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



1040		artment of the Treasury-Internal Revenue Servi		rn G	20 2 ;	3	OMB No. 1545-	0074	IRS Use	Only—[Oo not w	rite or sta	uple in this	space.
For the year Jai		, 2023, ending , 20				s	See separate instructions.							
Your first name and middle initial Last na VENKATARAMAKRISHNA NALI				name LLAPATI						Your social security number 154 81 1996				
If joint return, s	Last nam	t name						Spouse's social security number						
SWATHI		Ctions. Apt. no.					987 95 3861 Presidential Election Campaig							
		er and street). If you have a P.O. box, see	Instruction	15.				1	pt. no.				ou, or vo	. •
	1000	DGE LANE ce. If you have a foreign address, also co	mplete spa	aces below		State	e	ZIP co	ode	s	pouse	if filing j	jointly, w	vant \$3
ALPHARETTA				GA			30005			_		nd. Chec not chan	-	
								Foreig	eign postal code your tax or refund.			nd.	Spouse	
Filing Status Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) Ou checked the MFS box, enter the alifying person is a child but not you	name of	your spot	use. If you	[ched	Head of ho	surviv	ving spou	use (Q		ld's na	me if the	Ð
Digital Assets	At ar	ny time during 2023, did you: (a) reclange, or otherwise dispose of a dig	eive (as a	reward, a	The second secon		The second secon					Y€	es 🗵	No
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retur	n or you			- 4	a dependent							
	_	: Were born before January 2, 1	959	Are blind	Spor	use:	☐ Was born			-			s blind	
Dependent		(see instructions):					(3) Relationship	p (4) Check t	1			,	
If more	(1) F	(1) First name Last name			number to you			Offilia tax		ax cred	iir	Credit 10	r other de	pendents
than four dependents,									l	=			묶	
see instruction	s		+	-					<u> </u>	=			井	
and check here [1									=			\dashv	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructio	ns)						1a		113,8	895.
	b	Household employee wages not re									1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	(see inst	ructions)							1c			
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) V	V-2 (see ins	struc	ctions)				1d			
W-2G and	е	Taxable dependent care benefits f	rom Form	2441, lin	ie 26 .						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					1i							
	Z	Add lines 1a through 1h									1z		113,8	895.
Attach Sch. B	2a	Tax-exempt interest	2a		b	5 Ta	xable interest			1 121	2b	6		
if required.	3a		3a				dinary divider				3b			
	4a	IRA distributions	4a				xable amount				4b			
Standard	5a	Pensions and annuities	5a		b	o Ta	xable amount				5b	1		
Deduction for— Single or	6a	Social security benefits	6a		b	Ta	xable amount				6b	(
Married filing separately,	С	If you elect to use the lump-sum e	lection m	ethod, ch	eck here (s	see ii	nstructions)							
\$13,850	7	Capital gain or (loss). Attach Schee			6						7			
Married filing jointly or 8 Additional income from Schedule 1, line 10					(*)						8		-24,9	946.
Qualifying surviving spouse,	9		and 8. This is your total income					. 121	9			949.		
\$27,700	10	Adjustments to income from Schedule 1, line 26									10			
Head of household,	11	Subtract line 10 from line 9. This is									11		88,	949.
\$20,800	12	Standard deduction or itemized									12			700.
If you checked any box under	13	Qualified business income deducti					5-A				13			
Standard Deduction,	14										14		27,	700.
see instructions.	15	Subtract line 1/1 from line 11. If zer						_			15		61 ′	

Form 1040 (2023	3)						Page 2		
Tax and Credits	16	Tax (see instructions). Check if any from F	Form(s): 1 881	4 2 🗌 4972	3 🗌	16	6,907.		
	17	Amount from Schedule 2, line 3	17	,					
	18	Add lines 16 and 17				18	6,907.		
	19	Child tax credit or credit for other deper	ndents 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 zero or le	ess, enter -0			22	6,907.		
	23	Other taxes, including self-employment	tax, from Schedule	e 2, line 21		23	0.		
	24	Add lines 22 and 23. This is your total to	ax			24	6,907.		
Payments	25	Federal income tax withheld from:							
	a	Form(s) W-2	862.						
	b	Form(s) 1099			25b				
	C	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c				25	5, 862.		
If you have a	26	2023 estimated tax payments and amou	unt applied from 20	122 return		26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27		>		
allacii Scii. Elo.	28	Additional child tax credit from Schedule	8812		28				
	29	American opportunity credit from Form	8863, line 8		29				
	30	Reserved for future use			30	4			
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are	your total other p a	ayments and refu	ndable credits	32			
	33	Add lines 25d, 26, and 32. These are yo	ur total payments			33	5,862.		
Refund	34	If line 33 is more than line 24, subtract li	ne 24 from line 33.	This is the amoun	t you overpaid	34	<u> </u>		
	35a	Amount of line 34 you want refunded to	. 35	a					
Direct deposit?	b	Routing number X X X X X X	avings						
See instructions.	d	Account number X X X X X X X							
	36	Amount of line 34 you want applied to y	our 2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the					1 045		
		For details on how to pay, go to www.irs				37	1,045.		
	38	Estimated tax penalty (see instructions)			38				
Third Party Designee		you want to allow another person to tructions	discuss this retui	n with the IRS?		mplete below	v. 🗙 No		
		signee's	Phone		nal identification				
	nai		no.		er (PIN)				
Sign		der penalties of perjury, I declare that I have exa							
Here	bel	ief, they are true, correct, and complete. Declara	tion of preparer (othe	r than taxpayer) is bas	sed on all information	of which prep	arer has any knowledge.		
Here	Yo	ur signature	Date	Your occupation		The second second	ne IRS sent you an Identity		
				SUELMY DE 1			Protection PIN, enter it here (see inst.)		
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, both must sign.		SOFTWARE ENGINEER Date Spouse's occupation			If the IRS sent your spouse an		
Keep a copy for	Ор	buse a signature. If a joint return, both must sig	The Date	opouse s occupation		dentity Protection PIN, enter it here			
your records.				HOME MAKER	(see inst.)				
	Phone no. (512) 228-2755 Email address NVRPS1985@GMAIL.COM								
Paid	Pre	parer's name Preparer's s	ignature		Date	PTIN	Check if:		
Paid Proparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRI	YA RAM SAGAR	GUPTA TALLAM	02/02/2024	P0208270:	3 Self-employed		
Preparer Use Only	Fire	m's name GLOBAL TAXES LLC	Phone no.	Phone no. (678) 965-9522					
Use Only	Fir	m's address 245 ROONEY CT E	Firm's EIN	84-3171965					