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



1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only—[Do not w	rite or sta	ple in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				S	See separate instructions.			
Your first name and middle initial Last na				t name					Y	Your social security number			
KOSHY CHERIAN											888 06 6974		
If joint return, spouse's first name and middle initial Last name					t name					s	Spouse's social security number		
DELCY				THEW					987	97	6224		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.				P	Apt. no.	P	reside	ntial Ele	ection Campaigr
_12501 TH	ECH 1	RIDGE BLVD						1	1324				ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces bel	ow.	Sta	te	ZIP c	ode				jointly, want \$3 nd. Checking a
AUSTIN						TX	ζ	787	53		_		not change
Foreign country	y name		F	oreign pr	ovince/state/o	count	ty	Foreig	n postal c	ode y	our tax	or refu	
Filing Status	s [Single					☐ Head of h	ouseh	old (HOF	H)			
Check only		Married filing jointly (even if only o	ne had ir	ncome)			_						
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (Q	SS)	,	
	If y	ou checked the MFS box, enter the	name of	f your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter t	he chi	ld's nar	me if the
	qu	alifying person is a child but not you	ır depen	dent:					ΔA				
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a	a reward	, award, or	pavr	ment for prope	rtv or	services); or (b) sell.		
Assets		lange, or otherwise dispose of a dig	The second second								,	☐ Ye	es 🛛 No
Standard	Som	eone can claim: You as a de	pendent		Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you		-								
Age/Blindnes	s You:	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959	☐ Is	s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4) Check t	he box	if quali	fies for (s	see instructions)
If more		(1) First name Last name			number		to you		Child tax of		dit	Credit for	r other dependents
than four													
dependents,													
see instruction and check	S -												
here]				_				[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	tions)					1	1a		<u>7</u> 6,861.
Attach Form(s)	b	Household employee wages not re	eported o	on Form	(s) W-2 .						1b		
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)									1c		
attach Forms W-2G and	d										1d		
1099-R if tax	е	Taxable dependent care benefits f	rom Forr	n 2441,	line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits 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						ų ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>li</u>						
	Z	Add lines 1a through 1h	1		i i i i i						1z		76,861.
Attach Sch. B	2 a		2a				axable interes				2b	-	
if required.	3a		3a				ordinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b	10 (1	
Single or Married filing	6a		6a				axable amoun	t			6b		
separately,	C	If you elect to use the lump-sum e								.			
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							. \Box	7					
jointly or Qualifying	8		Additional income from Schedule 1, line 10								8	-	-9 , 785 .
surviving spouse,	9		o, 7, and 8. This is your total income							9		67,076.	
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household, \$20,800	11	Subtract line 10 from line 9. This is							• •	21	11		67,076.
If you checked	12	Standard deduction or itemized								. 11	12	-	27,700.
any box under Standard	13	Qualified business income deducti									13		07 700
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 700.

Form 1040 (2023	3)				Page 2						
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2	degree	. 16	4,285.						
Credits	17	Amount from Schedule 2, line 3	. 17								
	18	Add lines 16 and 17	. 18	4,285.							
	19	Child tax credit or credit for other dependents from Schedule 8812		. 19							
	20	Amount from Schedule 3, line 8		. 20	200.						
	21	Add lines 19 and 20		. 21	200.						
	22	Subtract line 21 from line 18. If zero or less, enter -0		. 22	4,085.						
	23	Other taxes, including self-employment tax, from Schedule 2, line 2	:1	. 23	0.						
	24	Add lines 22 and 23. This is your total tax		. 24	4,085.						
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2	25a 5,89	90.							
	b	Form(s) 1099	25b								
	C	Other forms (see instructions)	25c								
	d	Add lines 25a through 25c		. 25d	5,890.						
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	1	. 26							
	27	Earned income credit (EIC)									
	28	Additional child tax credit from Schedule 8812	28								
	29	American opportunity credit from Form 8863, line 8									
	30	Reserved for future use	30								
	31	Amount from Schedule 3, line 15	31								
	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	5,890.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the	ne amount you overpaid .	. 34	1,805.						
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attack	ned, check here	□ 35a	1,805.						
Direct deposit?	b	Routing number 1 1 1 0 0 0 0 2 5 c Ty	pe: X Checking Savir	ngs							
See instructions.	d	Account number 4 8 8 1 1 2 9 1 1 0 3 6									
	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 www.irs.gov/Payments or see instr	uctions	. 37							
	38	Estimated tax penalty (see instructions)	38								
Third Party	Do	you want to allow another person to discuss this return with t	he IRS? See								
Designee	ins	structions									
		signee's Phone no.	Personal id number (P	dentification							
Sign	Un	name no. number (PIN) 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			1	111.2							
	Yo	ur signature Date Your occ			nt you an Identity IN, enter it here						
Joint return?		LEAD	1	(see inst.)	iri, oritor it flore						
See instructions.	Sp			If the IRS ser	the IRS sent your spouse an						
Keep a copy for			AND DOWN THE PROPERTY OF THE P	Identity Proto (see inst.)	ection PIN, enter it here						
your records.			HOTEL THINDIN								
		one no. (512) 917-6607 Email address KOSHY									
Paid		eparer's name Preparer's signature	Date PTII		Check if:						
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA		2082703	Self-employed						
Use Only	Fir	m's name GLOBAL TAXES LLC	Phone no. (678) 965-9522								
- oo onny	Fir	m's address 245 ROONEY CT E BRUNSWICK N.I 0887	16	Firm's FIN 84-3171965							