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



| £104 (| | artment of the Treasury-Internal Revenue Servi | | ırn | 20 2 : | 3 | OMB No. 1545 | -0074 | IRS Use | Only—I | Do not w | rite or stap | le in this s | space. |
|---|--|--|---|---------------------------------------|----------------------------|------------|--------------------------|--------------|--------------------------|---------------------------------|-----------------------------|--------------|--------------|----------|
| 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 | | | | t name | | | | | | Y | Your social security number | | | |
| UMASANKARA RAO PALI | | | | | ALICHERLA | | | | | | 284 17 4974 | | | |
| If joint return, s | s first name and middle initial | Last nan | t name | | | | | | s | Spouse's social security number | | | | |
| CIRIGURI RANI | | | | | NI | | | | | | 988 | 92 | 4773 | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructio | ns. | | | | | Apt. no. | F | reside | ntial Elec | tion Car | mpaign |
| _15510 , | RANCI | H ROAD 620 N | | | | | | | #1207 | | | nere if yo | | |
| City, town, or | oost offi | ce. If you have a foreign address, also co | mplete sp | aces belo | w. | Sta | te | ZIP o | code | | | if filing jo | | |
| _AUSTIN | | | | TX 7 | | | 781 | 717 | _ | ow will no | | - | | |
| Foreign country name | | | F | Foreign province/state/county Foreign | | | | gn postal co | ode y | our tax | or refun | | | |
| | | | | | | | _ | | _ | | | You | s | Spouse |
| Filing Statu | s 🗀 | Single | | | | | Head of he | ousel | nold (HOH |) | | | | |
| Check only | Check only Married filing jointly (even if only one had income) | | | | | | | | | | | | | |
| one box. | L | Married filing separately (MFS) | | | | | Qualifying | | | | | | | |
| | | you checked the MFS box, enter the | | | ouse. If you | che | ecked the HOF | d or C | SS box, e | enter | the chi | ld's nam | e if the | |
| | qu | alifying person is a child but not you | ır depend | dent: | | | | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (as a | a reward, | award, or | payn | ment for prope | rty or | services) | ; or (b |) sell, | | | |
| Assets | | ange, or otherwise dispose of a dig | | | | | | | | | | ☐ Yes | X N | ٥V |
| Standard | Som | eone can claim: | pendent | □ Y | our spouse | as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | were a d | ual-status a | alien | | | | | | | | |
| Ago/Blindnes | - Vou | : Were born before January 2, 1 | 050 | Are blir | nd Spo | | . □ Was box | n hof | oro Janua | n, 2 | 1050 | | blind | |
| | | | 333 _ | 200 10 3 | • | use | | , | ore Janua 4) Check th | | | | | ctions): |
| Dependent | | s (see instructions): (1) First name Last name | | | (2) Social security number | | (3) Relationsh to you | ip (| Child ta | | 1 | Credit for | | , |
| If more | (1) | (1) The thank | | | | | | | Г | 7 | | OTOGIL TO | | |
| than four dependents, | | | | | | | | | | _ | | | | |
| see instruction | ıs | | | | | | | | | = | | | 旹 | |
| and check here | 1 | | | | | | | | Ī | = | | | \exists | |
| - | 1a | Total amount from Form(s) W-2, b | ox 1 (see | instructi | ions) | | | | | | 1a | | 80,3 | 35. |
| Income | b | Household employee wages not re | | | | | | | | | 1b | | | |
| Attach Form(s) W-2 here. Also | | Tip income not reported on line 1a | | | | | | | | | 1c | | | |
| attach Forms | d | Medicaid waiver payments not rep | | | | nstru | ictions) | | | | 1d | | | |
| W-2G and | е | Taxable dependent care benefits f | | | | | | | | | 1e | | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | | | | | | | | 1f | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | 1g | | | |
| get a Form | h | Other earned income (see instruct | ions) . | | | | | | | | 1h | | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | | uctions) | | | 1i | | | | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | | 1z | | 80,3 | 35. |
| Attach Sch. B | 2a | | 2a | | [4 | b Ta | axable interes | t. | | | 2b | 6 | _ | |
| if required. | 3a | | 3a | | - I | b 0 | ordinary divide | nds . | | | 3b | 0 | | |
| | 4a | IRA distributions | 4a | | 9 | b Ta | axable amoun | t | | | 4b | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | į. | b Ta | axable amoun | t | | | 5b | 16 | | |
| Single or | 6a | Social security benefits | 6a | | A I | b Ta | axable amoun | t | | | 6b | | | |
| Married filing separately, | С | If you elect to use the lump-sum e | lection m | nethod, c | heck here (| see | instructions) | | | . 🗆 | | | | |
| \$13,850 | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here [| | | | | | | | 7 | | | | | |
| Married filing jointly or | 8 | Additional income from Schedule | dditional income from Schedule 1, line 10 | | | | | | | | 8 | - | -10,9 | 24. |
| Qualifying surviving spouse, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . | | | | | | e | u . | | | 9 | | 69,4 | 11. | |
| \$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 ad | justed g | ross incon | ne | | | | | 11 | | 69,4 | 11. |
| \$20,800 If you checked | 12 | Standard deduction or itemized | deduction | ons (from | Schedule | A) | | | | | 12 | | 27,7 | 00. |
| any box under Standard | 13 | Qualified business income deduct | ion from | Form 899 | 95 or Form | 899 | 5-A | | | | 13 | | | |
| Deduction, | 14 | | | | | | | | | | 14 | | 27,7 | |
| see instructions. | 15 | Subtract line 1/1 from line 11 If zer | o or less | ontor C | This is w | 111 t | tavabla inaam | | | | 15 | 1 | 11 7 | /11 |

| Form 1040 (2023 | 3) | | | Page 2 | | | | |
|--------------------------------------|--|--|--|-------------------------|--|--|--|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . | . 16 | 4,567. | | | | |
| Credits | 17 | Amount from Schedule 2, line 3 | . 17 | | | | | |
| | 18 | Add lines 16 and 17 | . 18 | 4,567. | | | | |
| | 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 | 4,367. | | | | |
| | 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 | 4,367. | | | | |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| | а | Form(s) W-2 | 28. | | | | | |
| | b | Form(s) 1099 | | | | | | |
| | C | Other forms (see instructions) | | | | | | |
| | d | Add lines 25a through 25c | . 25d | 9,928. | | | | |
| If you have a qualifying child, | 26 | 2023 estimated tax payments and amount applied from 2022 return | . 26 | | | | | |
| | 27 | Earned income credit (EIC) | | | | | | |
| attach Sch. 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 | 9,928. | | | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . | . 34 | 5,561. | | | | |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | □ 35a | 5,561. | | | | |
| Direct deposit? | b | Routing number 1 1 1 1 0 0 0 0 2 5 c Type: ▼ Checking □ Savin | ngs | | | | | |
| See instructions. | d | Account number 4 8 8 1 1 0 8 4 6 2 8 4 | | | | | | |
| | 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 instructions | . 37 | | | | | |
| | 38 | Estimated tax penalty (see instructions) | | | | | | |
| Third Party Designee | Do | o you want to allow another person to discuss this return with the IRS? See | | _ | | | | |
| | ins | structions | ete below. | ⊠ No | | | | |
| | | | Personal identification number (PIN) | | | | | |
| Ciara | 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 are | | | | | | | |
| Sign | | elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of | | | | | | |
| Here | Yo | our signature Date Your occupation | If the IRS se | nt you an Identity | | | | |
| | | The state of the s | Protection P | IN, enter it here | | | | |
| Joint return? | | SOFTWARE ENGINEER | (see inst.) | | | | | |
| See instructions. Keep a copy for | | pouse's signature. If a joint return, both must sign. Date Spouse's occupation | | IRS sent your spouse an | | | | |
| your records. | | HOME MAKER | Identity Protection PIN, enter it here (see inst.) | | | | | |
| | | | (000 111011) | | | | | |
| | | none no. (512) 865-0365 Email address UMASANKAR.SAPSD@GMAIL.COM reparer's name Preparer's signature PTI | N | Check if: | | | | |
| Paid | | | Check in: 2082703 Self-employed | | | | | |
| Preparer | | | | | | | | |
| Use Only | | rm's name GLOBAL TAXES LLC | Phone no. (678) 965-9522 | | | | | |
| - | Fir | rm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | Firm's EIN | rm's EIN 84-3171965 | | | | |