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 | aple in this sp | pace. |
|----------------------------------|-------------|---|---|---|---------------------|--------------------------|-------------------|---------|------------|------------|-----------|--------------|------------------------|----------|
| For the year Jan | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ding | | | , 20 | | See se | oarate i | instructio | ns. |
| Your first name | e and m | iddle initial | Last na | me | | | | | | | Your so | cial sec | urity num | ber |
| MANJUSH | Д | | KOLL | ıΙ | | | | | | | 204 | 96 | 6418 | |
| | | s first name and middle initial | Last na | | | | | | | | | | security n | number |
| | | | | | | | | | | | 126 | 29 | 4334 | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ons. | | | | A | Apt. no. | | | | ection Can | npaign |
| 1542 BI | LTMO: | RE LN | | | | | | | | | | | ou, or you | |
| City, town, or p | oost offi | ice. If you have a foreign address, also co | mplete s | paces be | low. | Sta | te | ZIP c | ode | | | 0. | jointly, wa | |
| IRVING | | | | | | TX | ζ | 750 | 63 | | • | | nd. Check not chang | - |
| Foreign countr | y name | | | Foreign pı | rovince/state/ | count | ty | Foreig | n postal c | | your tax | | • | |
| | | | | | | | | | | | | Yo | u S | Spouse |
| Filing Status | s \square | Single | | | | | ☐ Head of h | ouseh | old (HOI | ⊣) | | | | |
| Check only | | Married filing jointly (even if only o | ne had i | income) | | | _ | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | | 0 1 | , | , | | | |
| | | you checked the MFS box, enter the | | | | | | or Q | SS box, | enter | the chi | ld's na | me if the | |
| | qu | ıalifying person is a child but not you | ır deper | ndent: _] | reja sai | BOL | LISETTI | | | | | | | |
| Digital | At a | ny time during 2023, did you: (a) rec | eive (as | a reward | d, award, or | payr | nent for prope | rty or | services |); or (| b) sell, | | | |
| Assets | | nange, or otherwise dispose of a dig | | | | | | - | | | | | es 🗵 N | lo ol |
| Standard | Som | neone can claim: | penden | t 🗌 | Your spous | e as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | | | | | | | | | | | |
| A ac /Plindnes | | Mara barn before January 2, 1 | 050 [| Are bl | lind Cn | | . Mac hav | n hofe | ero lonu | 0010 | 1050 | | s blind | |
| | - | : Were born before January 2, 1 | 939 [| T | • | ouse | | 11 | | | | | see instruc | ctions): |
| - | | s (see instructions): (1) First name Last name | | (2) Social security number to you | | (3) Relationsh to you | Ship Child tax of | | | | | r other depe | | |
| If more than four | (1) | East name | | 1 | | | , | | | | | | | |
| dependents, | | | | | | | | | | | | | \dashv | |
| see instruction | s | | | | | | | | | | | | \dashv | |
| and check here [| 1 | | | | | | | | | | | | \dashv | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | e instruc | ctions) . | | | | | | 1a | | 106,5 | 67. |
| IIICOIII C | b | Household employee wages not re | • | | , | | | | | | 1b | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | 1c | | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | | - | | |
| W-2G and 1099-R if tax | е | | | | | | | | 1e | | | - | | |
| was withheld. | f | | adoption benefits from Form 8839, line 29 | | | | | | 1f | | | | | |
| If you did not | g | Wages from Form 8919, line 6 | | | | | | 1g | | | | | | |
| get a Form W-2, see | h | Other earned income (see instruct | ions) | | | | | | | | 1h | | | 0. |
| instructions. | i | Nontaxable combat pay election (s | see insti | ructions) | | | <u>1</u> i | \perp | | | | | | |
| | z | Add lines 1a through 1h | | | , | | | | | | 1z | | 106,5 | 67. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | b T | axable interes | t. | | | 2b | | | |
| if required. | 3a_ | Qualified dividends | 3a | | | b 0 | ordinary divide | nds . | | | 3b | | | |
| N | 4a | IRA distributions | 4a | | | | axable amoun | | | | 4b | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | b T | axable amoun | t | | | 5b | | | |
| Single or | 6a | Social security benefits | 6a | | | b T | axable amoun | t | | | 6b | | | |
| Married filing separately, | С | If you elect to use the lump-sum e | | | | ` | , | | | | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | | | | | | | . [| 7 | | | |
| jointly or | 8 | Additional income from Schedule | | | | | | | | | 8 | | -12,9 | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | our total in | come | e | | | | 9 | | 93,5 | 96. |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | | | 10 | | | |
| household, | 11 | Subtract line 10 from line 9. This is | • | - | _ | | | | | | 11 | | 93,5 | |
| \$20,800 If you checked | 12 | Standard deduction or itemized | | | | | | | | | 12 | | 13,8 | 50. |
| any box under Standard | 13 | Qualified business income deduct | | | | | | | | | 13 | | | |
| Deduction, see instructions. | 14 | | | | | | | | | | 14 | | 13,8 | |
| coo monuciono. | 15 | Subtract line 1/1 from line 11 If zer | ro or loc | contor | (1) Thic ic v | Our 1 | avabla incom | • | | | 15 | 1 | /u ·7 | 116 |

| Form 1040 (202 | 3) | | | | | | | | Page 2 | |
|---------------------------------|------|--|----------------------|--------------------|-------------------|--|-------------------------------|-------------|-------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 12,847. | |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 12,847. | |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, lin | e 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | | | | | | 22 | 12,847. | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | | | • | | | 24 | 12,847. | |
| Payments | 25 | Federal income tax withheld | | | | | | | , | |
| , | а | Form(s) W-2 | | | | 25a 1 | 9,901. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 19,901. | |
| If you have a | 26 | 2023 estimated tax payment | | | | | | 26 | | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | • • | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit | | | | 29 | | | | |
| | 30 | Reserved for future use . | | • | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | | | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | 31 undable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | , | | - | | | 33 | 19,901. | |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 7,054. | |
| Ticiana | 35a | Amount of line 34 you want | | | | • | | 35a | 7,054. | |
| Direct deposit? | b | Routing number 0 2 1 | | | | | Savings | | , | |
| See instructions. | d | Account number 2 6 1 | | | | | | | | |
| | 36 | Amount of line 34 you want | | | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | | |
| You Owe | 01 | For details on how to pay, g | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | _ | - | | 38 | | | | |
| Third Party | Do | you want to allow another | | | | ' See | | | | |
| Designee | | structions | | | | Tes. (| Complete | below. | ⋈ No | |
| | | Designee's | | | | | identification | | | |
| | nai | | | no. | | | mber (PIN) | 41 14 | | |
| Sign | | der penalties of perjury, I declare the ief, they are true, correct, and com | | | | | | | | |
| Here | Vo | ur signature | | 1f +k | ne IRS se | nt you an Identity | | | | |
| | 10 | ui signature | Date Your occupation | | | | Protection PIN, enter it here | | | |
| Joint return? | | | | SALESFORCE ANALYST | | | | (see inst.) | | |
| See instructions. | Sp | Spouse's signature. If a joint return, both must sign. | | Date | | | | | nt your spouse an | |
| Keep a copy for your records. | | | | | | Identity Protection PIN, enter it here (see inst.) | | | | |
| | Ph | one no. (703) 303–363 | 9 | Email address | TEJASAI.BOLL | ISETTI@GMAIL. | COM | | | |
| Daid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Paid | SYAN | I PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/11/2024 | P0208 | 32703 | Self-employed | |
| Preparer | Fin | Firm's name GLOBAL TAXES LLC | | | | | | | (678) 965-9522 | |
| Use Only | | | Y CT E BRU | NSWICK N | J 08816 | | Firm's EIN 84-3171965 | | | |
| | | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

MANJUSHA KOLLI

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.

Your social security number 204-96-6418

| Par | 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. Att. | | 5 | -12 , 971. |
| 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 | 4 | |
| 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 | 4 | |
| 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: | | | |
| 0 | Total ather income. Add lines to through the | 8z | _ | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -12 , 971. |
| | 1070, 1070~011, 01 1040~1111, 11115 0 | | 10 | $-\perp \angle_{i} \Im / \perp \cdot$ |

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- | | | | |
| | 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 | | | 19a | |
| 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 | , , , , , , , , , , , , , , , , , , , | 24a | | - | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | • | 24c | | - | |
| d | | 24d | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 24f | | | |
| g | | 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | | |
| 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 | | | | |
| | - | 24i | | | |
| j | | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| | | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | <u>.</u> . | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . Enter | here and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 26 | |

SCHEDULE E (Form 1040)

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

| MAN | JUSHA KOLLI | | | | | | 204-9 | 6-6418 | |
|-------|---|----------|----------|------------------------|----------|------------------|-------------|----------------|----------------|
| Par | | | | | | | | | |
| | Note: If you are in the business of renting personal proper | ty, use | Schedule | C . See | instru | ctions. If you a | are an indi | vidual, rep | ort farm |
| | rental income or loss from Form 4835 on page 2, line 40. | 1 - CI - | | 0000 | . | | | | - V IN- |
| | Did you make any payments in 2023 that would require you | | | | | | | | |
| В | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | | . <u> </u> | es 🗌 No |
| 1a | Physical address of each property (street, city, state, ZIF | ode | e) | | | | | | |
| Α | FLAT NO 403 D.NO:60-2-1B/2 GAYATRI NAG | GAR V | VIJAYAW | IADA, | ANDH | RA PRADES | SH IN | 520008 | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | | | | | | | | nal Use avs | QJV |
| Α | above, report the humber of rain personal use days. Check the Q | | | Α. | | Days | D. | | |
| B | if you meet the requirements to f | | | A B | | 365 | | 0 | |
| C | qualified joint venture. See instru | ictions | S. C | | | | | | |
| | of Duran out is | | | C | | | | | |
| | of Property: | to! | Elono | ı | 7 | Self-Rental | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | lai | 5 Land | | | | riba) | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roya | uries | 0 | Other (desc | nbe) | | |
| | | | | | | Properti | ies: | | |
| Incor | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 7 | 10. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | nses: | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,9 | 80. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,7 | 90. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | | 80. | | | | |
| 15 | Supplies | 15 | | 1,8 | 60. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | | 80. | | | | |
| 18 | Depreciation expense or depletion | 18 | | 3,5 | 91. | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 13,6 | 81. | | | | |
| 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 | | | 100 | _, | | | | |
| | file Form 6198 | 21 | - | - 12 , 9 | /⊥. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | , | 10 - | , , , | , | | , | |
| | on Form 8582 (see instructions) | 22 | | 12,97 | | (| 710 | (|) |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 710. | - | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 23b | | | | |
| C | Total of all amounts reported on line 12 for all properties | | | | 23c | |) FO1 | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | 3,591. | - | |
| е | | | | | | | | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | . 24 | , | 10 051) |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | (| 12,971.) |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no | | | | | | on | | _12 071 |