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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20		See se	parate ins	tructions.	
Your first name and middle initial			Last name						Your social security number				
SRICHARAN			GUNDAVARAPU							807 58 1647			
If joint return, spouse's first name and middle initial			Last n							Spouse's social security number			
VENKATA SRIVIDYA			GUNI	DAVARAPU						981	96 8	3266	
		er and street). If you have a P.O. box, see						Apt. no.				ion Campaign	
144 LEGACY BARN TRAIL								201 Check			here if you,	, or your	
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate		ZIP code sp				ntly, want \$3	
COLLIERV	'ILL	E						20010			to go to this fund. Checking a box below will not change		
Foreign country			1			_				x or refund	0		
										You Spous			
Filing Status		Single				☐ Head of he	ousel	nold (HOI	H)				
Check only		Married filing jointly (even if only or	ne had	income)				,	,				
one box.		Married filing separately (MFS)		•		☐ Qualifying	survi	ving spo	use (QSS)			
0.10 00/11	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che						ild's name	e if the	
	-	, ialifying person is a child but not you		ndont									
	A		/										
Digital		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi			-		-				Yes	⊠ No	
Assets							i) ! (C	ee iiisiiu	Ctioi	5.)			
Standard Deduction		neone can claim: You as a de	•	•		•							
Deduction	Ш;	Spouse itemizes on a separate return	n or yo	u were a dual-status	aller	1							
Age/Blindness	You	: Were born before January 2, 1	959	Are blind Spo	ouse	: Uwas bor	rn bef	ore Janu	ary 2	, 1959	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	_{nip} (4) Check t	the bo	x if qual	ifies for (see	e instructions):	
If more	(1) F	irst name Last name		number		to you		Child tax cred		edit	Credit for of	ther dependents	
than four													
dependents, see instructions													
and check	·												
here \square											<u> </u>		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions) .						. 1a	1	12,081.	
Attach Form(s)	b	Household employee wages not re	eportec	d on Form(s) W-2 .						. 1b)		
W-2 here. Also	С	Tip income not reported on line 1a	a (see ir	nstructions)						. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep	id waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	<u>t</u>		
1099-R if tax	е	Taxable dependent care benefits f	fits from Form 2441, line 26						. 1e)			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						. 1f	f		
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 1g	3		
W-2, see	h	Other earned income (see instruction	ions)				ή.			. 1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>li</u>							
	Z	Add lines 1a through 1h	· ;							. 1z	<u>. 1</u>	12,081.	
Attach Sch. B	2a	'	2a			axable interest				. 2b)		
if required.	3a_		3a			Ordinary divider				. 3b			
Standard	4a		4a			axable amoun				. 4b			
Deduction for—	5a		5a			axable amoun				. 5b			
Single or Married filing	6a	,	6a			axable amoun	t		٠ _	6b)		
separately,	С	If you elect to use the lump-sum e		•	`	,				_			
\$13,850 Married filing	7 8	Capital gain or (loss). Attach Sched							. L	J 7		10 650	
jointly or Qualifying		10						. 8		18,658.			
surviving spouse, Add liftes 12, 25, 35, 46, 55, 65, 7, and 6. This is your total income								. 9		93,423.			
\$27,700 • Head of	10	Adjustments to income from Sche								10		00 400	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-						11		93,423.	
If you checked [12	Standard deduction or itemized								12		27 , 700.	
any box under Standard	13	Qualified business income deducti	ion fror	11 Form 8995 or Form	899	15-A				13		07 700	
Deduction, see instructions.	14	Add lines 12 and 13								14		27 , 700.	
	15	Subtract line 14 from line 11. If zer	o or les	ss enter -U- INIS IS V	OH IT	iaxable incom	ıe			. 15	3 1	nn - 1/1	

Form 1040 (202	3)								Page 2
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,447.
Credits	17	Amount from Schedule 2, line						17	
	18	Add lines 16 and 17						18	7,447.
	19	Child tax credit or credit for c	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	98					20	
	21	·						21	
	22	Subtract line 21 from line 18.						22	7,447.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y			•			24	7,447.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				25a 18	,860.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c .	,					25d	18,860.
If you have a	26	2023 estimated tax payments						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 f	from Form 8863	3. line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31.				ındable credits		32	
	33	Add lines 25d, 26, and 32. Th						33	18,860.
Refund	34	If line 33 is more than line 24,						34	11,413.
rioidila	35a	Amount of line 34 you want r				•	. П	35a	11,413.
Direct deposit?	b	Routing number 0 4 4				_	Savings		·
See instructions.		Account number 6 3 7					J		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe		1			
You Owe	٠.	For details on how to pay, go						37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another	person to disc	cuss this retur			mplete b	elow.	⊠ No
_ 00.g00	De	signee's		Phone			nal identif		
	na	ne		no.		numb	er (PIN)		
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and comp							
11010	Yo	ur signature	Date	Your occupation	-	If the IRS sent you an Identity			
				COEMMADE DEV			(see i		IN, enter it here
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, both must sign.		Date	DEVELOPER	,		nt vour enquee an	
Keep a copy for your records.				Date	Spouse's occupati HOME MAKEF	Ident	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	——Ph	one no. (901) 579-7602)	Email address		ARAN33@GMAIL.CO)M		
		(,	Preparer's signat		CILL . CHIMIN . CIII	Date Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TAT.T.AM	01/20/2024	P02082	2703	Self-employed
Preparer							one no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			s EIN	84-3171965
Go to www irs a		21040 for instructions and the lates			DAA	DEV 01/12/24 DDO	1		Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

2023	
Attachment Sequence No. 01	

Your social security number

SRIC	807-58-16	547		
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedul	e E . 5	-18,658.
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		
I	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		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	Total office and Addition On the color			
9	Total other income. Add lines 8a through 8z			
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r nere and o	n Form	

-18,658.

10

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	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	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			
05					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere 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

SRI	CHARAN & VENKATA SRIVIDYA GUNDAVARAPU					8	307-58	3-1647	1		
Pai	t I Income or Loss From Rental Real Estate an										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you are	an indiv	ridual, rep	ort farm		
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	0997.5	See ins	structions			es X No	_	
	If "Yes," did you or will you file required Form(s) 1099?										
1a										_	
A B	DN:139, DEVINAGAR SECUNDERABAD TELANGAN	IL A	N 50005	0 6							
C											
 1b	Type of Droporty 0 For each worth real estate many	نمال باست	t a al			in Donatal	D = == = ==	al IIa a		_	
ID	Type of Property (from list below) 2 For each rental real estate propertion above, report the number of fair					Days	Person Da		QJV		
Α	personal use days. Check the Qu			Α		365	D u,	0		_	
В	if you meet the requirements to f			В		303			_		
C	qualified joint venture. See instru	ictions	5.	C						_	
	of Property:				l .					_	
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	I	7	Self-Rental					
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	e)				
	·										
l				Α		Properties	5:			_	
Inco 3		3		A	52.	В			С		
4	Rents received	4		- 0	JZ.					_	
	enses:	-								_	
5	Advertising	5									
6	Auto and travel (see instructions)	6								_	
7	Cleaning and maintenance	7		3,8	52.					_	
8	Commissions	8								_	
9	Insurance	9								_	
10	Legal and other professional fees	10									
11	Management fees	11		3,9	50.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3,9							
15	Supplies	15		3,8	94.						
16	Taxes	16									
17	Utilities	17		3,6	53.						
18	Depreciation expense or depletion	18									
19	Other (list)	19		10 0	1.0						
20	Total expenses. Add lines 5 through 19	20		19,3	10.						
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		-18,6	58.						
22	Deductible rental real estate loss after limitation, if any,			20,0	-					_	
	on Form 8582 (see instructions)	22	(18,65	8.)	()(()	
23a					23a	.	652.	`		,	
b					23b						
С					23c		$\neg \neg$				
d					23d						
е	Total of all amounts reported on line 20 for all properties				23e	19,	310.				
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			24				
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Ei	nter to	tal losses here	25	(18,658.)	
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								10 17		
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount	in the to	iai on li	ne 41	on page 2 .	26		-18,658		