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



1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		rn 202	23	OMB No. 1545	-0074	IRS Use	Only—[Do not w	rite or sta	aple in this spac	e.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					See separate instructions.				
Your first name and middle initial Last na				name					Y	Your social security number			r
BHANU RAGHAVENDRA RA KOLI				LLIMARLA						899	20	1591	
If joint return, spouse's first name and middle initial Last na				name				s	Spouse's	s social	security num	ıbeı	
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ns.			A	pt. no.	P	Presider	ntial Ele	ection Campa	aign
_210 WIR:	EGRA	SS AVE,										ou, or your	
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete spa	aces below.	Sta	te	ZIP c	ode		•	•	jointly, want nd. Checking	
MELBOURNE				FL			32904			•		not change	, u
Foreign country name				Foreign province/state/county Foreign province/state/county			Foreig	oreign postal code		your tax or refund. You Spouse			
Filing Status	s 🗵	Single				Head of he	ouseh	old (HOF	1)				
Check only		Married filing jointly (even if only o											
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS											
	lf y	you checked the MFS box, enter the	name of	your spouse. If	you che	ecked the HOH	l or Q	SS box,	enter t	the chi	ld's na	me if the	
	qι	ualifying person is a child but not you	ır depend	ent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award.	or pavr	nent for prope	rtv or	services'): or (b) sell.			_
Assets		nange, or otherwise dispose of a dig										es 🛛 No	
Standard		neone can claim: You as a de				a dependent				<u>, </u>			
Deduction		 Spouse itemizes on a separate retur	n or you v										
A ma /Dlimalman	- Va		050 🗆	Are blind 6	,	. □ Was her	n bofo	va lanu	- m . O	1050		a blind	
		: Were born before January 2, 1	939 🗀		Spouse		14					s blind (see instructio	
-	s (see instructions): (1) First name Last name					(3) Relationsh to you	ip (4	Child t			r other depend		
If more than four	(1)	Last Harrie				to you							
dependents,									_			౼	
see instruction	s							[_			一一	
and check here []							[一	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .					- -	1a		81,884	1.
	b	Household employee wages not re	` `							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 t	rom Form	2441, line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from I	Form 8839, line	29 .					1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .				· ·			1h	_	().
instructions.	i	Nontaxable combat pay election (s	see instru	ctions)		<u>1i</u>							
	z	Add lines 1a through 1h								1z		81,884	
Attach Sch. B if required.	2a		2a	120		axable interest				2b		48	
ıı requileu.	3a		3a	139.		ordinary divider				3b		192	٤.
Standard	4a		4a			axable amoun				4b			
Deduction for—	5a		5a			axable amount				5b			_
Single or Married filing	6a	Social security benefits L	6a	athed sheet he		axable amount	ι			6b			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		,	`	,			. 📙	7		2,971	ı
Married filing	8			•	•				. ⊔	8		-22,066	
jointly or Qualifying	9	Additional income from Schedule 1, line 10								9		63,029	
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 55, 65, 7, and 6. This is your total income								10			_
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								11		63,029	
\$20,800	12	Standard deduction or itemized								12		14,502	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			_
Standard Deduction,	14								14		14,502	2.	
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or less	ontor O This i	c vour t	avable incom				15		48 525	

Form 1040 (2023	3)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	5,768.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	5,768.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19			
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21			
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,768.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.		
	24	Add lines 22 and 23. This is your total tax	24	5,768.		
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	11,301.		
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26			
	27	Earned income credit (EIC)				
attacii Scii. Elo.	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 credits	32			
	33	Add lines 25d, 26, and 32. These are your total payments	33	11,301.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,533.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	5,533.		
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings				
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X				
	36	Amount of line 34 you want applied to your 2024 estimated tax 36				
Amount You Owe	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	37			
	38	Estimated tax penalty (see instructions)				
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	olovu	⊠ No		
			Personal identification			
	nai		Cation			
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to tr lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,		
	Yo	y i		nt you an Identity		
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER (see i		N, enter it here		
	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	IRS sent your spouse an ity Protection PIN, enter it here			
		(see ii	-	enter it here		
	Ph	one no. (937)750-8172 Email address BHANU.HADOOP7@GMAIL.COM				
Paid	Pre	eparer's name Preparer's signature Date PTIN	Ţ	Check if:		
Preparer	VENK	TATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	1833	Self-employed		
Use Only	Fir	m's name GLOBAL TAXES LLC Phon	Phone no. (678)965-9522			
Jac Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	s EIN	88-2145487		