E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not v	vrite or staple in this space.		
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, ending , 20						See separate instructions.			
Your first name and middle initial Last na					ame						Your social security number		
SANTHOSE		ANGI						672 35 5489					
If joint return, s	s first name and middle initial	ame						Spouse's social security number					
LAHARI		DI						987 91 5907					
Home address (number and street). If you have a P.O. box, see instruction								A	Apt. no.	Presidential Election Campa			
3030 ОН	IO DI	RIVE						4	155		here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode		if filing jointly, want \$3		
FRISCO					TX 7			750	35		this fund. Checking a low will not change		
Foreign country	y name			Foreign province/state/county Fo			Foreig	n postal code		x or refund.			
											You Spouse		
Filing Status	s \square	Single	·				Head of ho	ouseh	old (HOH)				
Check only		Married filing jointly (even if only o	ne had	income)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spouse	(QSS)			
	If y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if the		
	qu	alifying person is a child but not you	ır depe	ndent:									
District	Λ+ or	ny time during 2023, did you: (a) rec	oivo (oc		d award ar	DO: 15	mant for propa	t., or	00m/i000/: 0r	(b) coll			
Digital Assets		nange, or otherwise dispose of a dig						-			☐ Yes		
Standard		eone can claim: You as a de					a dependent	.,. (0	50 111011 401101	10.)			
Deduction		Spouse itemizes on a separate retur			•		•						
		·						n hafa	wa lanuan.	1050	☐ Is blind		
		: Were born before January 2, 1	909	Are b	•	ouse			ore January 2	•	ifies for (see instructions):		
Dependent		s (see instructions): (1) First name Last name		(2) Social security number		'	(3) Relationshi	p (4	Child tax c	-	Credit for other dependents		
If more	(1) F			Harrisei			— to you				Orealt for other dependents		
than four dependents,													
see instruction	s												
and check	1 —												
here L	<u>.</u>	Talalana al (a Fana(a) M. O. la	. 4/-		-1'					1.4	107.420		
Income	1a	Total amount from Form(s) W-2, b								. 1a			
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								. 1k			
W-2 here. Also attach Forms	C	·	•		•					. 10			
W-2G and	d	Medicaid waiver payments not rep				nstru				. 10			
1099-R if tax	e	Taxable dependent care benefits f		•					. 16				
was withheld.	f	Employer-provided adoption bene	m Form 8	i Form 8839, line 29					. 11	_			
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 10			
W-2, see	h	Other earned income (see instruct	,					i.		. 1h	· ·		
instructions.	i -	Nontaxable combat pay election (s	see ins	tructions)			<u>li</u>				107,439.		
	<u>z</u>	Add lines 1a through 1h			· · · ·	 L T				. 12	<u> </u>		
Attach Sch. B if required.	2a	' -	2a				axable interest			. 2t			
	3a		3a				ordinary divider			. 3b			
Standard	4a	-	4a				axable amount			. 4k			
Deduction for-	5a		5a				axable amount			. 5k			
 Single or Married filing 	6a	,	6a				axable amount			. 6k	,		
separately, \$13,850	C	If you elect to use the lump-sum e							L	╡┞╸			
 Married filing 	7	Capital gain or (loss). Attach Sche		•			•		L	-7 -7			
pointly or Qualifying Add lines 17. Ob. 2b. 4b. 5b. 6b. 7, and 8. This is your total income.										. 8			
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9			
 Head of 	10	Adjustments to income from Sche								. 10			
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11			
If you checked	12	Standard deduction or itemized								. 12	,		
any box under Standard	13	Qualified business income deduct				899	ъ-А			. 13			
Deduction, see instructions.	14		· ·							. 14	· ·		
	15	Subtract line 14 from line 11. If zer	o or ies	ss, enter	-u 11115 15 y	our 1	LAXADIE INCOM	ᠸ .		. 15	61,670.		

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check if any	y from Form(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	6,961.		
Credits	17	Amount from Schedule 2, line 3						17			
	18	Add lines 16 and 17						18	6,961.		
	19	Child tax credit or credit for other	r dependent	s from Sched	ule 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 ze	ero or less, e	enter -0				22	6,961.		
	23	Other taxes, including self-emplo	yment tax, f	rom Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is your	total tax					24	6,961.		
Payments	25	Federal income tax withheld from	n:								
-	а	Form(s) W-2				25a 16	,064.				
	b	Form(s) 1099									
	С	Other forms (see instructions) .				25c					
	d	Add lines 25a through 25c						25d	16,064.		
If you have a	26	2023 estimated tax payments and	d amount ap	pplied from 20	22 return			26			
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from Sch	hedule 8812			28					
	29	American opportunity credit from	Form 8863,	, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments							16,064.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	9,103.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							9,103.		
Direct deposit?	b	Routing number 0 5 2 0				Checking	Savings				
See instructions.	d	Account number 4 4 6 0	5 0 6	2 4 2 4	1 9						
	36	Amount of line 34 you want appli	ied to your 2	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to u						37			
	38	Estimated tax penalty (see instruc	_	-		38					
Third Party Designee	Do	you want to allow another pers	son to disc	uss this retur	n with the IRS?	See	omplete l	pelow.	⊠ No		
Doolgiloo	De	signee's		Phone			onal identi				
	na	me		no.		num	ber (PIN)				
Sign Here		der penalties of perjury, I declare that I h lief, they are true, correct, and complete.									
11616	Yo	Your signature		Date	Your occupation		If the IRS sent you an				
				NOTHER		ection P inst.)	IN, enter it here				
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign.		Date	SOFTWARE E				nt your spouse an		
Keep a copy for your records.	Sμ			Date	HOME MAKER				ection PIN, enter it here		
	Ph	one no. (443) 364-0689		Email address	SANTHOSHSARA		DM MC				
Daid	Pre		parer's signatu	ıre		Date	PTIN		Check if:		
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYA	AM PRIYA E	RAM SAGAR	GUPTA TALLAM	02/03/2024	P0208	2703	Self-employed		
Preparer		Firm's name GLOBAL TAXES LLC P						Phone no. (678) 965-9522			
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firm's EIN 84-3171965		
<u> </u>		1010 () 1 1 1 1 1 1 1 1 1							- 1040		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SANTHOSH SARANGI & LAHARI BANDI

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

١.		Sequence No. 01
	Your soc	ial security number
	672-35	-5489

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-18,069.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n		8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
_	Total all a characters Add Process Configuration	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	-18,069.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
0 -					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

SANTHOSH SARANGI & LAHARI BANDI 6						672-3	572-35-5489				
Part		rom Rental Real Estate an									
	Note: If you are in the b	ousiness of renting personal proper om Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	re an ind	ividual, rep	ort farm	
Α [to filo	Form(s) 1	10002 S	oo inc	structions			s V No	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions f "You" did you or will you file required Form(s) 1000?										
	20, 20, 20, 20, 20, 20, 20, 20, 20, 20,										
1a		property (street, city, state, ZIF									
Α	59, SHASHANK ENCL	AVE BESIDE KRISHNA TH	EATE	NAGAF	RAM, H	YDER	ABAD IN 5	00083			
В											
С						ı					
1b									nal Use	QJV	
	· · · · · · · · · · · · · · · · · · ·	pove, report the number of fair learnings. Check the Qu		hay anly			Days	D			
<u>A</u>		you meet the requirements to f			A		365		0		
B C		ualified joint venture. See instru			В						
	of Droporty				C						
	of Property: Single Family Residence	3 Vacation/Short-Term Ren	tal	5 Lanc	ı	7	Self-Rental				
	Multi-Family Residence	4 Commercial	ıaı	6 Roya	-			iha)			
	ividiti-i arrilly riesiderice	4 Commercial		O HOYE	11103		Other (descr				
							Properti	es:	1		
Incom					Α		В			С	
3			3		6	48.					
4			4								
Exper			_								
5			5								
6	*	and travel (see instructions)									
7			7 8		3,296.						
8 9			9								
10		nal fees	10								
11			11	2,951.							
12		nt fees				JI.					
13			13								
14			14		3,7	64.					
15			15	2,581.							
16			16								
17			17	2,750.							
18	Depreciation expense or d	epletion	18	3,375.							
19	Other (list)		19								
20	Total expenses. Add lines	5 through 19	20		18,7	17.					
21	Subtract line 20 from line 3	3 (rents) and/or 4 (royalties). If									
		actions to find out if you must									
	file Form 6198		21		-18,0	69.					
22		te loss after limitation, if any,		,	10 -	, ,					
00	·	tions)	22	(18,06		(C 4 0) ()	
23a		ed on line 3 for all rental prope				23a		648.			
b		ed on line 4 for all royalty prop	erties			23b					
G C		red on line 12 for all properties			•	23c 23d	၁	,375.	-		
d		ted on line 18 for all properties ted on line 20 for all properties			•	23a 23e		,373. ,717.			
е 24		ounts shown on line 21. Do not	· · ·	 de anvilo		236	10	. 24			
25	· ·	from line 21 and rental real estate		-		· · nter to	tal losses here	_	(18 , 069.)	
26		and royalty income or (loss).									
20		, and line 40 on page 2 do no									
		ne 5. Otherwise include this ar								_10 060	