## 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		urn	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	ce.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				, 20		See se	oarate i	instructions		
Your first name and middle initial Last na				name						Your social security number			r	
HARIKA GARI POTH				THUREDDY						682 30 9091				
If joint return, spouse's first name and middle initial Last na									Spouse's social security number			nber		
											078	75	1426	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				ection Camp	aign
6240 WH	ITE (	CREEK DR											ou, or your	
		ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode			0.	jointly, want nd. Checkind	
CELINA				TX			ζ	75009			U		not change	jа
Foreign countr	y name		F	oreign pro	ovince/state/o	count	ty	Foreig	ın postal c		your tax		nd.	use
Filing Status	. [	Single					Head of h	ouseh	old (HOH	 - )				
-	• <u> </u>	Single												
Check only one box.	×	Married filing separately (MFS)												
one box.		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												
		ialifying person is a child but not you							,					
<u></u>	^+	and the same of th	-: (					.4		\ <i>(</i>	L\ II			
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig						-					es 🗵 No	
Standard	Som	neone can claim:	pendent	: 🗆 \	our spous	e as	a dependent							
<b>Deduction</b>		Spouse itemizes on a separate retur	n or you	were a d	lual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd <b>Spc</b>	ouse	: Was bor	n befo	ore Janua	arv 2.	1959		s blind	
Dependent				Ī	· ·		(3) Relationsh	11					see instruction	ons):
-		(1) First name Last name			(2) Social security (3) Relation to yo					ax cre			r other depend	
If more than four														
dependents,	_								[					
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions)						1a		56,148	3.
Attach Form(s)	b	Household employee wages not re	eported	on Form(	s) W-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c					
attach Forms W-2G and	d								1d					
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e					
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, 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.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						EC 14	0
	<u>z</u>	Add lines 1a through 1h			· · · ·						1z		56,148	٥.
Attach Sch. B if required.	2a	· –	2a				axable interes				2b			
roquiicu.	3a_		3a				ordinary divide				3b			
Standard	4a	<del>-</del>	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a	nothed a			axable amoun	ι			6b			
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)								7				
Married filing	7 8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								8	+			
jointly or Qualifying	9								9	+	56,148	8		
surviving spouse, \$27,700	10									10			<u>-</u>	
Head of	11									11		56,148	 8	
household, \$20,800	12	Standard deduction or itemized deductions (from Schedule A)							12	+	13,850			
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13			•		
Standard Deduction,	14	Add lines 12 and 13						14		13,850	J.			
see instructions.	15	Subtract line 14 from line 11. If zer							-	•	15		12 299	

Form 1040 (202)	3)								Page 2	
Tax and Credits	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	4,853.	
	17	Amount from Schedule 2, line 3								
	18	Add lines 16 and 17							4,853.	
	19	Child tax credit or credit for otl	her dependent	s 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	f zero or less, e	enter -0				22	4,853.	
	23	Other taxes, including self-emp	ployment tax, t	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is yo	ur <b>total tax</b>					24	4,853.	
Payments	25	Federal income tax withheld from	om:							
	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	7,653.	
If you have a	26	2023 estimated tax payments	and amount ap	oplied from 20	122 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812								
	29	American opportunity credit from	om Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. The	se are your <b>to</b>	tal payments				33	7,653.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							2,800.	
	35a	Amount of line 34 you want ref			is attached, chec	ck here	🗌	35a	2,800.	
Direct deposit?	b	Routing number 0 5 2 0				Checking	Savings			
See instructions.	d									
	36	Amount of line 34 you want ap	plied to your	2024 estimate	ed tax	36				
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								
	38	Estimated tax penalty (see inst	_	-		38		37		
Third Party Designee		you want to allow another p	erson to disc	uss this retu	n with the IRS?	_	Complete	below.	⊠ No	
	De	signee's		Phone		Pers	sonal identi	ification		
		me		no.			ber (PIN)			
Sign Here		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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
	Yo	Your signature		Date	Your occupation	If the IRS sent you			, ,	
			SOFTWARE ENGINEER				ection P	IN, enter it here		
Joint return? See instructions. Keep a copy for your records.	Sn	ouse's signature. If a joint return, bot	Date	Spouse's occupation			the IRS sent your spouse an			
	Species o organization in a joint roturn, <b>pour</b> must sign.			Buto	opouco o occupan	on.	Identity Protection PIN, en (see inst.)			
	Ph	one no. (510) 309-8603		Email address	HARIGARIPOTHU	REDDY@GMAIL.C	OM			
Doid	Pre	eparer's name P	reparer's signati	ure		Date	PTIN		Check if:	
Paid Proparer	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/31/2024	P0208	2703	Self-employed	
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC Pho						one no. (678) 965-9522		
	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							's EIN 84-3171965	
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