E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling	, 20	See se	parate instructions.		
Your first name and middle initial				Last name				Your social security number		
MAHANTAGOUD				KUNTOJI				*** ** 5063		
If joint return, spouse's first name and middle initial				Last name				Spouse's social security number		
SUVARNA				PATIL				*** ** 5831		
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.		Apt. no.	Preside	ential Election Campaigr		
316 GREE	NWA	Y DR					Check here if you, or your			
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete s	plete spaces below. State		ZIP code		if filing jointly, want \$3 this fund. Checking a		
GEORGETO	NW			TX 786			box below will not chang			
Foreign country	name		Foreign province/state/county		Foreign postal code	your ta	your tax or refund.			
								You Spouse		
Filing Status		Single			Head of h	ousehold (HOH)				
Check only	×	Married filing jointly (even if only or	ne had i	income)	_					
one box.	L	Married filing separately (MFS)				surviving spouse		,		
		you checked the MFS box, enter the			u checked the HOF	I or QSS box, ent	er the ch	ild's name if the		
	qu	ualifying person is a child but not you	ır deper	ndent:						
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payment for prope	erty or services); or	r (b) sell,			
Assets	exch	nange, or otherwise dispose of a digi	ital asse	et (or a financial intere	est in a digital asse	et)? (See instruction	ns.)	🛛 Yes 🗌 No		
Standard	Son	neone can claim: You as a de	penden	t	e as a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien					
Age/Blindness	You	: Were born before January 2, 1	959 F	Are blind Spo	ouse: Was bo	rn before January	2. 1959	☐ Is blind		
Dependents				(2) Social security		(4) Ob 1 - 4b - 1	-	ifies for (see instructions):		
•	•	First name Last name		number	to you	Child tax of	•	Credit for other dependents		
If more than four	NIDH	DHI MAHANTAGOUDA KUNTOJI		***-**-8886 Daughter		· 🗙				
dependents,										
see instructions and check	s —									
here \square										
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)			. 1a	245,375.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .			. 1b)		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						;		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see in	nstructions)		. 10	ı		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26			. 16	,		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29			. <u>1f</u>	:		
If you did not	g	Wages from Form 8919, line 6 .					. 10			
get a Form W-2, see	h	Other earned income (see instruction	ions)				. 1h	0.		
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)	<u>1</u> 1			0.45 0.55		
	<u>z</u>	Add lines 1a through 1h		· · · · · · · · · · · · · · · · · · ·			. 1z			
Attach Sch. B	2a		2a		b Taxable interes		. 2b			
if required.	3a_		3a		b Ordinary divide		. 3b			
Standard	4a		4a		b Taxable amoun		. 4b			
Deduction for—	5a		5a		b Taxable amoun		. 5b			
Single or Married filing	6a		6a	mothed sheet here	b Taxable amoun	ι	. 6b	,		
separately, \$13,850	C 7	If you elect to use the lump-sum elect to us		•	` ,			1 -		
Married filing	7 8	Capital gain or (loss). Attach Schedule	□ <u>7</u> . 8	_						
jointly or Qualifying	9	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7	. 9							
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						243,300.		
Head of	11	Adjustments to income from Schedule 1, line 26								
household, \$20,800	12		•				. 11			
If you checked any box under	13	` '						3		
Standard Deduction,	14	Add lines 12 and 13						27,700.		
see instructions.	15	Subtract line 14 from line 11. If zer			our tavable incom		15			

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Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲		. 16	39,038.
Credits	17	Amount from Schedule 2, line 3		. 17	
	18	Add lines 16 and 17		. 18	39,038.
	19	Child tax credit or credit for other dependents from Schedule 8812		. 19	2,000.
	20	Amount from Schedule 3, line 8		. 20	
	21	Add lines 19 and 20		. 21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0		. 22	37,038.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			157.
	24	Add lines 22 and 23. This is your total tax			37,195.
Payments	25	Federal income tax withheld from:			
•	а	Form(s) W-2	41,5	53.	
	b	Form(s) 1099			
	С	Other forms (see instructions)		0.	
	d	Add lines 25a through 25c		. 25d	41,553.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return		. 26	<u> </u>
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, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable of	credits .	. 32	
	33	Add lines 25d, 26, and 32. These are your total payments		. 33	41,553.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you ov	erpaid .	. 34	4,358.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		☐ 35a	4,358.
Direct deposit?	b	Routing number * * * * X X X X C Type: Checkin	ıg 🗌 Savi	ngs	
See instructions.	d	Account number * * * * * * * * *			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions		. 37	
	38	Estimated tax penalty (see instructions)			
Third Party	Do	o you want to allow another person to discuss this return with the IRS? See	_		_
Designee	ins	structions	Yes. Comp	lete below.	⋉ No
		esignee's Phone no.	Personal i number (F	identification	
<u>C:</u>		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and			of my knowledge and
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all			
Here	Yo	our signature Date Your occupation	1	If the IRS se	nt you an Identity
		Jan Sgridder		Protection P	IN, enter it here
Joint return?		SOFTWARE ENGINEER (see		(see inst.)	
See instructions. Keep a copy for	Sp	pouse's signature. If a joint return, both must sign. Date Spouse's occupation		nt your spouse an ection PIN, enter it here	
your records.		SOFTWARE DEVELO	(see inst.)	ection Film, enter it here	
	——Ph	none no. (845)750-9233 Email address MAHANTHBK@GMAIL	· · · · · ·		
		eparer's name Preparer's signature Self-Prepared Date	PTI	IN	Check if:
Paid		5 Sell Hepated			Self-employed
Preparer	——Fir	m's name		Phone no.	
Use Only		rm's address		Firm's EIN	
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