AS AMENDED RETURN COPY E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074

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For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2	023, endin	9		,	20	5	See sep	arate i	nstruc	ctions.
Your first name and middle initial				Last name							Y	Your social security number			
PURVA			BANGAD								888	34	15	84	
If joint return, spouse's first name and middle initial			Last name						s	Spouse's	social	securi	ity number		
Home address (number and street). If you have a P.O. box, see				instructions. Apt. no.						- 1				Campaign	
3011 BRELLON LANE											Check here if you, or your spouse if filing jointly, want \$3				
City, town, or post office. If you have a foreign address, also co										t t		0,	, ,	ecking a	
DURHAM Foreign country name				NC 2770						~	ox belo			ange	
Foreign country name				Foreign province/state/county For					-oreign	postal c	ode y	our tax	Yo		Spouse
Filipa Status	<u> </u>	Single					П	1 of hou	ısahal	4 (HUI					
Filing Status	S 🔼	☑ Single ☐ Head of household (HOH) ☐ Married filing jointly (even if only one had income)													
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (Q								SS)					
one box.	If v	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter								,	d's na	me if t	the		
		ualifying person is a child but not your dependent:													
B1. 11. I	Λ± α.	outing during 2002 did your (a) rea	oive (oo												
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig	•										∏Ye	<u>, </u>	X No
Standard		neone can claim: You as a de					as a depend		. (000	- II IOLI G	0110110	-/			
Deduction		Spouse itemizes on a separate retur	•	_		•	•	JOHE							
				_											
	_	: Were born before January 2, 1	959	_ Are b	lind	Spou	se: U Wa	as born	-					blind	
Dependent					Social num	security	(3) Relationsh to you		hip (4) Check the Child tax				,		structions): dependents
If more	(1) F	irst name Last name			Hulli	ibei	10	you		Offilia		, it			
than four dependents,														+	
see instruction	s —										_			+	
and check here \square] —										_			一一	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instru	ctions	s)					. .	1a	T 1	32	,498.
	b	Household employee wages not re	d on Form(s) W-2							1b					
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									1e				
was withheld.	f	Employer-provided adoption bene	efits from	Form 8	3839,	line 29						1f			
If you did not get a Form W-2, see instructions.	g	Wages from Form 8919, line 6 .										1g	┼		
	h	Other earned income (see instruct	,									1h	_		
	ı	Nontaxable combat pay election (see instr	uctions) .			1i				4	٠,	22	400
AII	z 2a	Add lines 1a through 1h	2a				 Taxable in	 toroot	•			1z 2b		_34,	<u>,498.</u> 126.
Attach Sch. B if required.	2a 3a	'	3a				Ordinary of		· le			3b	+		4.
	4a		4a				Taxable ar					4b	1		
Standard	5a		5a				Taxable ar					5b	1		
Deduction for— Single or	6a	Social security benefits	6a			b	Taxable ar	mount .				6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)													
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7			0.	
Married filing jointly or	8	Additional income from Schedule 1, line 10									8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	1	<u> </u>	,628.	
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26									10	1		0.	
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income									11	 1		<u>,628.</u>	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)									12	+	<u>13</u>	<u>,850.</u>	
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	+-	1 2	0.50		
Deduction, see instructions.	14	Add lines 12 and 13							14	+		<u>,850.</u>			
	15	Subtract line 14 from line 11. If zer	or less	s, enter	-∪ I	ms is you	ır taxable i	ncome				15		-⊤g	,778.

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

Cat. No. 11320B

Form **1040** (2023)

Form 1040 (2023) PUI	RVA BANGADAS A	MEND	FD RF	TURN (COPY	88	8-34	-1584 Page 2	
Tax and	16	Tax (see instructions). Check						16	21,907.	
Credits	17 Amount from Schedule 2, line 3							17	0.	
	18	Add lines 16 and 17						18	21,907.	
	19	Child tax credit or credit for	other dependen	its from Sched	ule 8812			19	,	
	20	Amount from Schedule 3, lin	ne 8					20	0.	
	21	Add lines 19 and 20						21	0.	
	22	Subtract line 21 from line 18						22	21,907.	
	23	Other taxes, including self-e	· ·					23	,	
	24	Add lines 22 and 23. This is			•				21,907.	
Payments	25	Federal income tax withheld		,						
,	а	Form(s) W-2	5.							
	b	Form(s) 1099	2.							
	С	Other forms (see instructions								
	d	Add lines 25a through 25c	25d	25,008.						
If	26	2023 estimated tax payment		26	,					
If you have a qualifying child,	27	Earned income credit (EIC)								
attach Sch. EIC.	28	Additional child tax credit from	28							
	29	American opportunity credit								
	30	Reserved for future use .								
	31	Amount from Schedule 3, lin								
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	33	25,008.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							3,101.	
	35a								3,101.	
Direct deposit?	b	Routing number 1 2 2	s	,						
See instructions.	d	Routing number 1 2 2 3 5 8 2 1 c Type: X Checking □ Savings Account number 1 5 7 5 0 5 3 5 5 4 4 4								
	36	Amount of line 34 you want a								
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	0.	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another		₹ 7						
Designee					Complete below. X No					
	De nai	signee's me	Phone no.		rsonal ide mber (PIN)					
Sign	Un	of my knowledge and								
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.	
	Yo	ur signature		Date	Your occupation			ne IRS sent you an Identity		
								otection P ee inst.)	ection PIN, enter it here inst)	
Joint return? See instructions.		ouso's signature. If a joint return I	Date	DATA SCIEN			the IRS sent your spouse an			
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation				Identity Protection PIN, enter it here (see inst.)		
your rootius.	Phone no. 657-319-5400 Email address						(56	o mot.)		
-		eparer's name	Preparer's signal			Date	PTIN		Check if:	
Paid		•	SELF-PREF				Self-employed			
Preparer	———	m's name	I DHILL EKEP	الاسالاد.		Ph	Phone no.			
Use Only		m's address	m's FIN							