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		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only—I	Do not wi	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	5	See sep	oarate i	instructions.
Your first name and middle initial Last na				name						1	Your social security number		
ANIL KUMAR ANUS				USURU							123	45	5766
If joint return, s	spouse's	s first name and middle initial	Last nar	me						8	Spouse's	s social	security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	F	Presider	itial Ele	ection Campaig
_13154 A	FFIR	MED AVE											ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete sp	oaces belo	ow.	Sta	te	ZIP c	ode				jointly, want \$3 nd. Checking a
FRISCO						TX		750	35		0		not change
Foreign countr	y name		F	oreign pro	ovince/state/c	count	у	Foreig	n postal c	ode	our tax	or refu	
Filing Status	s \square	Single					X Head of h	ouseh	old (HOI	1)		7	
Check only		Married filing jointly (even if only o											
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS)											
	lf y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	cked the HOF	d or Q	SS box,	enter	the chil	ld's na	me if the
	qu	ıalifying person is a child but not you	ur depen	dent:									
Digital	Δt a	ny time during 2023, did you: (a) rec	oivo (as r	a reward	award or i	navn	nent for prope	rty or	convices): or (b	a) sell		
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	es 🛛 No
Standard		neone can claim: You as a de					a dependent	7 (,		
Deduction		Spouse itemizes on a separate retur	•			4							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spo	use:	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security		(3) Relationsh	_{nip} (4) Check t	he box	if qualif	ies for (see instructions)
If more		(1) First name Last name			number		to you		Child t	ax cred	dit	Credit fo	r other dependents
than four					987-85-9564		4						X
dependents,													
see instruction and check	ıs —												
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	cions)						1a		186,600.
	b	Household employee wages not re	on 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 t	from Fori	m 2441,	line 26 .						1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 88	339, 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		0.
instructions.	i	Nontaxable combat pay election (see instr	uctions)			<u>1</u> i						
	z _	Add lines 1a through 1h									1z		186,600.
Attach Sch. B	2 a	Tax-exempt interest	2a				axable interes				2b		1.
if required.	3a_	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b		
Single or	6a		6a				axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)								. ∐			
\$13,850 Married filing	7		or (loss). Attach Schedule D if required. If not required, check here							. ⊔	7		-3,000.
jointly or	8	Additional income from Schedule									8		95.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										183,696.
\$27,700 • Head of	10	Adjustments to income from Sche									10	+	
household,	11	Subtract line 10 from line 9. This is									11		183,696.
\$20,800 If you checked	12	Standard deduction or itemized									12		20,800.
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								13			
Deduction,	14										14		20,800.
see instructions.	15	Subtract line 1/1 from line 11 If zon	ra ar lacc	ontor	n Thicicy	aur t	avabla inaam	10			15	1	162 896

Form 1040 (2023	3)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	30,889.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	30,889.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	500.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	30,389.		
	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	30,389.		
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	32,345.		
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)				
	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	32,345.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,956.		
riorana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,956.		
Direct deposit?	b	Routing number X X X X X X X X X				
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				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
You Owe	0,	For details on how to pay, go to www.irs.gov/Payments or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party Designee		o you want to allow another person to discuss this return with the IRS? See				
		structions				
		esignee's Phone Personal identii me no. number (PIN)	onal identification ber (PIN)			
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t	he best	of mv knowledge and		
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,		
Here	Yo	our signature Date Your occupation If the	IRS se	nt you an Identity		
		/		IN, enter it here		
Joint return?		11	ee inst.)			
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.			see inst.)			
	———Ph	one no. Email address				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		(ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247	กลรร	Self-employed		
Preparer				678)965-9522		
Use Only			Phone no. (678)965-9522 Firm's EIN 88-2145487			
				00 21101		