonresident alien hold	ding a U.S. visa								
h 🗌 Other (see in										
	on for a and f : Enter treaty country 1a First name		ddle name	and	treaty art	Last r				
Name (see instructions)	PARTHIV REDDY	Wite								
Name at birth if different	1b First name	Mic	ddle name			Last r				
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 17005 RIVER RACE DR									
Address	City or town, state or provinc HUNTERSVILLE	nclude ZIP co	de or pos	tal code v NC	where ap 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)	City or town, state or provinc									
Birth Information	4 Date of birth (month / day / year 04 / 09 / 2017) Country of birth INDIA	1	City and	l state or	province	(optional) 5	X Male		
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax	I.D. number (i	f any)	6с Туре Н4	of U.S. vi	sa (if any), nun R301894	hber, and expiration date009/30/2025		
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.									
	USCIS documentation									
	Issued by: INDIA No.: W4283757 Exp. date: 08/25/2027 (MM/DD/YYYY): 05/26/20									
	Issued by: INDIA No.: W4283757 Exp. date: 08/25/2027 (MM/DD/YYYY): 05/26/2023 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 ►			SN	and					
	name under which it was iss				SN					
	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 accompanyir documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to shall 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 de	Date (month / day / year) Pho			Phone numb	er				
,	Name of delegate, if application	Name of delegate, if applicable (type or print)			Delegate's relationship to applicant			 Parent Court-appointed guardian Power of attorney 		
Acceptance	Signature			Date (mo	onth / day /	' year)	Phone Fax	-		
Agent's Use ONLY	Name and title (type or prin	t)	Name of c	ompany		EIN		PTIN		

7

REV 03/07/24 PRO

Office code