AS MOST RECENTLY FILED Legartment of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return OMR No. 1545-007.

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For the year Jar	ı. 1–Dec	c. 31, 2023, or other tax year beginning			, 2	2023, endin	ng			, 20	(See sep	arate i	nstru	ctions.
Your first name and middle initial				Last name								Your social security number			
PURVA				BANGAD								888	34	15	84
If joint return, spouse's first name and middle initial				Last name								3pouse's	social	secur	rity number
Home address (number and street). If you have a P.O. box, see instructions.						ons. Apt. no.									Campaign
3011 BI								Check h			•				
City, town, or post office. If you have a foreign address, also co										spouse if filing jointly, want to go to this fund. Checking					
DURHAM Foreign country name				Foreign province/state/county			NC 27703 Foreign postal code			oox belo			ange		
Foreign country	/ name			roreign p	provinc	ce/state/cc	Jurity		Foreig	n postai c	ode)	your tax	or relu	_	Spouse
Filing Status	<u> </u>	Single						☐ Hood of h	ousob	74 (HUI					
Filing Status		 ✓ Single													
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)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 the										d's na	me if	the	
		ialifying person is a child but not you													
District	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oo	0 rowor											
Digital Assets		nange, or otherwise dispose of a dig											Ye	s [X No
Standard	_	neone can claim: You as a de						dependent	01). (01	70 11 10 11 0	01.01.0	-7			
Deduction		Spouse itemizes on a separate retur	•			•		a o p o a o							
				_						1		1050		1.15	
	-	: Were born before January 2, 1	959 [_ Are b		Spou		Was bo	14					blind	structions):
Dependent		instructions): irst name Last name		(2)	Social num	security		(3) Relationsh to you	hip (4		ax cre		,		dependents
If more than four	(1)	Tot name Last name						,							
dependents,											_			一一	
see instructions and check	s —													一百	
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instru	ctions	s)						1a	1	32	,498.
Attach Form(s)	b	Household employee wages not re	eported	ported on Form(s) W-2							1b				
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	ns)							1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d				
1099-R if tax was withheld.	е	Taxable dependent care benefits from Form 2441, line 26								1e	+				
	f	Employer-provided adoption benefits from Form 8839, line 29								1f	+				
If you did not get a Form	g	Wages from Form 8919, line 6 .										1g	+-		
W-2, see	h i	Other earned income (see instructions)								1h					
instructions.	z	Add lines 1a through 1h		uotions	, .			· <u> </u>				1z	1	32	,498.
Attach Sch. B if required.			2a			b	Tax	able interes	st .			2b	_		126.
	3a		3a			4. b	O rd	inary divide	nds .			3b			4.
	4a	IRA distributions	4a			b	Tax	able amoun	nt			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b	Tax	able amoun	nt			5b			
Single or Married filing separately,	6a	Social security benefits 6a b Taxable amount									6b				
	С	If you elect to use the lump-sum election method, check here (see instructions)								. 📙		4		_	
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	+		0.		
jointly or Qualifying	8	Additional income from Schedule 1, line 10								8	+	22	600		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	┿	<u>. 3 </u>	<u>,628.</u>		
Head of	10 11	Adjustments to income from Schedule 1, line 26								10	+	32	<u>0.</u> ,628.		
household, \$20,800	12	Subtract line 10 from line 9. This is your adjusted gross income								12	+		, <u>020.</u> ,850.		
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	+		,000.		
Standard Deduction,	14	Add lines 12 and 13								14	+	13	,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 7	Γhis is yo	ur tax	able incom	ne .			15	1		,778.

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

Cat. No. 11320B

Form **1040** (2023)

Form 1040 (2023	B) PUI	RVA BANGADAS N	IOST R	FCFN	ITI Y FII	FD	88	88-34	-1584 Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	21,907.		
Credits	17								0.		
	18	Add lines 16 and 17						18	21,907.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	,		
	20	Amount from Schedule 3, lir	ne 8					20	0.		
	21	Add lines 19 and 20						21	0.		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	21,907.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21							,		
	24	Add lines 22 and 23. This is	24	21,907.							
Payments	25	Federal income tax withheld							,		
,	а	Form(s) W-2	6.								
	b	Form(s) 1099	2.								
	С	Form(s) 1099									
	d	Add lines 25a through 25c	25d	25,008.							
If you have a	26	2023 estimated tax payments and amount applied from 2022 return							,		
qualifying child,	27	Earned income credit (EIC)									
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .									
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31	32								
	33	Add lines 25d, 26, and 32. T		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	Amount of line 34 you want	35a	3,101.							
Direct deposit?	b	Routing number 1 2 2	s	,							
See instructions.	d										
	36	Amount of line 34 you want									
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							0.		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do you want to allow another person to discuss this return with the IRS? See										
Designee	ins	instructions						e below.	∑ No		
		signee's		Phone			nal identification				
0:	naı	der penalties of perjury, I declare t	hat I have examine	no.	accompanying coho		nber (PIN		of my knowledge and		
Sign			er has any knowledge.								
Here	Υo	ur signature		Date	Your occupation		l If	If the IRS sent you an Identity			
	10	ur olgridiai o	Buio		- 1		ection PIN, enter it here				
Joint return?					DATA SCIEN	TIST 3	(s	see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			he IRS sent your spouse an		
your records.							entity Proti ee inst.)	ection PIN, enter it here			
	Phone no. 657-319-5400 Email address						,				
		eparer's name	Preparer's signal						Check if:		
Paid			SELF-PREF		PTIN		Self-employed				
Preparer	— Fire	m's name	DELL-FKEF	LULLIN	AKED				Phone no.		
Use Only		m's address	rm's FIN								