1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use (Dnly—[Do not wr	rite or sta	aple in this space.	
For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning	, 2023, ending, 20						S	See separate instructions.				
Your first name	and mi	iddle initial	Last r	ame							Your social security number			
AMITHA			PAY	ALA							882 52 0078			
-	pouse's	s first name and middle initial	Last r										security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	P	resider	ntial Ele	ection Campaigr	
9921 VAI	LEY	RANCH PKWY W						2	208	c	heck h	ere if y	ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP co	ode				jointly, want \$3	
IRVING						TY	ζ	750	63		0		nd. Checking a not change	
Foreign country	/ name			Foreign p	orovince/state/	count	ty	Foreig	in postal co		our tax		0	
												Yo	ou 🗌 Spouse	
Filing Status	; 🛛] Single					Head of ho	buseh	old (HOH)				
Check only		Arried filing jointly (even if only one had income)												
one box.		Married filing separately (MFS)					Qualifying							
		ou checked the MFS box, enter the			pouse. If yo	u che	ecked the HOH	or QS	SS box, e	nter t	the chil	d's na	me if the	
	qu	alifying person is a child but not you	ur depe	endent:										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a rewar	d, award, or	payr	ment for proper	ty or :	services);	or (b) sell,			
Assets		ange, or otherwise dispose of a dig						-				🗌 Ye	es 🛛 No	
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1							
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind Sp	ouse	• 🗌 Was bor	n hefc	ore Janua	rv 2	1959		s blind	
Dependent			000	<u> </u>	•			14					see instructions):	
-		irst name Last name	(2) Social security number to you					Child tax cred			,	or other dependents		
lf more than four										7				
dependents,												\square		
see instructions and check	s ——												\square	
here]													
Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)									1a		87,511.	
	b	Household employee wages not reported on Form(s) W-2									1b			
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	ns)											
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(-						1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from F	orm 2441							1e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8							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 ins	structions)		1 i							
	Z	Add lines 1a through 1h	• ;			• • •	•	1z		87,511.				
Attach Sch. B	2a	' –	2a				axable interest			•	2b			
if required.	<u>3a</u>		3a				Ordinary divider			•	3b			
Standard	4a		4a				axable amount		• • •	•	4b			
Deduction for—	5a		5a				axable amount		• • •	•	5b	_		
 Single or Married filing 	6a									÷	6b	-		
separately, \$13,850	с _	If you elect to use the lump-sum election method, check here (see instructions)												
 Married filing 	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											_11 007	
jointly or Qualifying	8	Additional income from Schedule 1, line 10											-14,887.	
surviving spouse, \$27,700	9 10		Id lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										72,624.	
 Head of 	10	Adjustments to income from Sche			 aross inco	 mc		• •		•	10		70 601	
household, [\$20,800	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	-					• •		•	11		72,624. 13,850.	
 If you checked any box under 	12	Qualified business income deduct						• •		•	12		13,000.	
Standard	13 14	Add lines 12 and 13				1099	JJ-74	• •		•	13		13,850.	
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer	· ·	 Iss enter	-0- This is v	 /our f	taxable incom	 е	• • •	•	14		58,774.	
			5 51 16	, onter	5.1115155	Jui		• .		•	15			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

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	8,238.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						8,238.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		🔽	19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,238.
	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	8,238.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 11	,513.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction:	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>				2	.5d	11,513.
If you have a	26	2023 estimated tax payment	s 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				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	•			33	11,513.		
Refund	34	If line 33 is more than line 24				34	3,275.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						5a	3,275.
Direct deposit?	b	Routing number 1 1 1	9 0 0 6	5 9					
See instructions.	d	Account number 6 5 8					-		
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	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 <i>www.irs.gov</i>	/Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			
Designee	ins	tructions				🗌 Yes. Co	omplete belo	ow.	× No
	De nai	signee's		Phone no.				tion	
0:			at I have examined				. ,	post of	f my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation	If the IB	S sent	vou an Identity	
				2410		Protection	on PIN		
Joint return?					SOFTWARE 1	(see inst	.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		ne IRS sent your spouse an		
your records.							ntity Protection PIN, enter it he e inst.)		
	Dh	20000 (160)667 027	7	Email addross		,			
		one no. (469) 667-037 parer's name	/ Preparer's signat	Email address	AMIITAPAIA	LA@GMAIL.CC			 Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM							Self-employed
Preparer				NAMI SAGAK	GUFIA IALLAM	02/10/2024			
Use Only		m's name GLOBAL TAX m's address 245 ROONE	Y CT E BRU	NOWTOV N	J 08816				
Co to unit into an				N AJIWAN			Firm's E		84-3171965 Form 1040 (2023)
GO IO WWW.Irs.go	JVIFOM	1040 for instructions and the late	st information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20

3 Attachment Sequence No. **01** Your social security number

Name(s) sł	nown on F	Form 104	0, 1040-SR	, or 1040-NR
AMITHA	PAYALA			

Department of the Treasury

Internal Revenue Service

882-52-0078	i oui	ooolal oooal ity	1
	882	-52-0078	

Part 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. Attack		5	-14,887.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	a (
b		b		
С		C		
d		d (
е		е		
f	Income from Form 8889	Sf		
g	Alaska Permanent Fund dividends	g		
h		h		
i	Prizes and awards	Bi		
j	Activity not engaged in for profit income	Bj		
k		k		
I	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	31		
m	Olympic and Paralympic medals and USOC prize money (see			
		m		
n		n		
ο		0		
р		р		
q		q		
r		Br	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
		s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	U	it		
u		u		
z	Other income. List type and amount:			
		z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter h			
	1040, 1040-SR, or 1040-NR, line 8		10	-14,887.
or Da	nerwork Beduction Act Notice, see your tax return instructions		Cohodul	la 1 (Earm 1040) 2022

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee						
2	officials. Attach Form 2106	-Dasi	s yo	vennn	ent	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
- 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					00	
20	IRA deduction					20	
21	Student loan interest deduction					21	
22	Reserved for future use					22	
23	Archer MSA deduction	• •	• •	• •	•	23	
24	Other adjustments:						
а		24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d		24d					
е	Repayment of supplemental unemployment benefits under the Trade						
		24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g	Contributions by certain chaplains to section 403(b) plans	24g					
h	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	24h					
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	24i					
i	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
z	Other adjustments. List type and amount:						
-		24z					
25	Total other adjustments. Add lines 24a through 24z					25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				on	20	
	Form 1040, 1040-SR, or 1040-NR, line 10					26	
			02/05/24			-	1 (Form 10

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											20 23			
	nent of the Treasury Revenue Service			Go to ww	Attach to w.irs.gov/Sc	Form 1040, <i>heduleE</i> for								Attachn Sequen	nent ce No.	13
) shown on return	-												al security		ər
	HA PAYALA											8	82-5	2-0078		
Part	Note: If yo	ou are	e in th	ne business c	ntal Real I of renting pers 4835 on page	sonal proper			e C. See	e instr	uctions. If you	are	an indiv	vidual, rep	ort far	m
	Did you make ar	ny pa	yme	nts in 2023	that would r	equire you									s X] No
B	f "Yes," did you	or w	vill yo	ou file requi	red Form(s)	1099? .								. 🗌 Ye	es 🗌	No
1a	Physical add	ress o	of ea	ach property	/ (street, city	y, state, ZIF	code	e)								
Α	18/B,2NDC	ROSS	s,v	ENKATEGO	WDA KEME	PAPURA,	BENC	GALURU	KARN	IATAI	KA IN 560	024	4			
В																
С																
1b	Type of Prope (from list below		2		ental real es ort the num					F	air Rental Days	F	Personal Use Days			ðΊΛ
A	3	,		personal u	ise days. Ch	neck the Q	JV bo>	x only	Α		365			0		\square
В	-				t the require				B					-	+	
С				qualified jo	pint venture.	See Instru	ICTIONS	5.	С							
	of Property:															
	Single Family R				ation/Short-	-Term Ren	tal	5 Lan			Self-Rental					
2	Multi-Family Re	eside	nce	4 Cor	mmercial			6 Roy	alties	8	3 Other (deso	cribe	e)			
											Proper	ties				
Incon	ne:								Α		В				С	
3	Rents received						3		6	514.						
4	Royalties rece	ived	• •		<u> </u>		4									
Exper 5							5									
6	Auto and trave						6									
7	Cleaning and i			-			7		1.5	758.						
8	Commissions						8		-/							
9	Insurance .						9									
10	Legal and othe	er pro	ofess	sional fees			10									
11	Management f						11		2,0	041.						
12	Mortgage inter					,	12									
13	Other interest						13			41 -						
14 15	Repairs						14			415.						
15 16	Supplies						15 16		Ζ,Υ	415.						
17	Utilities						17		2.5	754.						
18	Depreciation e						18			118.						
19	Other (list)	•		•			19									
20	Total expense	s. Ad	ld lin	ies 5 throug	h19		20		15,5	501.						
21	Subtract line 2															
	result is a (lose file Form 6198	<i>, , , , , , , , , ,</i>				2	0.1		-14,8	700						
00	Deductible rer						21		-14,0	507.						
22	on Form 8582						22	(14,8	87.)()	()
23a	Total of all am	ounts	s rep	orted on lir	ie 3 for all re	ental prope	rties	• • •		23 a		6	514.			
b	Total of all am		-							23b						
С	Total of all am		-						•	23c						
d	Total of all am								•	23d			18.			
	eTotal of all amounts reported on line 20 for all properties23e15,501.4Income. Add positive amounts shown on line 21. Do not include any losses															
24 25	Losses. Add ro									 Inter t		are	24 25	(14,8	87 1
25 26	Total rental re												25	\	<u> </u>	57.)
20	here. If Parts I															
	Schedule 1 (Fo												26		-14,	887.

Supplemental Income and Loss

SCHEDULE E

Schedule E (Form 1040) 2023

OMB No. 1545-0074

-14,887.