1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or stap	ple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				, 20	See separate instructions.			
Your first name and middle initial Last na									Your social security number				
PHANINDRA KAN				NDULA						111	21	8314	
If joint return, spouse's first name and middle initial Last na										Spouse		security number	
TEJASWINI NIMMAGAD					גתתנ				APP	LI	ED F		
		er and street). If you have a P.O. box, see						A	Apt. no.	-		ction Campaign	
5098 ACC		σαρ						1	A			ou, or your	
								ZIP c		spouse if filing jointly, want \$3			
COLUMBUS					ОН			430	16			d. Checking a	
Foreign country name				Foreign province/state/o			-		n postal code	box below will not change your tax or refund.			
											Ο Υοι	u 🗌 Spouse	
Filing Status] Single					Head of h	ouseh	old (HOH)				
•		Married filing jointly (even if only or	ne hac	l income)	ncome)								
Check only one box.		Married filing separately (MFS)											
one box.	lf v	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										ne if the	
		ualifying person is a child but not your dependent:											
										 // \			
Digital		ny time during 2023, did you: (a) rece										s 🛛 No	
Assets		hange, or otherwise dispose of a digi heone can claim: You as a dep					a dependent	1) ((36		ns.)	∐ Ye		
Standard Deduction	_	Spouse itemizes on a separate return	•										
		· · ·		_						0 4050		h P a d	
		Were born before January 2, 1	959	Are bl	•	ouse		14	ore January	,		blind see instructions):	
Dependents		(see instructions): (1) First name Last name			Social security number	'	(3) Relationship to you		Child tax of		. · ·	r other dependents	
If more	(1)												
than four dependents,												<u> </u>	
see instructions	s ——												
and check here	ı —												
	1a	Total amount from Form(s) W-2, bo	ov 1 (e		stions)					. 1a		81,334.	
Income	b				,							01,331.	
Attach Form(s)	c									. 10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	-			
W-2G and	e	Taxable dependent care benefits fi							. 16				
1099-R if tax was withheld.	f	Employer-provided adoption bene				•••		• •		. 1f			
If you did not		Wages from Form 8919, line 6.						• •		. 1c	-		
get a Form	g h	Other earned income (see instructi				• •		• •		· · ····		0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)									.		
instructions.	z	Add lines 1a through 1h .								. 1z		81,334.	
Attach Sch. B	2		2a		· · · ·	 т	axable interest	• •		. 12			
if required.	-4 3a		3a				Ordinary divider				-		
	4a	· · · · · · · · · · · · · · · · · · ·	4a				axable amount						
Standard	5a		5a				axable amoun			. 5b			
• Single or	6a		6a				axable amoun			. 6b			
Married filing	c		method										
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)								7			
 Married filing 	8										-	0.	
jointly or Qualifying	9									. <u>8</u> . 9		81,334.	
surving spouse, 9 Add lines 12, 20, 30, 40, 50, 60, 7, and 8. This is your total income									. 10				
 Head of 	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11		81,334.		
household, [\$20,800	12								. 12	-	27,700.		
If you checked any box under	13	=								. 13		21,100.	
Standard	14								. 14		27,700.		
Deduction, see instructions.									53,634.				
			5 51 16	55, ontor -	5 . 1113 13 y	Juil			• • •	. 10		55,051.	

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	5,995.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	5,995.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ie8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,995.	
	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	5,995.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 9	,158.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c					2	25d	9,158.	
If you have a	26	2023 estimated tax payment		26						
qualifying child,	27	Earned income credit (EIC)				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				-		32		
	33	Add lines 25d, 26, and 32. These are your total payments							9,158.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							3,163.	
neruna	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							3,163.	
Direct deposit?	b	Routing number $\begin{vmatrix} 1 \\ 2 \end{vmatrix} \begin{vmatrix} 1 \\ 0 \end{vmatrix} \begin{vmatrix} 0 \\ 0 \end{vmatrix} \begin{vmatrix} 3 \\ 5 \\ 8 \end{vmatrix}$ c Type: X Checking Savings								
See instructions.	d	Account number 3 2 5	g							
	36	Amount of line 34 you want a								
Amount	37	Subtract line 33 from line 24								
You Owe	57	For details on how to pay, g		37						
	38	Estimated tax penalty (see instructions)								
Third Party	Do you want to allow another person to discuss this return with the IRS? See									
Designee		instructions							× No	
_ • • • • 9.100	De						onal identifica			
	nar	mē		no.		numb	ber (PIN)			
Sign	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									
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of							•	, 0	
	Yo	ur signature						t you an Identity		
Joint return? See instructions.					DEVOPS ENG	TNEER		Protection PIN, enter it here (see inst.)		
	Sp	ouse's signature. If a joint return, i	ooth must sign.	Date	ion	If the IR	S sent	your spouse an		
Keep a copy for	-1-					Identity	Protec	ction PIN, enter it here		
your records.					HOME MAKER	(see inst	i.)			
	Ph	hone no. (510)493-0269 Email address PHANINDRAK199@GMAIL.COM								
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	7	Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/09/2024	P020827	03	Self-employed	
Preparer	Fin	m's name GLOBAL TAX	Phone r	10. (E	578)965-9522					
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)	

REV 02/05/24 PRO