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



1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this	space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				, 20	Ť	See separate instructions.			
Your first name and middle initial Last na				 name						Your social security number				
RAVLEEN KAUF										825 90 9679)	
If joint return, spouse's first name and middle initial Last na											Spouse's social security number			
EFE KAUF					IR					888	48	8585	1	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.				ection Ca	
520 TER	RY A'	VE.								- 1			ou, or yo	
		ice. If you have a foreign address, also co	mplete s	paces bel	OW.	Sta	te	ZIP c	ode				jointly, w	
SEATTLE				WA			1 0 0 1 0 1			U		nd. Chec not chan	U	
				<u> </u>				Foreign postal code		your tax			ge	
											-	Yo	u 🗌	Spouse
Filing Status	s \square	Single					☐ Head of h	ouseh	old (HOI	<u>-</u> -				
Check only	_	Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
	lf y	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												
	qu	ıalifying person is a child but not you	ır deper	ndent:										
Digital	Δta	ny time during 2023, did you: (a) rec	oiva (as	a reward	l award or	navr	ment for prope	rtv or	sarvicas): or (h) sell			
Assets		nange, or otherwise dispose of a digi											es 🗌	No
Standard		neone can claim: You as a de					a dependent	, ,						
Deduction		 Spouse itemizes on a separate retur	•		-		•							
A are /Dlindnes								m bafa		am / O	1050		اممالط م	
		: Were born before January 2, 1	959 _	_ Are bli │	·	ouse		- 1					s blind	uotiona):
Dependent		(see instructions): (1) First name Last name			(2) Social security number to you			ship (4) Check the b					r other de	
If more	(1)1	Last name					10 you				·uit	Orodit 10		Portdorito
than four dependents,													\dashv	
see instruction	ıs												\dashv	
and check here [ı —												\dashv	
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	_ e instruc	tions)				ı		1a		127,	621
Income	b	• • • • • • • • • • • • • • • • • • • •	,		,						1b		<u> </u>	<u> </u>
Attach Form(s)		Household employee wages not reported on Form(s) W-2								1c				
W-2 here. Also attach Forms	d									1d				
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e					
1099-R if tax was withheld.	O ITTI WA								1f	_				
If you did not	g g	Wages from Form 8919, line 6 .			000,10 20	•					1g			
get a Form							1h			0.				
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)												
	z	Add lines 1a through 1h									1z		127,	621.
Attach Sch. B	<u></u> 2a	1	2a	-	ĺ	b T	axable interes	t.			2b	_		
if required.	3a	· —	3a				ordinary divide				3b	_		
	4a		4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a		6a				axable amoun				6b	_		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod,	check here					. 🗆				
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7	1		
 Married filing jointly or 	8	Additional income from Schedule									8		<u>-9,</u>	738.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		117,8			
\$27,700	10	Adjustments to income from Schedule 1, line 26								10				
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income									117,8	883.		
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)								12			700.	
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		27,	700.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loc	c ontor	O This is v	our t	avabla incom				15		an ·	1 2 3

Form 1040 (202)	3)								Page Z		
Tax and Credits	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	з 🗌		16	10,454.		
	17	Amount from Schedule 2, line 3									
	18	Add lines 16 and 17							10,454.		
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, line	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	10,454.		
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is y	our total tax					24	10,454.		
Payments If you have a	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a 20	,371	•			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c						25d	20,371.		
	26	2023 estimated tax payments	s and amount a	pplied from 20)22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit	from Form 8863	3, 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	nese are your to	otal payments				33	20,371.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							9,917.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							9,917.		
Direct deposit?	b	Routing number 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 a	pplied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24.									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see in	structions) .			38					
Third Party		you want to allow another	•								
Designee		structions	below.	⊠ No							
		Designee's name		Phone no.			Personal identification number (PIN)				
Sign	Un	der penalties of perjury, I declare th	at I have examine	d this return and	accompanying sche	dules and statemen	ts, and to	the best	of my knowledge and		
Here	be	lief, they are true, correct, and comp	ch prepar	er has any knowledge.							
	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity				
						tection P e inst.)	IN, enter it here				
Joint return? See instructions.		avas's signature. If a joint vature. In	Date	CONSULTANT	IANI .			mt			
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.			Spouse's occupati			le IRS sent your spouse an ntity Protection PIN, enter it here			
					HOMEMAKER			e inst.)	•		
	Ph	Phone no. (919) 593-7650 Email address RAVLEEN36@GMAIL.COM				'					
	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:		
Paid	SYAN	AM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/02/2024 P0208						32703	Self-employed		
Preparer	Fir	Firm's name GLOBAL TAXES LLC Ph							one no. (678) 965-9522		
Use Only	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							m's EIN 84-3171965		
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