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



<b>£1040</b>		artment of the Treasury-Internal Revenue Serv  S. Individual Income Tax		ırn 20	23	OMB No. 1545-	-0074	IRS Use	Only—I	Do not w	rite or sta	ple in this space	э.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				5	See separate instructions.				
Your first name and middle initial Last na				i name					Y	Your social security number			
PALLABI GHOS				IOSH						123	45	0267	
If joint return, s	spouse's	s first name and middle initial	Last nan	пе					s	Spouse's	s social	security num	bei
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			A	pt. no.	F	Presider	ntial Ele	ection Campa	ign
3610 NO	RTH	PINE GROVE AVENUE										ou, or your	
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete sp	aces below.	Sta	te	ZIP co	ode		•	٠.	jointly, want ∜ nd. Checking	
CHICAGO					II	1	606	13		•		not change	u
Foreign countr	y name		F	oreign province/st	ate/count	ty	Foreig	n postal c	ode y	our tax	or refu		use
Filing Status	s 🗵	Single	•			Head of ho	ouseh	old (HOH	1)		7		
Check only		Married filing jointly (even if only o											
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS											
	lf y	If 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	ıalifying person is a child but not you	ur depend	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award	or payr	nent for prope	rtv or	services'	): or (b	) sell.			
Assets		nange, or otherwise dispose of a dig										es 🗵 No	
Standard		neone can claim:  You as a de				a dependent							
Deduction		Spouse itemizes on a separate retur	n or you										
Age/Rlindnes	• Vou	: Were born before January 2, 1	959	Are blind	Spouse	: Was bor	n hefo	re lanus	any 2	1050	Пів	s blind	
	-			•	-		14					see instruction	ns):
-	s (see instructions): (1) First name Last name			(2) Social security (3) F		(3) Relationsh to you	ib (,	Child t				r other depende	
If more than four	<del>、,</del>												
dependents,													_
see instruction and check	s							[					
here								[					
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)						1a		223,623	•
Attach Form(s)	b	Household employee wages not re	eported c	on Form(s) W-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c				
attach Forms W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
1099-R if tax	е	Taxable dependent care benefits t								1e			
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, 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	-		
instructions.	i	Nontaxable combat pay election (	see instru	ictions)		<u>li</u>						222 622	
	<u>z</u>	Add lines 1a through 1h	00		 L <del>-</del>	 axable interest				1z	+	223,623 433	
Attach Sch. B if required.	2a		2a	671.		axable interest Irdinary divider				2b 3b		671	
	<u>3a_</u> 4a		3a 4a	071.		axable amount				4b			·
Standard	5a		<del>4</del> а 5а			axable amount				5b			_
Deduction for— Single or	6a		6a			axable amount				6b	+		
Married filing	C	If you elect to use the lump-sum e		ethod, check h					. 🗀	0.5			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		· ·	•	,			. $\Box$	7			
Married filing jointly or	8	Additional income from Schedule 1, line 10							8		8		
Qualifying	9								9		224,735		
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26								10			
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11		224,735	
\$20,800	12	Standard deduction or itemized	•	-						12		13,850	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
Standard Deduction,	14	Add lines 12 and 13							14		13,850		
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or less	ontor O This	io vour	avabla incom	_			15		210 885	

Form 1040 (2023	)			Page <b>2</b>		
Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	46,201.		
	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	46,201.		
	19	Child tax credit or credit for other dependents from Schedule 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, enter -0	22	46,201.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	352.		
	24	Add lines 22 and 23. This is your total tax	24	46,553.		
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	42,543.		
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26			
	27	Earned income credit (EIC)				
	28	Additional child tax credit from Schedule 8812				
	29	American opportunity credit from Form 8863, line 8	4			
	30	Reserved for future use				
	31	Amount from Schedule 3, line 15				
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32			
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	42,543.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34			
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a			
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X X C Type: Checking Savings				
dee mandendris.	d	Account number				
-	36	Amount of line 34 you want applied to your 2024 estimated tax 36				
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	4,010.		
	38	Estimated tax penalty (see instructions)				
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	nelow	⊠ No		
			al identification			
	nar		(PIN)			
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,		
	Yo		e IRS sent you an Identity tection PIN, enter it here			
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER (see i				
	Sp	Ident	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)			
	Ph	one no. (312)340-4820 Email address				
Doid	Pre	eparer's name Preparer's signature Date PTIN		Check if:		
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	)833	Self-employed		
Preparer	Fire	m's name GLOBAL TAXES LLC Phon	e no. (	678)965-9522		
Use Only	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN	88-2145487		