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



1040		artment of the Treasury-Internal Revenue Servi		urn 2	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		,	2023, endi	ing			, 20		See se	oarate i	instructions.	
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number	_
ADITHYA	R		DWAR	AM							515	65	3955	
		s first name and middle initial	Last nar										security numb	e
SRIVIDY	A		вовв	ITI							294	33	9055	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.			_	ection Campai	gn
1901 KN	IGHT	SBRIDGE RD						1	305		Check h	nere if y	ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	paces below.		Stat	te	ZIP c	ode				jointly, want \$ nd. Checking a	
FARMERS	BRA	NCH				TX		752	34		U		not change	1
Foreign countr	y name		F	oreign provir	nce/state/c	count	у	Foreig	ın postal c		your tax		ınd.	se
Filing Status	s [Single					Head of he	ouseh	old (HOI	- 1)				
Check only	_	Married filing jointly (even if only o	ne had ir	ncome)					•	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	ou checked the MFS box, enter the	name o	of your spou	se. If you	che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	ident:										
Digital	Δ+ 21	ny time during 2023, did you: (a) rec	oivo (ac	a roward a										-
Digital Assets		nange, or otherwise dispose of a digital										□ Ye	es 🗵 No	
Standard		neone can claim: You as a de					a dependent	, ,						_
Deduction		 Spouse itemizes on a separate retur	•		•		•							
A ara /Dlindana								n hafi	va lanu	am . 0	1050		a blind	
		: Were born before January 2, 1	959 _	☐ Are blind	•	use:		- 1					s blind (see instruction:	~/·
Dependent		instructions): irst name Last name			al security mber		(3) Relationsh to you	ip (4	Child t				r other depender	-
If more	(1)	Last Harrie		1101			to you		Orma t		Juli	Orodit 10		_
than four dependents,														_
see instruction	s													_
and check here [1													_
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	L e instruction	ns)						1a		238,487	_
Income	b	Household employee wages not re	•		,						1b			_
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•	. ,							1c			_
attach Forms	d	Medicaid waiver payments not rep	•	•							1d			_
W-2G and	e	Taxable dependent care benefits f									1e			_
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .			·						1g			
get a Form	h	Other earned income (see instructi	ions) .								1h		0	
W-2, see instructions.	i	Nontaxable combat pay election (s	,	uctions) .			1i							
	z	Add lines 1a through 1h									1z		238,487	
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		3,029	
if required.	3a	Qualified dividends	3a	67	73.	b 0	rdinary divider	nds .			3b		682	
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, che	eck here (see i	instructions)							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if	required. If	not requ	ired,	check here			. ×	7		52	
jointly or	8	Additional income from Schedule									8		-18,941	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. ⁻	This is your	total inc	ome					9		223,309	<u>. </u>
\$27,700 Head of	10	Adjustments to income from Sche									10			
household,	11	Subtract line 10 from line 9. This is	your ac	djusted gro	ss incon	ne					11		223,309	
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i ons (from S	Schedule	A)					12		27,700	
any box under Standard	13	Qualified business income deduct	ion from	Form 8995	or Form	899	5-A				13		2	
Deduction,	14										14		27 , 702	<u>-</u>
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loce	ontor O	This is w	aur t	avabla incom				15	- 1	195 607	

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	33,681.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	33,681.
	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	33,681.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	33,681.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 39	677.		
	b	Form(s) 1099				25b	17.		
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	39,694.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	39,694.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	6,013.
	35a	Amount of line 34 you want			is attached, chec	ck here	. 🗆	35a	6,013.
Direct deposit?	b	Routing number 0 8 2	0 0 0 0	7 3	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 4 8 7	0 0 4 5	3 5 8 (6 4				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				. Yes. C	omplete l	below.	⋉ No
		signee's me		Phone no.			onal identi ber (PIN)	fication	
0:		der penalties of perjury, I declare t	hat I have examined		accompanying soho		(/	the best	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Υo	ur signature		Date	Your occupation		lf the	IRS se	nt you an Identity
	10	ur signature		Date	Tour occupation				IN, enter it here
Joint return?					PROJECT MA	ANAGER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
your records.					IIOME MAKET	.	I .	tity Proti inst.)	ection PIN, enter it here
			1	Casail address	HOME MAKER		,		
		one no. (479) 430-834 eparer's name	Preparer's signat	Email address	ADITYAREDDY.	DIS@GMAIL.CO	JM PTIN		Check if:
Paid		•	1 .		רווסיה האדדאא			2702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM	1	RAN SAGAK	GUFIA IALLAM	02/16/2024	P0208		
Use Only		m's name GLOBAL TA		NICIAT CIZ NI	T 00016				(678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	MONICK N	η ηράτρ		Firm	i's EIN	<u>84-3171965</u>

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ADITHYA R DWARAM & SRIVIDYA BOBBITI

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
515-65	-3955

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
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		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-18,941.
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		
ı	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 (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	r here and on Form		1001
	1040, 1040-SR, or 1040-NR, line 8		10	-18,941.

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-basis government	nent	
	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		
15	Deductible part of self-employment tax. Attach Schedule SE		
16	Self-employed SEP, SIMPLE, and qualified plans		
17	Self-employed health insurance deduction	. 17	
18	Penalty on early withdrawal of savings		
19a	Alimony paid		a
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		
21	Student loan interest deduction		
22	Reserved for future use		
23	Archer MSA deduction	. 23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
g	Contributions by certain chaplains to section 403(b) plans 24g		
_	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
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		
	tax law violations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
Z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z		
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and		
	Form 1040, 1040-SR, or 1040-NR, line 10	. 26	

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

2023
Attachment Sequence No. 08

Your social security number 515-65-3955

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

ADITHYA R DWARAM & SRIVIDYA BOBBITI

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

Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
Interest		buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:				
(See instructions		DISCOVER BANK			1,4	44.
and the Instructions for		FIDELITY BROKERAGE SERVICES LLC				21.
Form 1040, line 2b.)		DISCOVER BANK			1,4	64.
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1			
	2	Add the amounts on line 1	2		3,0	29.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		3,0	29.
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer: WALMART INC				69.
Ordinary Dividends		FIDELITY BROKERAGE SERVICES LLC			6	13.
(See instructions and the Instructions for Form 1040, line 3b.)			5			
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary						
dividends shown		Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		6	82.
	Note:	If line 6 is over \$1,500, you must complete Part III.				
		nust complete this part if you (a) had over $1,500$ of taxable interest or ordinary dint; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			d a fo	reigr
Accounts					Yes	No
and Trusts	7a	At any time during 2023, did you have a financial interest in or signature authority of			163	140
Caution: If required, failure to file FinCEN Form)	account (such as a bank account, securities account, or brokerage account) locate country? See instructions		a foreign		×
114 may result in substantial penalties.		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	EN F	orm 114		
Additionally, you may be required to file Form 8938, Statement of	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(financial account(s) is (are) located:				
Specified Foreign Financial Assets. See instructions.	8	During 2023, did you receive a distribution from, or were you the grantor of, or to foreign trust? If "Yes," you may have to file Form 3520. See instructions	ransfe	eror to, a		×

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.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

ADI	THYA R DWARAM & SRIVIDYA BOBBITI						515-6	5-3955	
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
Λ.	Did you make any payments in 2023 that would require you	to file	Form(a) 1	0002 8	'oo inc	tructions			o V No
	f "Yes," did you or will you file required Form(s) 1099?								
					• •				5 <u> </u> NU
1a	Physical address of each property (street, city, state, ZIF		<u> </u>						
Α	96-3129A, STREET NO:700 KURNOOL AND	HRA E	PRADESH	I IN !	5180	06			
В									
С									
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Persor		QJV
	(from list below) above, report the number of fair					Days	Da	ıys	
Α	g personal use days. Check the Quif you meet the requirements to f			Α		365		0	
В	qualified joint venture. See instru			В					
С				С					
	of Property:				_				
	Single Family Residence 3 Vacation/Short-Term Ren	ital	5 Land		-	Self-Rental	\		
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
						Propert	ies:		
Incon	ne:			Α		В			С
3	Rents received	3		6	94.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,6	32.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,9	66.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,9					
15	Supplies	15		2,7	01.				
16	Taxes	16							
17	Utilities	17		3,8					
18	Depreciation expense or depletion	18		3,5	26.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		19,6	35.				
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			-18 , 9	_{/1}				
00		21		-10,9	41.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	00	,	10 01	1 \	1	,	,	,
22-	Total of all amounts reported on line 3 for all rental prope	22	Į(18,94	⊥.) 23a	1	694.	(
23a	·						094.		
b	Total of all amounts reported on line 4 for all royalty prop Total of all amounts reported on line 12 for all properties				23b 23c				
Q C	Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties				23d	-	3,526.		
d e	Total of all amounts reported on line 20 for all properties				23e		635.		
24	Income. Add positive amounts shown on line 21. Do not				200	1.3	. 24		
2 4 25	Losses. Add royalty losses from line 21 and rental real estati		-		· ·	tal loseas har		(18,941.
	Total rental real estate and royalty income or (loss).								10 , 741.
26	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar								-18,941.

Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

ADITHYA R DWARAM & SRIVIDYA BOBBITI

Your taxpayer identification number 515-65-3955

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

ii iii iv v Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	
iii iv v Total qualified business income or (loss). Combine lines 1i through 1v,	
v 2 Total qualified business income or (loss). Combine lines 1i through 1v,	
v 2 Total qualified business income or (loss). Combine lines 1i through 1v,	
2 Total qualified business income or (loss). Combine lines 1i through 1v,	
· · · · · · · · · · · · · · · · · · ·	
 3 Qualified business net (loss) carryforward from the prior year	
 Qualified business income component. Multiply line 4 by 20% (0.20)	
(see instructions)	
year	
or less, enter -0	
9 REIT and PTP component. Multiply line 8 by 20% (0.20)	-
11 Taxable income before qualified business income deduction (see instructions) 11 195,609.	, 2.
12 Enter your net capital gain, if any, increased by any qualified dividends	
(see instructions)	
13 Subtract line 12 from line 11. If zero or less, enter -0	
14 Income limitation. Multiply line 13 by 20% (0.20)	38,977.
Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0	_
Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0	