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



1040		eartment of the Treasury-Internal Revenue Serv. S. Individual Income Tax		ırn	20 2 :	3	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	{	See sep	oarate i	instructions.
Your first name	e and m	niddle initial	Last nan	ne						,	Your so	cial sec	curity number
SNEHA POTLAPALLY											028	06	8306
If joint return, s	spouse'	s first name and middle initial	Last nan	ne						5	Spouse's	s social	security numbe
Home address	(numb	er and street). If you have a P.O. box, see	instructio	ns.				A	Apt. no.	F	Preside	ntial Ele	i ection Campaigi
8655 BR	OOKH	OLLOW BLVD						5	301				ou, or your
City, town, or p	oost off	ice. If you have a foreign address, also co	omplete sp	aces belov	w.	Stat	te	ZIP c	ode				jointly, want \$3 nd. Checking a
FRISCO						TX		750			0		not change
Foreign countr	y name		F	oreign prov	vince/state/c	ount	у	Foreig	n postal c	ode	our tax	or refu	
Filing Status	s 🗵	Single	•				Head of h	ouseh	old (HOI	4)			
Check only		Married filing jointly (even if only o											
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS:										,	
	lf	you checked the MFS box, enter the	name of	f your spo	ouse. If you	che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qι	ualifying person is a child but not you	ur depend	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward	award or r	navn	nent for prope	rtv or	services): or (b	n) sell		
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🔀 No
Standard		neone can claim: You as a de					a dependent				,		
Deduction		Spouse itemizes on a separate retur	•			- 4							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	d Spo	use:	: Was bor	n befo	ore Janu	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) So	cial security	security (3) Relation		ship (4) Check the b			if qualit	fies for ((see instructions)
If more		(1) First name Last name			number		to you		Child t	ax cre	dit	Credit fo	or other dependents
than four													
dependents, see instruction													
and check													
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruction	ons)						1a		88,146.
Attach Form(s)	b	Household employee wages not re	eported o	on Form(s	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 t	from Forr	n 2441, li	ne 26 .						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	39, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct						, .			1h	_	0.
instructions.	i	Nontaxable combat pay election (see instru	uctions)			<u>li</u>						
Attach Sch. B	Z	Add lines 1a through 1h			_i .						1z	_	88,146.
	2a		2a				axable interes				2b	_	
if required.	3a		3a				rdinary divide				3b	_	
Standard	4a		4a				axable amoun				4b	_	
Deduction for—	5a		5a				axable amoun				5b	_	
Single or Married filing	6a		6a	b Taxable amount							6b	-	
separately,	C		If you elect to use the lump-sum election method, check here (see instructions)										
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. Ц	7	+	
jointly or Qualifying	8	Additional income from Schedule	-								8	+	22.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9	+	88,168.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income									11	+	88,168.
If you checked	12	Standard deduction or itemized deductions (from Schedule A)									12		13,850.
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		12 070	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850. 74 318
	/ 1h	SUDTRACT LINE 1/1 from line 11 If 70	O Or IOCO	ODTOR ()	I DIC IC VA	alir 🕇	SYSPIE INCOM	10			- 46		1/1 2 1 2

Form 1040 (2023	3)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,659.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	11,659.	
	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	11,659.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	11,659.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	11,647.	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26		
	27	Earned income credit (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 total payments	33	11,647.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a		
Direct deposit?	b	Routing number X X X X X X X X X X X X X X X X X X X			
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	12.	
	38	Estimated tax penalty (see instructions)			
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	elow	X No	
		signee's Phone Personal identific		<u> </u>	
		me no. number (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to th lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,	
Here	Yo	· · · · · · · · · · · · · · · · · · ·		nt you an Identity	
		/ '		N, enter it here	
Joint return? See instructions. Keep a copy for your records.		REGULATORI	ee inst.)		
	Sp	Identi	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	———Ph	one no. (857)268-8776 Email address SNEHARAO3699@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid	VENK	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	833	Self-employed	
Preparer			Phone no. (678)965-9522		
Use Only			Firm's EIN 88-2145487		