E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	Ť	See se	oarate i	nstructio	ons.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity num	nber
MANOJ K	JMAR		DEGA								722	75	3159	
If joint return, s	pouse's	s first name and middle initial	Last na										security i	number
											791	33	5936	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				ction Ca	mpaign
9420 PI	NEWO	OD POINT PL											ou, or yo	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	DW.	Sta	te	ZIP c	ode			0,	ointly, wand. Check	
SEFFNER						FI		335	84		U		not chang	0
Foreign countr	y name		F	Foreign pro	ovince/state/	count	ty	Foreig	n postal c	ode	your tax	or refu		Spouse
Filing Status	s [Single					Head of h	L ouseh	old (HOI	— ∃)				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.	X	Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (C	QSS)			
	If y	you checked the MFS box, enter the	name c	of your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's nar	ne if the)
		alifying person is a child but not you												
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	_ Ye	s 🗵 I	No
Standard		neone can claim: You as a de	pendent	t 🗌 🗅	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	n befo	ore Janua	ary 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nin (4) Check t	he bo	x if quali	fies for (see instru	uctions):
If more		(1) First name Last name			number to you			Child tax of		ax cre	edit	Credit fo	r other dep	pendents
than four														
dependents,	_													
see instruction and check	s													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	ions) .						1a		124,3	312.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 88	339, line 29						1f	_		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						101 -	212
	<u>z</u>	Add lines 1a through 1h	. i		· · · ·						1z		124,3	312.
Attach Sch. B if required.	2a		2a				axable interes				2b			
10441104.	3a_		3a				ordinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a	mothed a	shook boro		axable amoun	ι			6b			
separately, \$13,850	C 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Sche-				•	,			.	7			
Married filing	7 8	Additional income from Schedule								. ∟	8		-14,7	 7
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•								9		109,5	
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		•							10		<u> </u>	·
Head of	11	Adjustments to income from Schedule 1, line 26								11		109,5	521	
household, \$20,800	12	Standard deduction or itemized	•	-							12			350.
If you checked any box under	13	Qualified business income deducti									13			<u>, , , , , , , , , , , , , , , , , , , </u>
Standard Deduction,	14										14		13.8	350.
see instructions.	15	Subtract line 14 from line 11. If zer							=		15		95 6	

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	16,362.	
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	16,362.	
	19	Child tax credit or credit for oth	er dependent	s from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	16,362.	
	23	Other taxes, including self-emp	loyment tax,	from Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is you	ır total tax					24	16,362.	
Payments	25	Federal income tax withheld fro	m:							
-	а	Form(s) W-2				25a 19	788.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	19,788.	
If you have a	26	2023 estimated tax payments a	nd amount a	oplied from 20	22 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S	chedule 8812			28				
	29	American opportunity credit fro	m Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. Thes	se are your to	tal payments				33	19,788.	
Refund	34	If line 33 is more than line 24, so	ubtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	3,426.	
	35a	Amount of line 34 you want refu	unded to you	ı. If Form 8888	is attached, chec	ck here		35a	3,426.	
Direct deposit?	b	Routing number 0 2 1 0				Checking	Savings			
See instructions.	d	Account number 4 8 3 0	8 5 4	7 0 3 2	2 4					
	36	Amount of line 34 you want app	lied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. Th								
You Owe		For details on how to pay, go to	www.irs.gov	/Payments or	see instructions.			37		
	38	Estimated tax penalty (see instr	ructions) .			38				
Third Party		you want to allow another pe								
Designee		structions					omplete		⊠ No	
		esignee's me		Phone no.			onal identi ber (PIN)	fication		
Sign	Un	der penalties of perjury, I declare that I	I have examined	this return and	accompanying sche	dules and statemer	its, and to	the best	of my knowledge and	
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.	
11616	Yo	ur signature	Date		If the IRS sent you an Identity					
				0000000000			PIN, enter it here			
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign.		Date	INGINEER	`	(see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
Keep a copy for your records.		ouse's signature. If a joint return, bott	Date	Spouse's occupati	Iden					
	———Ph	one no. (845) 214-3675		Email address	KANNA.MANU	J7@GMAIL.CO)M			
D.:.I		(010/221 00/0	eparer's signat			Date Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA SY	A RAM SAG	GAR GUPTA	P0208	2703	Self-employed			
Preparer		m's name GLOBAL TAXE				03/23/2024		Phone no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			's EIN	,	
		4040 () 1 1 1 1 1 1 1 1 1 1 1							- 1010	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

MANOJ KUMAR DEGA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soci	ial security number
722-75	_3150

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-14,791.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-14,791.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr	nent		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	🗀	17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	🔯	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	:	26	

SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return

Your social security number 722 75 2150

	D KUMAR DEGA						122-1	/5-3159	
Par	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope	nd Ro	yalties Schedule	C See	instru	ctions If you	are an ind	ividual rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.	y, use	Jonedale	. .					JI IGIIII
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZI	P code	e)						
Α	Q.NO. T2-112, JK TENTHOUSE OPPOSITE LAND	Ξ, 8	INCLINE	E COL	ONY,	KARIMNAG	AR TE	LANGANA	IN 50521
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair		Fair Rental Days			1	nal Use ays	QJV	
Α	personal use days. Check the Q					365		0	
В	if you meet the requirements to qualified joint venture. See instru	tile as	a	В					
С	qualified joint venture. See instri	uctions	э.	С					
уре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (desc	ribe)		
	•		,						
				•		Propert	ies:		
ncon				Α	0.0	В			С
3	Rents received	3		/	98.				
4	Royalties received	4							
	nses:	_							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,3	63.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,0	01.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			52.				
15	Supplies	15		2,8	69.				
16	Taxes	16							
17	Utilities	17		2,4					
18	Depreciation expense or depletion	18		2,4	53.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,5	89.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-14 , 7	91.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(14 , 79	91.)	(,)()
23a	Total of all amounts reported on line 3 for all rental proper	erties			23a		798.		
b	Total of all amounts reported on line 4 for all royalty prop	perties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	2	2,453.		
е	Total of all amounts reported on line 20 for all properties				23e	15	5,589.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	de any los	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	te loss	es from lin	e 22. Eı	nter to	tal losses her	e 25	(14,791.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resu	ult		
	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the tot	al on li	ne 41	on page 2	. 26	-	-14,791.