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



1040		artment of the Treasury-Internal Revenue Servi		2	023	OMB No. 1545	5-0074	IRS Use	Only—	Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2	023, ending	<u>'</u>		, 20		See sep	oarate i	instructions.
Your first name	and m	niddle initial	Last nam	ie	<u> </u>				,	Your so	cial sec	curity number
AKHILES	Н		VIDAV	/ALAPATI						889	07	0024
If joint return, s	pouse'	s first name and middle initial	Last nam	ie					5	Spouse'	s social	security number
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ns.			-	Apt. no.	F	Preside	ntial Ele	i ection Campaign
OLD FARM ROAD 736								12323				ou, or your
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete spa	aces below.	St	tate	ZIP c	ode				jointly, want \$3 nd. Checking a
HOUSTON						X	770		- L	0		not change
Foreign countr	y name		Fo	oreign provinc	e/state/cou	nty	Forei	gn postal c	ode	our tax	or refu	
Filing Status	s 🗵	Single	•			☐ Head of h	ouseh	old (HOF	1)			
Check only		Married filing jointly (even if only o	ne had in	come)								
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ving spou	use (C	(QSS)		
	lf y	you checked the MFS box, enter the	name of	your spous	e. If you ch	necked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qι	ualifying person is a child but not you	ır depend	lent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward aw	ard or pay	ment for prope	erty or	services): or (b	n) sell		
Assets		nange, or otherwise dispose of a dig										es 🗵 No
Standard		neone can claim: You as a de				s a dependent				,		
Deduction	_	Spouse itemizes on a separate retur	•									
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spous	e: Was bo	rn befo	ore Janua	arv 2	1959		s blind
Dependent				(2) Social	-	(3) Relationsh	10					(see instructions):
-		(1) First name Last name			number		ib (Child t				or other dependents
If more than four												
dependents,								[
see instruction and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions	s)					1a		84,400.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b			
W-2 here. Also	С								1c			
attach Forms W-2G and	d								1d			
1099-R if tax	е								1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f				
If you did not	g							1g				
get a Form W-2, see h Other earned income (see instructions)							0.					
instructions.	i	Nontaxable combat pay election (s	see instru	ctions) .		<u>1</u> i	i					0.4.400
	z	Add lines 1a through 1h								1z		84,400.
Attach Sch. B if required.	2a		2a			Taxable interes				2b		
	3a		3a			Ordinary divide				3b		
Standard	4a		4a			Taxable amoun				4b		
Deduction for—	5a		5a			Taxable amoun Taxable amoun				5b		
Single or Married filing	6a		6a	athad ahaa			ιι			6b		
separately, \$13,850	7 7	If you elect to use the lump-sum election method, check here (see instructions)							. 1	7		383.
Married filing	8			•	•	,			. ⊔	8	+	-14,866.
jointly or Qualifying	9	Additional income from Schedule 1, line 10								9	+	69,917.
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7 Adjustments to income from Sche								10	+	
Head of household,	11	Subtract line 10 from line 9. This is								11		69,917.
\$20,800	12									12	+	13,850.
If you checked any box under	13	Standard deduction or itemized deductions (from Schedule A)							13			
Standard Deduction,	14	Add lines 12 and 13							14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zero or less enter -0 - This is your tayable income										56 067

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	7,644.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	7,644.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,644.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	7,644.	
Payments	25	Federal income tax withheld								
·	а	Form(s) W-2				25a 10	,828.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	10,828.	
If you have a	26	2023 estimated tax paymen						26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
	28	Additional child tax credit from				28				
	29	American opportunity credit				29	7			
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31						32		
	33	Add lines 25d, 26, and 32. T	•	-	-			33	10,828.	
Refund	34							34	3,184.	
neiuliu	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	3,184.	
Direct deposit?	b	Routing number X X X					Savings	-		
See instructions.	d									
	36	Amount of line 34 you want				36				
Amount	37	Subtract line 33 from line 24				1 00 1				
You Owe	31	For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_			38		<u> </u>		
Third Party	Do	you want to allow another				See				
Designee	ins	instructions							⋉ No	
		Designee's name		Phone		Personal identification number (PIN)				
<u></u>		name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and								
Sign		ief, they are true, correct, and com								
Here	Υo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identity	
		ar orginaturo		Builo	Tour occupation		- 1		IN, enter it here	
Joint return?					SOFTWARE E	INGINEER	(see	inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation			If the IRS sent your spouse an		
your records.								Identity Protection PIN, enter it here (see inst.)		
		one no.		Email address			()	- /		
-		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid			'		דיוגמדחוות פג	200	P0247	U 8 3 3	Self-employed	
Preparer										
Use Only								Phone no. (678) 965-9522 Firm's EIN 88-2145487		
	Firi	III S address Z 4 5 KOON L	T CI E BRU	TADMICK INC	7 00070		Firm	SEIN	88-2145487	