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



| 1040 | | artment of the Treasury—Internal Revenue Se S. Individual Income Ta | | urn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use | Only—[| Oo not w | rite or sta | aple in this space. |
|--|-----------|---|-------------|------------|-----------------|---------------|-----------------------|--------|-------------|----------------|---------------------------------|-------------|---------------------------|
| For the year Ja | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ing | | | , 20 | s | ee sep | oarate i | instructions. |
| Your first name | e and m | iddle initial | Last na | me | | | | | | Y | our so | cial sec | urity number |
| RAVI THUM | | | | UMMALA | | | | | | | 113 13 1027 | | |
| If joint return, spouse's first name and middle initial Last nar | | | | | | | | | | | Spouse's social security number | | |
| ANOOSHA DARV | | | | RVTN | | | | | | | 157 | 33 | 8159 |
| | (numbe | er and street). If you have a P.O. box, se | _ | | | | | 1 | Apt. no. | | | | ection Campaigr |
| 12700 R | TDGE | LANEBLVD | | | | | | 1 | 13105 | | | | ou, or your |
| | 1000 | ce. If you have a foreign address, also | complete s | paces bel | low. | Sta | te | ZIP c | ode | | | | jointly, want \$3 |
| CEDAR P | ARK | | | | | TX | ζ | 786 | 13 | | - | | nd. Checking a not change |
| Foreign countr | | | F | Foreign pr | rovince/state/o | count | ty | Foreig | gn postal c | 1 | | or refu | |
| | | | | | | | | | | | | ☐ Yo | ou 🗌 Spouse |
| Filing Status | s [| Single | | | | | Head of he | ouseh | old (HOI | 1) | | 7 | |
| Check only | | Married filing jointly (even if only | one had i | ncome) | | | | | • | | | | |
| one box. | | Married filing separately (MFS) | | , | | | ☐ Qualifying | surviv | ing spor | use (Q | SS) | | |
| 00 20 | lf y | you checked the MFS box, enter the | ne name c | of your s | pouse. If you | ı che | | | | | | ld's nar | me if the |
| | qu | ialifying person is a child but not yo | our depen | ndent: | | | | | | | | | |
| | | | ! (| | | | | | | \ /I- | V = = II | | |
| Digital Assets | | ny time during 2023, did you: (a) re nange, or otherwise dispose of a di | | | | | | _ | | | - | ☐ Ye | es 🗵 No |
| | | neone can claim: You as a c | | | | | a dependent | 1): (3 | e msuu | Ctions. | .) | | <u> </u> |
| Standard Deduction | | Spouse itemizes on a separate ret | | _ | | | | | | | | | |
| Deduction | <u></u> , | Spouse iternizes on a separate reti | arri or you | i were a | uuai-siaius i | allell | | | | | | | <u> </u> |
| Age/Blindnes | s You | : Were born before January 2, | 1959 | Are bl | ind Spo | use | : Was bor | n befo | ore Janu | ary 2, | 1959 | Is | s blind |
| Dependent | s (see | (see instructions): | | (2) 5 | Social security | | (3) Relationsh | ip (4 |) Check t | he box | if qualif | fies for (s | see instructions): |
| If more | (1) F | (1) First name Last name | | | number | | to you | | Child t | ax cred | lit | Credit for | or other dependents |
| than four | PRA | PRAGNAY THUMMALA | | | 953-90-3694 Son | | | | | | | | X |
| dependents, see instruction | DHI | RUV THUMMALA | | 353 | -11-068 | 5 | Son | | | X | | | |
| and check | | | | | | | | | | | | | |
| here | <u> </u> | | | | | | | | | | | _ | |
| Income | la | Total amount from Form(s) W-2, | box 1 (se | e instruc | ctions) | | | | | | 1a | | 82,852. |
| Attach Form(s) | b | Household employee wages not | reported | on Form | n(s) W-2 | | | | | | 1b | | |
| W-2 here. Also | С | Tip income not reported on line | struction | ructions) | | | | | | 1c | | | |
| attach Forms | d | Medicaid waiver payments not re | eported or | n Form(s | s) W-2 (see in | nstru | ictions) | | | | 1d | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits | from For | m 2441, | line 26 | | | | | | 1e | | |
| was withheld. | f | Employer-provided adoption ber | nefits from | Form 8 | 839, line 29 | | | | | | 1f | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | 1g | 1 | |
| get a Form W-2, see | h | Other earned income (see instruc | ctions) . |). | | | 1 1 1N ₁ 4 | y × | | | 1h | 4 | 0. |
| instructions. | i | Nontaxable combat pay election | (see instr | ructions) | | | <u>1</u> i | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | | 1z | | 82,852. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | č. | | b T | axable interest | t. | | | 2b |) | |
| if required. | 3a | Qualified dividends | 3a | | | b 0 | ordinary divide | nds . | * * | | 3b | 1 | |
| <u> </u> | 4a | IRA distributions | 4a | | | b T | axable amoun | t | | | 4b | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | b T | axable amoun | t | | • | 5b | | |
| Single or | 6a | Social security benefits | 6a | | | b T | 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 | Capital gain or (loss). Attach Sch | edule D if | required | d. If not requ | ired | , check here | | | | 7 | 1 | |
| jointly or | 8 | Additional income from Schedule 1, line 10 | | | | | | | | | 8 | | -15,006. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | | 9 | | 67,846. |
| \$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 adjusted gross income | | | | | | | | | | | 67,846. |
| \$20,800 If you checked | 12 | Standard deduction or itemize | d deducti | ions (fro | m Schedule | A) | | | | | 12 | | 27,700. |
| any box under | 13 | Qualified business income deduc | ction from | Form 8 | 995 or Form | 899 | 5-A | | | | 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | | 14 | | 27,700. |
| see instructions. | 15 | Subtract line 1/1 from line 11. If z | oro or loca | c ontor | O This is w | 011r 1 | tavabla incom | | | | 15 | | 10 116 |

| Form 1040 (202 | 3) | | | Page 2 | | |
|--|-----|--|--|--|--|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . | . 16 | 4,375. | | |
| Credits | 17 | Amount from Schedule 2, line 3 | . 17 | | | |
| | 18 | Add lines 16 and 17 | . 18 | 4,375. | | |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | . 19 | 2,500. | | |
| | 20 | Amount from Schedule 3, line 8 | . 20 | 200. | | |
| | 21 | Add lines 19 and 20 | . 21 | 2,700. | | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | . 22 | 1,675. | | |
| | 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 | 1,675. | | |
| Payments | 25 | Federal income tax withheld from: | | | | |
| | а | Form(s) W-2 | 3. | | | |
| | b | Form(s) 1099 | | | | |
| | C | Other forms (see instructions) | | | | |
| | d | Add lines 25a through 25c | . 25d | 2,283. | | |
| 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 | 2,283. | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . | . 34 | 608. | | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 608. | | |
| Direct deposit? | b | Routing number 1 1 1 1 0 0 0 0 2 5 c Type: ★ Checking Saving | gs | | | |
| See instructions. | d | Account number 4 8 8 1 1 0 3 3 7 3 7 9 | | | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount 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 | | you want to allow another person to discuss this return with the IRS? See | A 188 M | | | |
| Designee | | structions | | ⊠ No | | |
| | | | Personal identification number (PIN) | | | |
| Cian | | nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and | | of my knowledge and | | |
| Sign | | lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w | | | | |
| Here | Yo | our signature Date Your occupation | f the IRS ser | nt you an Identity | | |
| | | | | IN, enter it here | | |
| Joint return? | | SOLIMAKE ENGINEER . | see inst.) | | | |
| See instructions. Keep a copy for | | | | e IRS sent your spouse an ntity Protection PIN, enter it here | | |
| your records. | | | see inst.) | | | |
| | ——— | ione no. (512) 785-8358 Email address RAVI.THUMMALA@GMAIL.COM | The state of the s | | | |
| | | eparer's name Preparer's signature Date PTIN | TN Check if: | | | |
| Paid | | | 082703 | Self-employed | | |
| Preparer | | | Phone no. (678) 965-9522 | | | |
| Use Only | | | | | | |
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