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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		ırn d	20 <b>2</b> (	3	OMB No. 1545-	0074	IRS Use	Only—[	Do not w	rite or sta	ple in this sp	pace.
For the year Jan. 1-Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				S	See separate instructions.					
Your first name and middle initial Last na				name					Y	Your social security number			ber	
SAI SARATH CHANDRA PEND				NDALAYA						796 11 9865				
If joint return, s	Last nam						s	Spouse's social security number						
VENKATA	MANCE	NCHIKALAPATI						857	56	9512				
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.				Α	lpt. no.	P	reside	ntial Ele	ction Can	npaign
4090 SH	ARON	PARK LANE						1	_7				ou, or you	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	aces below		State		ZIP co	ode				jointly, wa nd. Check	
SHARONVILLE				ОН				1 4 5 0 4 1			_		not chang	0
Foreign country name				Foreign province/state/county Foreign province/state/county				Foreig	reign postal code your tax or			or refu		Spouse
Filing Status	s $\Box$	Single					Head of ho	useh	old (HOI	4)		7		
Check only		Married filing jointly (even if only or	ne had in	come)				ing surviving spouse (QSS)						
one box.		Married filing separately (MFS)					Qualifying							
	lf y	f you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the												
	qu	alifying person is a child but not you	ır depend	dent:										
District	At ar	ny time during 2023, did you: (a) rec	oivo (as a	reward a	ward or n	avme	ent for proper	ty or	carvicas	): or (b	lles (			
Digital Assets		ange, or otherwise dispose of a dig					The second second						s XN	No
Standard		eone can claim: You as a de					dependent				•			
Deduction		Spouse itemizes on a separate retur	n or you	were a du	al-status al	lien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spot	use:	☐ Was born	n befo	ore Janu	ary 2,	1959	Is	blind	
Dependent	s (see	instructions):		(2) Soc	ial security		(3) Relationshi	ip (4) Check the b			if quali	fies for (	see instruc	ctions):
If more	(1) F	(1) First name Last name			number		to you		Child t	ax cred	lit	Credit fo	r other depe	endents
than four	_								]					
dependents, see instruction	e													
and check														
here L														
Income	1a	Total amount from Form(s) W-2, b									1a		94,3	04.
Attach Form(s)	b	Household employee wages not re			W-2	•					1b	_	——	
W-2 here. Also	С	Tip income not reported on line 1a	,								1c		——	
attach Forms W-2G and	d	Medicaid waiver payments not rep				struc	tions)				1d		——	
1099-R if tax	е	Taxable dependent care benefits f				•		11 .			1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	9, 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				٠		i ·		•	1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	ictions) .			<u>1i</u>				_		04.2	0 1
	<u>z</u>	Add lines 1a through 1h									1z	-	94,3	864.
Attach Sch. B if required.	2a		2a				kable interest				2b		3	04.
	3a		3a				dinary dividen				3b		——	
Standard	4a		4a				kable amount				4b			
Deduction for—	5a	Contract to the second	5a				cable amount			•	5b	1 1		
Single or Married filing	6a	The second secon	6a	othed al-			kable amount				6b			
separately, \$13,850	C 7	If you elect to use the lump-sum e					5			.	7			
Married filing	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							. Ц	7		-14,0	61		
jointly or Qualifying	8	Additional income from Schedule 1, line 10									9		80,6	
surviving spouse, \$27,700		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									10		00,0	U / •
Head of	10												90 0	.07
household, \$20,800	11	Subtract line 10 from line 9. This is Standard deduction or itemized							• •	•	11		80,6	
If you checked	12									• •	_		27,7	υυ.
any box under Standard	13	Qualified business income deduction Add lines 12 and 13			o or Form 8						13		27 7	0.0
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer									14		27 <b>,</b> 7	

Form 1040 (2023	3)				Page <b>2</b>						
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	<del></del>	16	5,911.						
Credits	17	Amount from Schedule 2, line 3		17	·						
	18	Add lines 16 and 17		18	5,911.						
	19	Child tax credit or credit for other dependents from Schedule 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	5,911.						
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.						
	24	Add lines 22 and 23. This is your <b>total tax</b>		24	5,911.						
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2	,421								
	b	Form(s) 1099									
	C	Other forms (see instructions)									
	d	Add lines 25a through 25c		25d	12,421.						
If you have a qualifying child,	26	2023 estimated tax payments and amount applied from 2022 return		26							
	27	Earned income credit (EIC)									
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit from Form 8863, line 8									
	30	Reserved for future use									
	31	Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits		32							
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>		33	12,421.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	6,510.						
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	. 🗆	35a	6,510.						
Direct deposit?	b	Routing number 0 2 1 0 0 0 3 2 2 c Type: ▼ Checking □	Savings								
See instructions.	d	Account number 4 8 3 0 6 0 3 2 4 3 8 5									
	36	Amount of line 34 you want applied to your 2024 estimated tax									
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions		37							
	38	Estimated tax penalty (see instructions)									
Third Party Designee	Do	o you want to allow another person to discuss this return with the IRS? See									
	ins	structions	mplete	below.	<b>⋉</b> No						
				tification							
<u>C:</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		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Yo	our signature Date Your occupation	If th	ne IRS se	nt you an Identity						
					IN, enter it here						
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER	NGINEER (see								
		pouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)							
		HOME MAKER									
	Ph	none no. (845) 728-3221 Email address SARATH.TJ@GMAIL.COM	,								
		reparer's name Preparer's signature Date	PTIN		Check if:						
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/23/2024	P0208	32703	Self-employed						
Preparer	0.000000	rm's name GLOBAL TAXES LLC		Phone no. (678) 965-9522							
Use Only		rm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's FIN 84-3171965							