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



1040		partment of the Treasury—Internal Revenue Servi .S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not v	rite or sta	ple in this space.		
For the year Jan	ec. 31, 2023, or other tax year beginning	, 2023, ending , 20				See separate instructions.								
Your first name and middle initial Last na					ame					Your social security number				
GANESH KUMAR KANN				INAN					348 73 8806					
If joint return, spouse's first name and middle initial Last na										Spouse's social security number				
SARANYA MANI				I					APP LI ED F					
Home address	(numb	per and street). If you have a P.O. box, see	instructi	ons.				Δ	pt. no.	Preside	ntial Ele	ction Campaign		
9939 FRI	EDER	RICKSBURG RD.#1003								Check	here if yo	ou, or your		
City, town, or post office. If you have a foreign address, also complete sp				paces below. State							ointly, want \$3			
SAN ANTONIO				TX			78240		1 0		nd. Checking a not change			
			Foreign province/state/county			ty				k or refu	•			
											Yo	u Spouse		
Filing Status	s [Single					Head of he	ouseh	old (HOH)					
Check only	_	Married filing jointly (even if only or	ne had i	income)					, ,					
one box.		Married filing separately (MFS)		ŕ			☐ Qualifying	surviv	ing spouse	(QSS)				
00 20	If	you checked the MFS box, enter the	name c	of your sp	ouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's nar	ne if the		
			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 alifying person is a child but not your dependent:											
	A	- Live de de 2000 did en (a) en	/							. (1-) 11				
Digital		any time during 2023, did you: (a) rece									□v₀	es 🗵 No		
Assets		hange, or otherwise dispose of a digi						1) ? (56	e instructio	ris.)	∐ Ye	S 🔼 NO		
Standard	_	meone can claim: You as a de	•				a dependent							
Deduction	Ш	Spouse itemizes on a separate return	n or you	ı were a d	duai-status	allen	<u> </u>							
Age/Blindnes	s You	u: Were born before January 2, 1	959	Are bli	ind Spc	use	: Was bor	n befo	re January	2, 1959	☐ Is	blind		
Dependent	s (see	e instructions):		(2) S	ocial security		(3) Relationsh	_{ip} (4) Check the b	ox if qual	ifies for (s	see instructions):		
If more		(1) First name Last name			number to ye			• 1		redit	Credit for	r other dependents		
than four														
dependents,	_													
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	tions)					. 1a	1	87 , 907.		
	b	Household employee wages not reported on Form(s) W-2							. 1k	,				
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 10	;			
attach Forms	d									. 10	ı			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 16	,				
was withheld.	f	Employer-provided adoption bene	n Form 88	Form 8839, line 29					. 11	:				
If you did not	g	Wages from Form 8919, line 6						. 10	1					
get a Form W-2, see	h	Other earned income (see instructions)							. 1h		0.			
instructions. i Nontaxable combat pay election (see instructions)														
	z	Add lines 1a through 1h								. 1z	:	87 , 907.		
Attach Sch. B if required.	2a	Tax-exempt interest	2a			b Ta	axable interest	i .		. 2t)			
	3a	Qualified dividends	3a			b 0	ordinary divider	nds .		. 3b	<u> </u>			
	4a	IRA distributions	4a			b Ta	axable amoun	t		. 4t	<u> </u>			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t		. 5b	<u> </u>			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t		. 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 Sche	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
Married filing jointly or	8	Additional income from Schedule	Additional income from Schedule 1, line 10											
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		87 , 907.			
\$27,700	10	Adjustments to income from Schedule 1, line 26								. 10				
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income								. 11		87 , 907.		
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)							. 12	!	27 , 700.			
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								. 13	3			
Standard Deduction,	14	Add lines 12 and 13							. 14		27,700.			
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									;	60,207.		

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 , 787.		
Credits	17	Amount from Schedule 2, lin	17								
	18	Add lines 16 and 17	18	6 , 787.							
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, line 8									
	21	Add lines 19 and 20	21								
	22	Subtract line 21 from line 18. If zero or less, enter -0							6 , 787.		
	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 , 787.		
Payments	25	Federal income tax withheld									
	а	Form(s) W-2									
	b	Form(s) 1099									
	С	Other forms (see instructions									
	d	Add lines 25a through 25c						25d	14,642.		
If you have a	26	2023 estimated tax payment	ts 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									
	29	American opportunity credit									
	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	14,642.		
Refund	34	If line 33 is more than line 24						34	7,855.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	eck here	. 🗆	35a	7,855.		
Direct deposit?	b	Routing number									
See instructions.	d	Account number 4 8 8									
	36	Amount of line 34 you want									
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, g	37								
	38	Estimated tax penalty (see instructions)									
Third Party	Do	you want to allow another									
Designee		structions				Yes. C	omplete b	elow.	⋈ No		
		Designee's Phone Personal identifi ame no. number (PIN)						cation			
				no.			(/	- 1	-fl		
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		ur signature	Date	Your occupation				If the IRS sent you an Identity			
	10	ur signature	Date	Date Four occupation				IN, enter it here			
Joint return?	?				SOFTWARE ENGINEER			nst.)			
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	ation		the IRS sent your spouse an			
Keep a copy for your records.								Identity Protection PIN, enter it here (see inst.)			
you. 1000.uo.		HOME MAKEA ,									
		one no. (210) 843-482		Email address	GANESHKUMAR	K1993@GMAIL.C			01 1 1		
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:		
Preparer		M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/16/2024	P02082		Self-employed		
Use Only		m's name GLOBAL TAX	ne no. (678) 965-9522								
			Y CT E BRU	NSWICK N	J 08816		Firm's	s EIN			
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)		



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Before you begin: 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 If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e X Spouse of U.S. citizen/resident alien GANESH KUMAR KANNAN f Union 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 SARANYA MANI (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 9939 FREDERICKSBURG RD.#1003 **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 78240 SAN ANTONIO 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) Male Birth Information 11/16/1993 TNDTA ▼ 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 INDIAN Information **6d** Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: V5555503 Exp. date: 01/03/2032 Issued by: INDIA (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** 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 Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code