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



1040		artment of the Treasury—Internal Revenue Serv		urn 20	23	OMB No. 1545-	0074	IRS Use	Only—	Do not w	rite or sta	aple in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20			1	See separate instructions.				
Your first name	iddle initial	me					١	our so	cial sec	urity number		
SAI KOUNDINYA MARK				A						468	71	9521
If joint return, s	pouse's	s first name and middle initial	Last nar	me					5	Spouse'	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			A	ot. no.	F	Preside	ntial Ele	ection Campaigr
_12733 R	JAYC	OAKS LANE										ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	de		•	•	jointly, want \$3 nd. Checking a
FARMERS	BRA	NCH			TX 75234				•		not change	
Foreign countr	y name		F	oreign province/	/state/coun	ity	Foreigr	postal co	ode	our tax	or refu	
Filing Status	s 🗵	Single				☐ Head of ho	ouseho	ld (HOF				
Check only		Married filing jointly (even if only o	ne had ir	ncome)				`	•			
one box.		Married filing separately (MFS)				☐ Qualifying	survivi	ng spou	ise (C	(SS)		
	If y	you checked the MFS box, enter the	name o	f your spouse.	If you che	ecked the HOH	or QS	S box, e	enter	the chi	ld's na	me if the
	qu	ıalifying person is a child but not you	ır depen	dent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward. awar	d. or pavi	ment for proper	tv or s	ervices)	: or (b	o) sell.		
Assets		nange, or otherwise dispose of a dig										es 🗵 No
Standard	Som	neone can claim:	pendent	Yours	pouse as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-st	tatus alier	1						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was born	n befoi	e Janua	rv 2.	1959		s blind
Dependent				(2) Social se	-	(3) Relationshi	(4)					(see instructions):
If more		(1) First name Last name		numbe		to you	Child tax c					or other dependents
than four												
dependents,	_											
see instruction and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		115,680.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2	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 rep				uctions)				1d		
1099-R if tax	е	Taxable dependent care benefits t								1e		
was withheld.	f	Employer-provided adoption bene	efits from	ı Form 8839, lir	ne 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 (see instr	uctions)		<u>li</u>						115 600
	<u>z</u>	Add lines 1a through 1h				· · · ·				1z		201.
Attach Sch. B if required.	2a	· –	2a	14.		axable interest				2b		69.
	<u>3a_</u>		3a	14.	⊣ ~ `	Ordinary divider				3b		
Standard	4a	-	4a			axable amount				4b		
Deduction for—	5a		5a 6a		_	axable amount axable amount				5b 6b		
Single or Married filing	6a c	Social security benefits If you elect to use the lump-sum e		nethod check	_				· .	GD		
separately, \$13,850	7	•		•	•	,			. 📙	7		
Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here						. ⊔	8		-13,873.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•							9		102,077.
surviving spouse, \$27,700	10	Adjustments to income from Sche								10		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11		102,077.	
\$20,800	12	Standard deduction or itemized								12		13,850.
If you checked any box under	13	Qualified business income deduct								13		
Standard Deduction,	14									14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer					_			15		88 227

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	14,717.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	14,717.	
	19	Child tax credit or credit for	other dependen	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	14,717.	
	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	14,717.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 18	3,171			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	18,171.	
If you have a	26	2023 estimated tax paymen	s and amount a	pplied from 20	22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. Elc.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,171.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,454.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	3,454.	
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 4 8 8	0 6 2 9	9 9 7 3	3 9					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 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		,	•				omplete	below.	⋈ No	
•		esignee's					dentification			
		me		no.			ber (PIN)			
Sign		der penalties of perjury, I declare to lief, they are true, correct, and com								
Here			,		, <i>, ,</i>				nt you an Identity	
	10	Your signature		Date	Your occupation				PIN, enter it here	
Joint return?				SOFTWARE ENGINEER				(see inst.)		
See instructions.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for your records.							lentity Protection PIN, enter it here ee inst.)			
	Ph	Phone no. (972) 799-2218 Email address KOUNDINYAMARKA2327@GMAIL.COM					OM			
Paid	Pr	Preparer's name Preparer's signa		ure Date PT			PTIN		Check if:	
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/07/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no.	(678) 965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fi					Firr	n's EIN	84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

SAI KOUNDINYA

MARKA

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

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	Your soci	ial security number	
SAT KOUNDINYA	MARKA	468-71	-9521

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	-13,873.
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 ()		
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	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-13 , 873.

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 government	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 8l 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	1	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,

Attachment

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return

MARKA

Department of the Treasury

SAI KOUNDINYA

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

Sequence No. 13

Your social security number 468-71-9521

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 6-3-113 IMLIPURA STREET HANAMAKONDA, WARANGAL TELANGANA IN 506001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 625. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,854. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,965. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,642. 14 Repairs 15 Supplies 15 1,645. 16 16 Taxes 17 Utilities 17 1,245. 18 3,147. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 14,498. 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 -13,873. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 13,873.) 625. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c $3, \overline{147}$. 23d Total of all amounts reported on line 18 for all properties 23e 14,498. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,873. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -13**,**873.