<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 <b>2</b>	3	OMB No. 1545-0	0074	IRS Use Only	–Do not w	vrite or sta	ple in this space.
For the year Jan	. 1–Dec	e. 31, 2023, or other tax year beginning		, 2023, end	ing			, 20	See se	parate i	nstructions.
Your first name	and m		Last name	 )					Your so	cial sec	urity number
PAVITHRA			SHANMI	ANMUGA SUNDARAM					704		1647
		s first name and middle initial	Last name		1.1						security number
DHANASEF			RAVI						APP		ED F
		er and street). If you have a P.O. box, see		S.			A	pt. no.		• •	ction Campaign
		HEIGHTS DR									ou, or your
		ce. If you have a foreign address, also co	mplete spa	ces below.	Sta	te	ZIP co	ode		,	jointly, want \$3
EAGAN		,,,		MN							nd. Checking a
Foreign country	name		For	eign province/state/c				n postal code	your ta		not change nd.
				5 1		,	5		,	Yo	_
Eiling Status		Single				Head of ho	usoh				·
Filing Status		Married filing jointly (even if only o	ne had inc	ome)			usen				
Check only		Married filing separately (MFS)		omej		Qualifying s	surviv	ina snouse	(099)		
one box.	lf v	you checked the MFS box, enter the	name of y	vour spouse. If you				•	. ,	ild'e nai	me if the
		alifying person is a child but not you		ant.							
Digital		ny time during 2023, did you: (a) rec	•				•	,		_	
Assets	exch	ange, or otherwise dispose of a dig		_			)? (Se	e instruction	าร.)	∐ Ye	es 🛛 No
Standard		eone can claim: 🗌 You as a de	•	Vour spouse		•					
Deduction		Spouse itemizes on a separate retur	n or you w	vere a dual-status a	alien	l					
Age/Blindness	S You	Were born before January 2, 1	959	Are blind Spo	use	: 🗌 Was borr	befc	ore January 2	2, 1959	🗌 ls	s blind
Dependents				(2) Social security		(3) Relationship	<b>(4</b>	•			see instructions):
If more	(1) F	(1) First name Last name		number		to you		Child tax credit		Credit to	r other dependents
than four											
dependents, see instructions	s ——										
and check											<u> </u>
here										-	
Income	1a	Total amount from Form(s) W-2, b	`	,					. <u>1</u> a		62,941.
Attach Form(s)	b	Household employee wages not re	•	.,					. <u>1b</u>		
W-2 here. Also	c	Tip income not reported on line 1a		,		· · · ·			. 10	-	
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	ictions)	• •		. 10		
1099-R if tax	e	Taxable dependent care benefits f		,	•		· ·		. 1e		
was withheld.	t	Employer-provided adoption bene		-			• •		. <u>1f</u>		
lf you did not get a Form	g	Wages from Form 8919, line 6 .			•				. 1g		
W-2, see	h	Other earned income (see instruct	,		•	· · · ·	· ·		. <u>1</u> h		0.
instructions.	i	Nontaxable combat pay election (s	see instruc	ctions)	•	<b>1</b> i			-		CO 041
		Add lines 1a through 1h	· · ·	· · · · · ·			· ·		. 1z	-	62,941.
Attach Sch. B if required.	2a	· ·	2a			axable interest			. 2b		
	<u>3a</u>		3a			ordinary dividen				-	
Standard	4a		4a			axable amount			. 4b	-	
Deduction for—	5a		5a			axable amount			. 5b	-	
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a			axable amount	· ·	· · · ·	. 6b		
separately,	С	If you elect to use the lump-sum e					· ·	L	-		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche					· ·	L		_	
jointly or Qualifying	8	Additional income from Schedule							. 8		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-			· ·		. 9	_	62,941.
\$27,700 • Head of	10	Adjustments to income from Sche					· ·		. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	• •	-			· ·		. 11		62,941.
If you checked	12	Standard deduction or itemized					· ·		. 12	-	27,700.
any box under Standard	13	Qualified business income deduct	ion from F	orm 8995 or Form	899	5-A	· ·		. 13		
Deduction,	14	Add lines 12 and 13			•		· ·		. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is ye	our <b>t</b>	taxable income	<b>)</b> .		. 15		35,241.

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

Form **1040** (2023)

Form 1040 (2023	3)								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	3,787.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	3,787.
	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	3,787.
	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	3,787.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b>	,010.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	9,010.
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	n 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				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	9,010.
Refund	34	If line 33 is more than line 24						34	5,223.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆	35a	5,223.
Direct deposit?	b	Routing number         0         9         1         0         0         0         1         9         c Type:         X Checking         Savings           Account number         6         5         7         3         8         7         5         2         8         0         1							
See instructions.	d	Account number 6 5 7	Ţ						
	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, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another				' See			
Designee							omplete b	elow.	× No
-		signee's		Phone			onal identifi	cation	
	nar			no.			ber (PIN)	<u> </u>	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer								
Here		· · · ·			Your occupation				nt you an Identity
	to	ur signature		Date	Your occupation				IN, enter it here
Joint return?					IT		(see ir		,
See instructions.	Sp	Spouse's signature. If a joint return, both m		Date	Spouse's occupat	ion		he IRS sent your spouse an	
Keep a copy for your records.		<b>`</b>					,	ection PIN, enter it here	
your records.					HOME MAKE		(see ir	ist.)	
		one no. (763) 412-047		Email address	DHANASEKARPAV	ITHRA90@GMAIL.C			
Paid		eparer's name	Preparer's signat			Date	PTIN	- 4 -	Check if:
Preparer	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALI				03/12/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone	<u>eno. (</u>	(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	3 EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form <b>1040</b> (2023)

REV 03/04/24 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	iary -	See sepa	arate instruc	•	ent reside	ents.				
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax purpose	s only.	Application	type (check one bo	):		
Before you begin  • Don't submit th	<b>::</b> is form if you have, or are eligi	ble to get. a U.S.	. social sec	uritv number (S	SN).		/ for a new ITIN w an existing ITIN			
Reason you're su	ubmitting Form W-7. Read the ederal tax return with Form V	e instructions fo	r the box y	ou check. Cau	tion: If y	ou check box				
	t alien required to get an ITIN to cl	-			,					
_	t alien filing a U.S. federal tax retur									
_	t alien (based on days present in		-							
<b>d</b> Dependent of	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident alle	en (see ins	structions)				
e 🛛 Spouse of U		<b>d</b> or <b>e,</b> enter name PAVITHRA SHA			/resident	alien (see instru	ictions) ► 704-86-1647			
	t alien student, professor, or resea	-	ederal tax re	turn or claiming	an except	ion				
· _ ·	spouse of a nonresident alien hold	ling a U.S. visa								
h Other (see in		<b>N</b>								
	on for <b>a</b> and <b>f</b> : Enter treaty country <b>1a</b> First name		lle name	and treaty a						
Name (see instructions)	DHANASEKAR					RAVI				
Name at birth if different	1b First name	Mido	lle name		Last	name				
Applicant's	2 Street address, apartment nu	umber, or rural rout	e number. <b>If</b>	you have a P.O	box, see	e separate inst	ructions.			
Mailing	3410 SURREY HEIGHTS DR									
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.									
	EAGAN     MN     USA     55122       3 Street address, apartment number, or rural route number. Don't use a P.O. box number.									
Foreign (non-	<b>3</b> Street address, apartment no			on tuse a P.O.		Jei.				
U.S.) Address (see instructions)	City or town, state or province, and country. Include postal code where appropriate.									
Birth	4 Date of birth (month / day / year)	Country of birth		City and state of	or provinc	e (optional) 5	X Male			
Information	12/05/1988	INDIA					Female			
Other Information	6a Country(ies) of citizenship INDIAN	6b Foreign tax I.I			e of U.S. \	<i>i</i> isa (if any), numl	ber, and expiration da	ite		
	6d Identification document(s) su		ictions) 🔀	Passport	Driver	nt alien (see instructions) ► 704-86-164 ption mber ► st name AVI st name ee separate instructions. appropriate. SA 55122 nber. tree (optional) 5 X Male Female . visa (if any), number, and expiration er's license/State I.D. Date of entry into the United States 2 (MM/DD/YYYY): ? (see instructions). Last name ined this application, including accom- t, and complete. I authorize the IRS	I.D.			
	USCIS documentation	Other								
	Issued by: INDIA	No.: W4707024	Ev	o. date: 09/15	/2032					
	6e Have you previously received	-					1).			
	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).									
	6fEnter ITIN and/or IRSN ►ITINIRSNand									
	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 (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying									
Sign Here		d to the best of my	knowledge a	nd belief, it is true	e, correct,	and complete. I	authorize the IRS to a			
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number									
	Name of delegate, if applica		Delegate's relation to applicant	onship		Parent Court-appointed guardian				
Acceptance	Signature			Date (month / day	/ / year)	Phone	-			
Agent's						Fax	1			
Use ONLY	Name and title (type or print	t)	Name of co	ompany	EIN		PTIN			
					Office	code				

REV 03/04/24 PRO