E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	parate inst	ructions.
Your first name	and m	niddle initial	Last na	ame					Your so	cial securit	y number
SURYA VENKATA SURESH KUMAR JILLELA					897	12 4	-				
		s first name and middle initial	Last na						Spouse'		curity numbe
LEELA LA	AHAR	Т	NATI	LABELLI					APP	LI EI	DF
		er and street). If you have a P.O. box, see	•				Apt. no.				on Campaigr
3661 W W	VALN	UT HILL LN					2145		Check h	nere if you,	or your
•		ice. If you have a foreign address, also co	omplete :	spaces below.	Sta	te	ZIP code				tly, want \$3
IRVING					TX		75038		•	o this fund. (ow will not	Checking a
Foreign country	y name	1					Foreign postal code			or refund.	•
										You	Spouse
Filing Status	s [Single				Head of ho	ousehold (HO	H)			
Check only		Married filing jointly (even if only o	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	use (e (QSS)		
	lf ·	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	l or QSS box,	ente	r the chi	ld's name	if the
	qι	ualifying person is a child but not you	ur depe	ndent:							
Distribut	Λ+ o	ny time during 2023, did you: (a) rec	oivo (ac	a roward award or	navn	nont for propor	rty or convice	2): or	(b) coll		
Digital Assets		nange, or otherwise dispose of a dig	•				•	, .	. ,	Yes	⊠ No
Standard		neone can claim: You as a de		_ <u>`</u>			ty: (000 inotic	2011011	,		
Deduction	_	Spouse itemizes on a separate retur	•	•		•					
					unon						
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse	:	n before Janu	<u> </u>	-	☐ Is bli	
Dependent	•	· ·		(2) Social security	,	(3) Relationshi	ib I.,			,	instructions):
If more	(1) F	First name Last name		number		to you	Child	tax cr	edit	Credit for oth	ner dependents
than four								<u> </u>			
dependents, see instruction	s —							<u> </u>			
and check								<u> </u>			
here L]										
Income	1a	Total amount from Form(s) W-2, b	•	•					1a		17,328.
Attach Form(s)	b	Household employee wages not re	•	• • • • • • • • • • • • • • • • • • • •					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 from Form 2441, line 26							1e		
was withheld.	f	Employer-provided adoption benefits 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		0.
instructions.	ı	Nontaxable combat pay election (see inst	ructions)		<u>li</u>				1 1	17 220
	Z	Add lines 1a through 1h		· · · · · ;	 L T				1z		17,328.
Attach Sch. B if required.	2a	'	2a			axable interest			2b		
	3a 4a	·	3a			rdinary divider			3b 4b		
Standard	4a 5a		4a 5a			axable amount axable amount			4b 5b		
Deduction for—	_	_							6b		
Single or Married filing	6a c	· · · · · · · · · · · · · · · · · · ·	Social security benefits 6a b Taxable amount								
separately, \$13,850	7	,		•	`	,] 7		
Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8	+	
jointly or Qualifying	9	Add lines 17, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income.						9	1 4	17,328.	
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							10		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Head of	11	Adjustments to income from Schedule 1, line 26							11		17,328.
household, \$20,800	12		-	· ·					12		27,320. 27,700.
of If you checked any box under 13 Standard deduction or itemized deductions (from Schedule A) Qualified business income deduction from Form 8995 or Form 8995-A							13		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Standard	14							14		27,700.	
Deduction, see instructions.	15	Add lines 12 and 13							15		9 628

Form 1040 (2023	3)							Page 2		
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 881	4 2 4972	3 🗌		16	16,933.		
Credits	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	16,933.		
	19	Child tax credit or credit for other depende	nts 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	, enter -0				22	16,933.		
	23	Other taxes, including self-employment tax					23	0.		
	24	Add lines 22 and 23. This is your total tax					24	16,933.		
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2			25a 24	1,972.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	24,972.		
If you have a	26	2023 estimated tax payments and amount	applied from 20	022 return			26			
qualifying child,	27	Earned income credit (EIC)			27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28					
	29	American opportunity credit from Form 886	33, line 8		29					
	30	Reserved for future use			30					
	31	Amount from Schedule 3, line 15			31					
	32	Add lines 27, 28, 29, and 31. These are you	32							
	33	Add lines 25d, 26, and 32. These are your	33	24,972.						
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amour	nt you overpaid		34	8,039.		
	35a	Amount of line 34 you want refunded to yo		35a	8,039.					
Direct deposit?	b	Routing number 0 8 1 0 0 0 0			Checking	Savings				
See instructions.	d	Account number 3 5 5 0 0 4 4	4 1 9	7 0						
	36	Amount of line 34 you want applied to you	r 2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the an	nount you owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see instructions) .			38					
Third Party		you want to allow another person to dis			_					
Designee		structions				omplete b		⊠ No		
		signee's me	Phone no.	1		onal identif ber (PIN)	cation			
Sign	Un	der penalties of perjury, I declare that I have examin	ed this return and	accompanying sche	dules and statemer	ts, and to th	ne 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 preparer has any knowledge								
пеге	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity			
							Protection PIN, enter it here (see inst.)			
Joint return? See instructions.			Dete	SOFTWARE ENGINEER			<u>, </u>			
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on l		he IRS sent your spouse an entity Protection PIN, enter it here			
your records.		HOME MAKER (see					nst.)			
	Ph	one no. (816)699-2279	Email address	SURESH.SURYA	1223@GMAIL.C	OM				
Poid	Pre	eparer's name Preparer's sign	ature		Date	PTIN		Check if:		
Paid	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/30/2024 P020					2703	Self-employed		
Preparer Use Only	Fir	m's name GLOBAL TAXES LLC	Phon	e no. (678)965-9522					
	Fir	m's address 245 ROONEY CT E BR	s EIN							
<u> </u>	/-	10105						- 1040 ()		

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

SURYA VENKATA SURESH KUMAR JILLELA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

897-12-4693

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	elf-only
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	870.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,980.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	



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

Before you begin	taxpayer identification numb : is form if you have, or are eligib				-	⋉ App	on type (check one box): bly for a new ITIN new an existing ITIN		
must file a U.S. fe a Nonresident b Nonresident	ubmitting Form W-7. Read the ederal tax return with Form W alien required to get an ITIN to cla alien filing a U.S. federal tax return t alien (based on days present in	/-7 unless you im tax treaty bene n	meet one o	of the excep	tions (see	•			
d Dependent o	of U.S. citizen/resident alien	d, enter relationsh	ip to U.S. cit	izen/resident a	alien (see ir	_			
e ⊠ Spouse of U		d or e, enter name URYA VENKA'					tructions) ► 897-12-4693		
g Dependent/s h Other (see in	·	ng a U.S. visa			g an excep	ption			
Additional information	on for a and f : Enter treaty country			and treat	y article nu	ımber ►			
Name	1a First name	Midd	dle name			st name			
(see instructions) Name at birth if different ►	LEELA LAHARI 1b First name	Midd				ALLABELLI st name			
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 3661 W WALNUT HILL LN Apt 2145								
Address	City or town, state or province, and country. Include ZIP code or postal code where IRVING TX U						75038		
Street address, apartment number, or rural route number. Don't use a P.O. box number. U.S.) Address (see instructions) City or town, state or province, and country. Include postal code where appropriate.									
Birth Information	4 Date of birth (month / day / year) 08/09/1999	Country of birth INDIA		City and state	e or provin	ce (optional)	5 ☐ Male X Female		
Other Information	6a Country(ies) of citizenship INDIA 6b Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration do								
	6d Identification document(s) submitted (see instructions)						ry into States		
Issued by: INDIA No.: Z7259926 Exp. date: 11/12/2033 (MM/D 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f.							(11).		
	Yes. Complete line 6f. If	more than one, lis	st on a sheet	and attach to	this form (see instructions	s).		
	6f Enter ITIN and/or IRSN ► IT name under which it was issu	ıed ▶	rst name Middle name				and		
	6g Name of college/university or						Last name		
Sign Here	City and state ► Length of stay ► Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.								
Keep a copy for your records.	Signature of applicant (if dele	tions)				Phone number			
	Name of delegate, if applicate	ole (type or print)		Delegate's related to applicant		Power of	Court-appointed guardian attorney		
Acceptance	Signature			Date (month /	day / year)	Phone			
Agent's Use ONLY	Name and title (type or print)		Name of co	ompany	EIN	Fax	PTIN		
	r					Office code			