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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		rn 202	23	OMB No. 1545-	0074	IRS Use	Only—	-Do not w	rite or sta	ple in this spa	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023,	ending			, 20		See se	oarate i	nstructions	s.
Your first name SAHITESI If joint return, s	H KUI		Last nam	DYPELLY					Your social security number  746   21   5711  Spouse's social security number				
SAHITHI		er and street). If you have a P.O. box, see	DUDYA	YALA					APP LI ED F				
_501 MARS	RAIL CIR NE ce. If you have a foreign address, also co				ode 28		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You Spouse						
Filing Status Check only one box.  Digital	If y	Single Married filing jointly (even if only or Married filing separately (MFS) Ou checked the MFS box, enter the alifying person is a child but not you ny time during 2023, did you: (a) rece	name of ir depend	your spouse. If			surviv or QS	ing spou	use (C enter	the chi		me if the	
Assets Standard Deduction	Som	nange, or otherwise dispose of a digitation can claim: You as a de Spouse itemizes on a separate return	pendent	☐ Your spo	use as	a dependent	t)? (Se	e instru	ctions	s.)	Ye	es 🗵 No	)
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind \$	Spouse	: Was born						blind	
Dependent		s (see instructions): (1) First name Last name		(2) Social security number (3) Relationship to you									
If more	(1) F					to you	Child tax c		ax cre	ait	Credit to	r other depen	naents
than four dependents,								<u>_</u>	_			<del>-</del>	
see instruction and check here	s — ]							[					
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions) .					<del>-</del>	1a		123,66	57.
	b	Household employee wages not re	eported o	n 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								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 benefits from Form 8839, line 29						1f					
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instructi	ons) .							1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i							
	z	Add lines 1a through 1h								1z		123,66	57.
Attach Sch. B	2a	· · · · · · · · · · · · · · · · · · ·	2a		b T	axable interest				2b			20.
if required.	3a		3a	932.		ordinary dividen				3b		97	77.
	4a		4a			axable amount				4b			
Standard	5a		5a			axable amount				5b			
Deduction for— Single or	6a		6a			axable amount				6b			
Married filing	С	If you elect to use the lump-sum e	lection m	ethod, check he					. $\square$				
separately, \$13,850	7	Capital gain or (loss). Attach Scheo		•	•	,			. 🗀	7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1, line 10							8				
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9		124,66	54.	
surviving spouse, \$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 <b>adjusted gross income</b>								11		124,66	<u>.</u>
\$20,800	12	Standard deduction or itemized	•	_						12		27,70	
If you checked any box under	13	Qualified business income deducti		•	,					13			8.
Standard Deduction,	14									14		27,70	
see instructions.	15	Subtract line 1/1 from line 11. If zer								15		96 95	

Form 1040 (202	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	11,881.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	11,881.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18							22	11,881.	
	23	Other taxes, including self-e	•						23	0.	
	24	Add lines 22 and 23. This is			•				24	11,881.	
Payments	25	Federal income tax withheld								,	
	а	Form(s) W-2				25a	27	,092.			
	b	Form(s) 1099				25b		23.			
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	27,115.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	122 return				26		
qualifying child,	27	Earned income credit (EIC)	'			27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	from Form 8863	8. line 8		29					
	30	Reserved for future use .		•		30					
	31	Amount from Schedule 3. lir				31					
	32	Add lines 27, 28, 29, and 31					credits		32		
	33	Add lines 25d, 26, and 32. T	•	-	-				33	27,115.	
Refund	34	If line 33 is more than line 24							34	15,234.	
Tiorana	35a	Amount of line 34 you want				•	=	. П	35a	15,234.	
Direct deposit?	b	Routing number 0 7 4				Check		Savings			
See instructions.	d										
	36	Amount of line 34 you want			ed tax	36	_				
Amount	37	Subtract line 33 from line 24				1 1					
You Owe	01	For details on how to pay, g							37		
	38	Estimated tax penalty (see i	_	-		38					
Third Party	Do	you want to allow another				See					
Designee		structions				[	Yes. Co	omplete	below.	<b>⋈</b> No	
		esignee's Phone Personal ic ame no. number (P							ification		
			h ak I h a	no.				, ,	41 14	_f	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com									
Here	٧o	ur signature		Date	Your occupation			l If th	 LES SA	nt vou an Identity	
	10	rour signature		Date	Tour occupation				Protection PIN, enter it here		
Joint return?					SENIOR DA'	TA SC	IENTIS	T see	e inst.)		
See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation					f the IRS sent your spouse an		
Keep a copy for your records.			HOME MAKED					dentity Protection PIN, enter it here (see inst.)			
				Consil address	HOME MAKE		T 00M	(000			
		Phone no. (415) 528-9736 Email address SAHITESHR@GMAIL.COM  Preparer's name Preparer's signature Date PTIN							Check if:		
Paid		'			רווסחה החתווים		2/2024		2702	Self-employed	
Preparer			RAM SAGAR GUPTA TALLAM   02/22/2024   PO				P0208				
Use Only		m's name GLOBAL TA	NOUTON NT 00016						(678) 965-9522		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firn	n's EIN	84-3171965	

## Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

varie(3) Shown on return									
SAHITESH	KUMAR	REDDYPELLY	ξ	SAHITHI	DUDYALA				

Your taxpayer identification number 746-21-5711

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
IV					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v,				
_	column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 (	,		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	<b>6</b> 39.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior				
	year	7 (	4		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero				
_	or less, enter -0	<b>8</b> 39.		•	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	8.	
10 11	Qualified business income deduction before the income limitation. Add lines 5 and Tayob la income hefore qualified business income deduction (against rutions)	1	10	8.	
	Taxable income before qualified business income deduction (see instructions)	96,964.	-		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 932.			
13	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b> 96,032.	-		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	19,206.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			-,	
	the applicable line of your return (see instructions)		15	8.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16 (	0.	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a				
	zero, enter -0		17 (	0.	



## **Application for IRS Individual Taxpayer Identification Number**

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box): Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien e X Spouse of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ SAHITESH KUMAR REDDYPELLY f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country ▶ and treaty article number ▶ 1a First name Middle name Last name Name SAHITHI DUDYALA (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 501 MARSH TRAIL CIR NE **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 30328 ATLANTA USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth 10/22/1998 Information TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other ATOMT Information **6d** Identification document(s) submitted (see instructions) X Passport ☐ Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: V8188151 Exp. date: 02/24/2032 Issued by: INDIA (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code