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	e Only-	-Do not w	rite or sta	aple in this spac	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions	
Your first name and middle initial Last na				name						Your social security number			r	
CHANDRA SEKHAR KONI											801 56 5858			
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse's social security number			nber
BINDU KARUTURI								APP	LI	ED F				
Home address (number and street). If you have a P.O. box, see instructions.								A	Apt. no.		Preside	ntial Ele	ection Camp	aign
3177 SC	OTCH	CREEK RD						2	210				ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	complete spaces below.			State		ZIP code			•	•	jointly, want nd. Checking	
COPPELL						TX		750	19		•		not change	, u
Foreign countr	y name		F	Foreign pro	ovince/state/	count	у	Foreig	gn postal o	code	your tax	or refu		use
Filing Status	s [Single					☐ Head of h	ouseh	old (HOI	H)				
Check only	×	Married filing jointly (even if only o	ne had i	ncome)			_							
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,			
		ou checked the MFS box, enter the			ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır deper	ndent:										
Digital	At ar	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		nange, or otherwise dispose of a digi											es 🗵 No	
Standard	Som	eone can claim:	pendent	t 🗆 `	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	ı were a c	dual-status	alien								
Age/Blindnes	e Vou	: Were born before January 2, 1	050 F	Are bli	nd Sn e	ouse	: Was bor	n hefe	ore Janu	an, 2	1050		s blind	
			333 [Ī	<u> </u>			- 1					see instruction	
Dependent		instructions): irst name Last name		(2) Social security number			(3) Relationship to you		Child tax or				or other depend	
If more than four	(1)							Г						
dependents,													一	
see instruction and check	s —												一	
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		152,049	9.
	b	Household employee wages not re	eported	on Form((s) W-2 .						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	Taxable dependent care benefits from Form 2441, line 26							1e					
was withheld.	f								1f					
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form W-2, see	h	Other earned income (see instruction	,					· ·			1h	_	(0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						150 04	^
	<u>z</u>	Add lines 1a through 1h	· · ·		· · ·	 -					1z	_	152,049	
Attach Sch. B if required.	2a	· —	2a		23		axable interest				2b	_	40	
required.	3a		3a		23.		rdinary divide				3b	_	3	9.
Standard	4a		4a				axable amoun				4b	_		
Deduction for—	5a		5a				axable amoun				5b	_		
Single or Married filing	6a	,	6a	mothad -	ahaak har-		axable amoun	ι			6b			
separately, \$13,850	C 7	If you elect to use the lump-sum e		•		` _] -			
Married filing	7 8	Capital gain or (loss). Attach Schedule								. ∟	8			
jointly or Qualifying	9		ditional income from Schedule 1, line 10							9		152,495		
surviving spouse, \$27,700		•			 				10		104,43	<u>,</u>		
Head of	10 11	Adjustments to income from Sche Subtract line 10 from line 9. This is									11		152,495	
household, \$20,800	12	Standard deduction or itemized	•	-							12		27,700	
If you checked any box under	13	Qualified business income deducti									13		<u> </u>	<i>.</i>
Standard	14										14		27,700) <u>-</u>
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		12/ 70	

	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	18,068.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	18,068.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20	1.	
	21	Add lines 19 and 20						21	1.	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	18,067.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	18,067.	
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 30	0,056.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	30,056.	
If you have a	26	2023 estimated tax paymen	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	m 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, lir	ne 15			31				
	32									
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	30,056.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	11,989.	
	35a								11,989.	
Direct deposit?	b									
See instructions.	d	Account number 3 8 5 0 2 1 3 4 0 5 2 9								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	•							
Designee		nstructions							⊠ No	
		Designee's Phone Personal name no. number (ification		
Sign		der penalties of perjury, I declare t	hat I have examined		accompanying sche		, ,	the best	of my knowledge and	
-		ief, they are true, correct, and com								
Here	Yo	ur signature	Date Your occupation				If the IRS sent you an Ident			
							IN, enter it here			
Joint return?			5.	SOFTWARE I	`	(see inst.)				
See instructions. Keep a copy for		ouse's signature. If a joint return,	Date	Spouse's occupat			nt your spouse an ection PIN, enter it here			
your records.					HOME MAKEI	I .	(see inst.)			
	Phone no. (617) 470-9377 Email address CHANDUKONERU 623@GMAIL.COM									
D-:-I	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2024	P0208	2703	Self-employed	
Preparer		m's name GLOBAL TA	1			•	<u> </u>	Phone no. (678) 965-9522		
Use Only	Fin	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							84-3171965	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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

OMB No. 1545-0074 Attachment Sequence No. **03**

Department of the Treasury Internal Revenue Service

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

CHANDRA SEKHAR KONERU & BINDU KARUTURI

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

Your social security number 801-56-5858

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	1.
2	Credit for child and dependent care expenses from Form 2441 Form 2441	2		
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R			
е	Reserved for future use			
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20	040, 1040-SR, or	8	1.
		(co	ontinu	ued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits					
9	Net premium tax credit. Attach Form 8962			9		
10	Amount paid with request for extension to file (see instructions)					
11	Excess social security and tier 1 RRTA tax withheld			11		
12	Credit for federal tax on fuels. Attach Form 4136			12		
13	Other payments or refundable credits:					
а	Form 2439	13a				
b	Credit for repayment of amounts included in income from earlier years	13b				
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c				
d	Deferred amount of net 965 tax liability (see instructions)	13d				
Z	Other payments or refundable credits. List type and amount:	13z				
14	Total other payments or refundable credits. Add lines 13a through	13z		14		
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	-	15		



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box):												
Before you begin • Don't submit th		rm if you have, or are eligi	ble to get, a	a U.S. soc	cial secu	urity nur	mber (SS	N).	⋉ Ap	oply for a new ITIN enew an existing ITIN		
		itting Form W-7. Read the rate return with Form \										
a Nonresident	t alier	required to get an ITIN to cl	aim tax treat	y benefit			-					
b Nonresident alien filing a U.S. federal tax return												
c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return												
d ☐ Dependent of U.S. citizen/resident alien ↑ If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶												
e 🛛 Spouse of U	J.S. c		d or e, enter CHANDRA						alien (see in	structions) ►		
f Nonresident	t alier	n student, professor, or resea	rcher filing a	U.S. feder	ral tax re	turn or c						
g Dependent/	spou	se of a nonresident alien hold	ling a U.S. vi	sa								
h Other (see in	nstru	ctions) ▶										
Additional information	on fo	r a and f : Enter treaty country					treaty art	cle num	ber ►			
Name	1a	First name		Middle na	ame			Last r	name			
(see instructions)		BINDU						KAF	RUTURI			
Name at birth if different ▶	1b	First name		Middle na	ame			Last r	name			
Applicant's	2	Street address, apartment nu			ımber. If	you hav	e a P.O. l	ox, see	separate i	nstructions.		
Mailing		3177 SCOTCH CREE	K RD Apt	. 210								
Address		City or town, state or province	e, and count	ry. Include	e ZIP cod	de or pos	stal code v	vhere ap	propriate.			
		COPPELL					TX	USA		75019		
Foreign (non- U.S.) Address	3	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)		City or town, state or provinc	e, and count	ry. Include	e postal d	code whe	ere approp	oriate.				
Birth	4	Date of birth (month / day / year)	Country of	birth		City and	d state or	province	(optional)	5 Male		
Information		01/18/1996	INDIA							▼ Female		
Other Information	6a	Country(ies) of citizenship INDIA	6b Foreign	tax I.D. nu	umber (if	any)	6c Type	of U.S. vi	sa (if any), n	number, and expiration date		
illolliation	6d	6d Identification document(s) submitted (see instructions)										
		☐ USCIS documentation							Data of au	ation of the time		
								Date of er	•			
									(MM/DD/YYYY):			
	6e	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	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).											
	6f Enter ITIN and/or IRSN ► ITIN IRSN						and					
		name under which it was issued ▶										
				First nan	me		Middle n	ame		Last name		
	6g Name of college/university or company (see instructions) ▶											
		City and state ►	. , ,		,		Length of	stav ▶				
Cidn												
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, includi documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Num								e. I authorize the IRS to share				
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year)						Phone nun	nber				
,							Delegate's relationship to applicant			Parent Court-appointed guardian Power of attorney		
		Signature		Date (month / day			onth / dav /	vear)	Phone			
Acceptance		Oignaturo -			Date (month) day /			, ,	Fax			
Agent's	<u> </u>	Name and title (type or prin	:)	Na	ıme of co	mpany		EIN		PTIN		
Use ONLY								Office c				
	, , Office				511100 0	oue						