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	:е.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstructions	_
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number	r
MOURYA GOUD VUYY				YYALA						877 85 0040				
If joint return, spouse's first name and middle initial Last na											Spouse's social security number			nber
SNEHITHA MUTH				HYAM					APP	LI	ED F			
		er and street). If you have a P.O. box, see						A	Apt. no.					aign
2308 AL	LSTO	N DR									Check h	nere if y	ou, or your	Ū
		ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode			•		
LITTLE ELM							TX		75068		to go to this fund. Checking a			
Foreign countr			F	oreign pr	ign province/state/county			Foreign postal code					•	
												Yo	ou 🗌 Spo	use
Filing Status	s [Single					☐ Head of h	ouseh	old (HOI	H)				
Check only	_	Married filing jointly (even if only o	ne had ii	ncome)				, ,						
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
	If y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	dent:	-									
B: ::::	Λ± α.	outions during 2002 did your (a) res	oive (oo											
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										□v₄	es 🗵 No	
		neone can claim: You as a de					a dependent); (O	JC IIISti u	Ctions	3.)		.3 110	
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•							
Deduction	Ш,	Spouse iternizes on a separate retur	ii or you	were a c	uuai-siaius	allell	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Sp	ouse	: Was bor	n befo	ore Janu	ary 2,	1959		blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4) Check t	he bo				
If more	(1) F	(1) First name Last name			number to yo				Child t	Child tax cre		Credit fo	r other depend	lents
than four														
dependents, see instruction	e —													
and check _														
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		78 , 357	7.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b				
W-2 here. Also	С									1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
1099-R if tax	Taxable dependent care benefits f	its from Form 2441, line 26							1e					
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29						-			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see								1h	_		Ο.			
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>							_
	z	Add lines 1a through 1h			· · ·							separate instructorsocial security nut. 7 85 004 Juse's social security nut. P LI ED idential Election Cock here if you, or youse if filling jointly, to to this fund. Chebelow will not chatax or refund. You Child's name if the line in the li	78 , 357	/ •
Attach Sch. B	2a	· –	2a				axable interes							
if required.	3a	_	3a				rdinary divide							
Standard	4a		4a				axable amoun							
Deduction for—	5a	_	5a				axable amoun							
Single or Married filing	6a	,	6a				axable amoun	t		٠ _	6b			
separately,	С	If you elect to use the lump-sum election method, check here (see instructions)										^		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L			-3,000	<u>).</u>
jointly or Qualifying	8	Additional income from Schedule 1, line 10												
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										75 , 357	/ .	
\$27,700 • Head of	10	•												
household,	11	Subtract line 10 from line 9. This is	•	-	_								75,357	
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)									27,700	<u>).</u>		
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A										_		
Deduction, see instructions.	14	Add lines 12 and 13									27,700			
coo monuciono.	15	Subtract line 1/1 from line 11 If zor	o or loce	ontar -	II This is v	Our t	avabla incom	•			1 45	1	17 657	/

Form 1040 (202)	3)								Page Z		
Tax and Credits	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	5 , 281.		
	17	7 Amount from Schedule 2, line 3									
	18	Add lines 16 and 17							5,281.		
	19	Child tax credit or credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, line	8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18. I	If zero or less,	enter -0				22	5,281.		
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is yo	our total tax					24	5,281.		
Payments	25	Federal income tax withheld for	rom:								
	а	Form(s) W-2				25a 12	446.				
	b	Prom(s) 1099									
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						25d	12,446.		
If you have a	26	2023 estimated tax payments	and amount ap	pplied from 20)22 return			26			
qualifying child,	27	Earned income credit (EIC) .				27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit fr	rom Form 8863	8, 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	ese are your to	tal payments				33	12,446.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							7,165.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							7,165.		
Direct deposit?	b	Routing number 0 6 1				Checking	Savings				
See instructions.	d										
	36	Amount of line 34 you want ar	oplied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions									
You Owe	00							37			
	38					38					
Third Party		you want to allow another particular in the structions				_	omplete l	halow	⊠ No		
Designee		signee's		Phone			onal identi		⊼ NO		
		me		no.			ber (PIN)	noation			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Here	Yo	ur signature	Date Your occupation			If the	If the IRS sent you an Identity				
					Prot	Protection PIN, enter it here					
Joint return?				SOFTWARE ENGINEER			inst.)				
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation HOME MAKER			Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	——Ph	one no. (251) 455-8115		Email address	MOURYAVUYYA						
		` '	Preparer's signat		11001(1AV011A	Date	PTIN		Check if:		
Paid		4 PRIYA RAM SAGAR GUPTA TALLAM S			GUPTA TAT.T.AM	02/26/2024	P0208	2703	Self-employed		
Preparer								hone no. (678) 965-9522			
Use Only									irm's EIN 84-3171965		
		1010 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. t	1.2771011 17	0 00010		1	- C E.I. 1	- 4040		

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Internal Revenue Service Name(s) shown on return Your social security number 877-85-0040 MOURYA GOUD VUYYALA & SNEHITHA MUTHYAM Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with **Box A** checked Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 20,634.) Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -20,634. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -20,634. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.



Application for IRS Individual Taxpayer Identification Number

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

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

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) ▶ MOURYA GOUD VUYYALA f Union 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 SNEHITHA MUTHYAM (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 2308 ALLSTON DR **Mailing** City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** 75068 LITTTLE ELM 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** 02/14/2000 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.: W1561298 Exp. date: 06/13/2032 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