E <b>1040</b> Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Retu			turn	202	3	<b>3</b> OMB No. 1545-0074		IRS Use Only-Do no		vrite or sta	ple in th	nis space.		
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending				, 20 See separate instructions				ctions.	
Your first name and middle initial Last n										Your so	Your social security number			
AMARENDER REDDY BYR										706	50	310	)3	
	s first name and middle initial	ame									ity number			
VIJAYA I	I	EDDY						APP	LI	ED	F			
		er and street). If you have a P.O. box, see						A	pt. no.				Campaign	
6900 PAF	KRTI	DGE BLVD						2	00		nere if y			
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co			0.	, ,,	want \$3	
IRVING					TX			750	63	to go to box bel			ecking a	
Foreign country name			Foreign p	rovince/state/	-			Foreign postal code		ow will i or refu		ange		
											🗌 Yo	_	Spouse	
Filing Status	; [	Single					Head of he	ouseh	old (HOH)					
Check only	×	Married filing jointly (even if only one had income)												
one box.		Married filing separately (MFS)												
		f 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												
	qu	qualifying person is a child but not your dependent:												
Digital		ny time during 2023, did you: (a) rece						-						
Assets		hange, or otherwise dispose of a digi		· · ·				t)? (Se	e instruct	ions.)	∐ Ye	s 2	≺ No	
Standard Deduction	_	<b>neone can claim:</b> You as a de Spouse itemizes on a separate retur	•		•		a dependent							
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind <b>Spo</b>	ouse	: 🗌 Was bor	n befc	re Januar	y 2, 1959		s blind		
Dependent	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	ip <b>(4</b>	) Check the	box if qual	fies for (	see ins	structions):	
If more		(1) First name Last name			number to you			.1-	Child tax	credit	Credit fo	r other o	dependents	
than four														
dependents,										]				
see instructions and check	s —									]				
here										]				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		37	,103.	
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)			
Attach Form(s) W-2 here. Also	с									. 10	;			
attach Forms	d	Medicaid waiver payments not rep	on Form(s	s) W-2 (see i	nstru	uctions)			. 1d	1				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	orm 2441	, line 26					. 1e	,				
was withheld.	f	Employer-provided adoption bene	m Form 8	839, line 29					. 1f					
If you did not	g	Wages from Form 8919, line 6 .							. 1g	1				
get a Form	h	Other earned income (see instructi							. 1h	1		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	tructions)											
	z	Add lines 1a through 1h								. 1z		37	,103.	
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest	t .		. 2b				
if required.	3a	Qualified dividends	3a			b C	Drdinary divider	nds .		. 3b	)			
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b	)			
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b	,			
Single or	6a	Social security benefits				axable amoun			. 6b	,				
Married filing separately,	с	If you elect to use the lump-sum e	check here											
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1, line 10								. 8				
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								. 9		37	,103.	
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26												
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								· <u>10</u> · 11		37	,103.	
\$20,800	12	Standard deduction or itemized	•	-	-					. 12			,700.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction						• •		. 13	-	/	<u>, , , , , , , , , , , , , , , , , , , </u>	
Standard	14	Add lines 12 and 13							. 14		27	,700.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ss enter	$\cdots$								,403.		
			5 01 10	55, ontor	5 . 1115 13 y	Jui				. 13	· I		, 100.	

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

Form 1040 (2023)

Form 1040 (2023	)								Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	943.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	943.	
	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	943.	
	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	943.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 4	,090.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	·					25d	4,090.	
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)				27				
attach Sch. EIC.	28	Additional child tax credit from				28		1		
	29	American opportunity credit	from Form 8863	B. line 8		29				
	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. These are your total payments							4,090.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>								
neruna	35a	Amount of line 34 you want	35a							
Direct deposit?	b	Routing number 1 1 1	Savings							
See instructions.	d	Account number 4 8 8				Checking	5-			
	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						37		
	38	Estimated tax penalty (see instructions)								
Third Party		you want to allow another								
Designee		structions					omplete b	elow.	× No	
_ • • • · 9 · • • •	De	signee's		Phone		Pers	onal identif	ication	943. 0. 943. 4,090. 4,090. 3,147. 3,147. 3,147. 3,147. 3,147. (X) No of my knowledge and er has any knowledge and er has any knowledge int you an Identity 'IN, enter it here int your spouse an ection PIN, enter it he Check if: Self-employed (678) 965–9522 84–3171965	
	nar	nē		no.		num	oer (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		· · · ·	piete. Declaration					• •	, ,	
	Yo	ur signature		Date	Your occupation					
Joint return?					IT		(see i		in, enter it here	
See instructions.	Sp	Spouse's signature. If a joint return, both must si		Date	Spouse's occupat	ion	If the	ne IRS sent your spouse an		
Keep a copy for	-1-	,,,,,,								
your records.					HOME MAKE	R	(see i	nst.)		
	Ph	one no. (945) 232-595	5	Email address	AMARENDERREDDY	BYREDDY@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN			
Preparer	<u>SYA</u>	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/17/2024	P02082	2703	Self-employed	
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phon	e no. (	(678)965-9522	
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965	
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)	

REV 03/07/24 PRO

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

## Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service			arate instruc		manen	reside	ms.				
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax pur	poses	only.			ype (check one box):	٦	
Before you begin • Don't submit th	<b>:</b> is form if you have, or are eligib	ole to get, a U.S.	. social sec	urity numb	N).		☑ Apply for a new ITIN ☐ Renew an existing ITIN				
	ubmitting Form W-7. Read the ederal tax return with Form W								<b>o, c, d, e, f,</b> or <b>g, yc</b>	u	
a 🗌 Nonresident	alien required to get an ITIN to cla	im tax treaty bene	əfit								
<b>b</b> 🗌 Nonresident	alien filing a U.S. federal tax return	ı									
c 🗌 U.S. residen	t alien (based on days present in	the United State	s) filing a U.S	6. federal ta	ax retur	n					
d 🗌 Dependent o	of U.S. citizen/resident alien ] If a	<b>d,</b> enter relationsh	ip to U.S. cit	izen/reside	ent alien	(see ins	tructions) 🕨	•			
·	A	<b>d</b> or <b>e,</b> enter name MARENDER RI	EDDY BYF	EDDY			·		tions)►		
	alien student, professor, or resear		ederal tax re	turn or clai	ming ar	n except	ion				
	spouse of a nonresident alien holdi	ng a U.S. visa									
h 🗌 Other (see ir	·										
	on for <b>a</b> and <b>f</b> : Enter treaty country		lle name	and tr	eaty art	icle num					
Name	VIJAYA LAXMI	ivitac					.ast name BYREDDY				
(see instructions) Name at birth if different ►	1b First name	Mido	lle name				name				
Applicant's	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 6900 PARKRIDGE BLVD APT 200										
Mailing	City or town, state or province, and country. Include ZIP code or postal code where appropriate.										
Address	IRVING TX USA 75063										
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 Information	4       Date of birth (month / day / year)       Country of birth       City and state or province (optional)         08/30/1986       INDIA								☐ Male ▼ Female	_	
Other	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration dat								_		
Information	6d Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D.									—	
	Date of entry into the United States										
	Issued by: INDIA N	o.: X2822148	Ex	o. date: 03	3/07/	2034	(MM/DD/	YYYY	): 03/19/2024		
	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 Kirst name K										
	6g Name of college/university or company (see instructions) ►										
	City and state ► Length of stay ►										
Cian	Under penalties of perjury, I (applic	ant/delegate/accent	tance agent)		0		d this appli	cation	including accompanyi	— na	
Sign Here	documentation and statements, and information with my acceptance agent	to the best of my	knowledge a	nd belief, it	is true,	correct,	and comple	te. I a	authorize the IRS to sha		
Keep a copy for your records.	Signature of applicant (if dele	Date (month / day / year) Phone number									
,	Name of delegate, if applicable (type or print)			Delegate's relationship to applicant			Parent		Court-appointed guardi	an	
Acceptance	Signature	Signature						Phone			
Agent's	Name and title (type or print)	Name of co	mnany		EIN	Fax		PTIN			
Use ONLY					EIN Office of	ce code					

REV 03/07/24 PRO