1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number
AKHIL RE	EDDY		DAN	DA	ΠΑ						33	3632
If joint return, s	pouse's	s first name and middle initial	Last r	ame								security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Ele	ection Campaigr
_2017 WAI												ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		0	jointly, want \$3 nd. Checking a
CORPUS CHRISTI						TΣ		784	18	box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		_
		1									∐ Yo	ou Spouse
Filing Status		Single		、			Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only on the second se	he had	i income)								
one box.	L.	Married filing separately (MFS) Not the MFS box, enter the	nomo	ofvouro	nouce If you	. obc			/ing spouse	. ,	ld'o po	ma if tha
		alifying person is a child but not you									iu s na	
Digital		ny time during 2023, did you: (a) rec										
Assets		ange, or otherwise dispose of a dig		· _				et)? (Se	e instructio	ns.)		es 🛛 No
Standard		eone can claim: 🗌 You as a de	•		-		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	/	(3) Relationsh	ip (4) Check the b	ox if qual	fies for	(see instructions):
If more	(1) F	(1) First name Last name			number to you				Child tax credit Credit for other depen			
than four												
dependents, see instructions	s ——											
and check	. —											
here	4		- 4/-		- 1')					4		
Income	1a ⊾	Total amount from Form(s) W-2, b	•		,					. 1a . 1b	-	80,299.
Attach Form(s)	c	 b Household employee wages not reported on Form(s) W-2. c Tip income not reported on line 1a (see instructions) . .<td></td><td>. 10</td><td></td><td></td>								. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep						. 1d	-			
W-2G and	e	Taxable dependent care benefits f							. 1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f		
lf you did not	g	Wages from Form 8919, line 6 .							. 19	1		
get a Form W-2, see	h	Other earned income (see instruct				. 1h	1	0.				
instructions.	i	Nontaxable combat pay election (s	tructions)	ons)								
	z	Add lines 1a through 1h	. <u>.</u>		_. .					. 1z		80,299.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b)	
if required.	3a		3a			b C	Ordinary divider	nds .		. 3b)	
Standard	4a		4a				axable amoun			. 4b	-	
Deduction for—	5a		5a				axable amoun			. 5b	-	
 Single or Married filing 	6a	, _	6a				axable amoun	t	 r	. 6b	•	
separately,	_c	If you elect to use the lump-sum e						• •	L	╡╎╴		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche						• •	l		_	-16 605
jointly or Qualifying	8 9	Additional income from Schedule						• •	· · ·	. <u>8</u> . 9		<u>-16,625.</u> 63,674.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche						• •		. 9 . 10		2,500.
 Head of 	11	Subtract line 10 from line 9. This is			 aross incor			• •		. 11		61,174.
household, [\$20,800	12	Standard deduction or itemized	-					• •		. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deduct								. 13	-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is v	our 1	taxable incom	ie .			-	47,324.
]						- · · ·	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	5,719.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	5,719.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8				[20	
	21	Add lines 19 and 20					🗆	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	5,719.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	5,719.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 13	3,370.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	13,370.
	26	2023 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-	_	32	
	33	Add lines 25d, 26, and 32. T	,	-			· · -	33	13,370.
Defined	34	If line 33 is more than line 24					• •	33	7,651.
Refund	34 35a		-			, .	· · ·	35a	7,651.
Direct deposit?		Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . Routing number 1 1 0 0 0 2 5 c Type: Checking Savings						35a	7,001.
See instructions.	b								
	d	· · · · · ·							
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							
rou Owe	0 0					1 1	· · ·	37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				omplete be	low	× No
Designee							•		
	nai	signee's ne		Phone no.			onal identific ber (PIN)	ation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statemen	ts, and to the	best (of my knowledge and
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation	If the II	RS ser	nt you an Identity	
									N, enter it here
Joint return?					SOFTWARE 1		(see in	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in:	<i>,</i>	
	Ph	one no. (469) 674-355	2	Email address	рамра акн. Г	IL@YAHOO.CO)M		
		eparer's name	∠ Preparer's signat	1	DANDA . AI/U	Date	PTIN		Check if:
Paid							P02082	702	Self-employed
Preparer									
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's		678)965-9522
Co to warming				NOWICK N					84-3171965 Form 1040 (2023)
GO TO WWW.IIS.go	wrom	n1040 for instructions and the late	st mornation.		BAA	REV 01/27/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023 Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
AKHIL REDDY DANDA	017-33-3632
Port L Additional Income	

Par	t 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. Attac		5	-16,625.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ()	
b		Bb		
С		Bc		
d	Foreign earned income exclusion from Form 2555	Bd ()	
е	Income from Form 8853	Be		
f		Bf		
g		ßg		
h	Jury duty pay	3h		
i		Bi		
j		Bj		
k		3k		
I	Income from the rental of personal property if you engaged in the rental			
		81		
m	Olympic and Paralympic medals and USOC prize money (see			
		m		
n		3n		
0		Bo		
р		Bp		
q		Bq		
r		Br	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
		Bs (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	U I I I I I I I I I I I I I I I I I I I	Bt	-	
u		Bu	-	
Z	Other income. List type and amount:	_		
~		Bz		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter A 1040, 1040-SR, or 1040-NR, line 8		10	-16,625.
For Do	perwork Reduction Act Notice, see your tax return instructions.		10 Sebedul	e 1 (Form 1040) 2023
101 10	permore neuronon not notice, see your tax return instructions.		Schedul	e i (rumi i 040) 2023

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s gove	ernment		
	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	2,500.
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 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e			_	
f	Contributions to section 501(c)(18)(D) pension plans	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	.				
	tax law violations	24i			-	
j	Housing deduction from Form 2555	24j			-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	~ ~				
	1041)	24k			-	
Z	Other adjustments. List type and amount:	04-				
OF	Total other adjustments. Add lines 045 through 04-	24z			OF	
25 26	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10				26	2,500.
					=•	2, 500. 1 (Form 1040) 2023
	BAA	REV	01/27/24 PF	KO (Scheanle	i (Form 1040) 2023

(Form	1040)	(From r	rental real esta	te, royalties, partnersł	nips, S	corporati	ons, es	states,	trusts, REMI	Cs, etc.)	୭୯	93
Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleE for i									formation.	Attachment Sequence No. 13		
Name(s)	shown on return	•								Your soci	al security	number
AKHI	L REDDY DA	NDA								017-3	3-3632	
Part	Note: If yo	ou are in t	he business of r	tal Real Estate an renting personal proper 335 on page 2, line 40.			c . See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions											
1a												
Α	1-7-1000/A,ADVOCATESCOLONY HANAMKONDA WARANGAL,TELANGANA IN 506001											
C 1b											nal Use iys	QJV
Α	3		personal use	e days. Check the Q	JV box	conly [Α		365		0	
В				the requirements to f nt venture. See instru			В					
С			quaimed joir		CLIONS		С					
	of Property:											
	Single Family R Multi-Family Re			tion/Short-Term Ren [.] mercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
									Propert			
Incom	ie:						Α		В			С
3					3		7	45.				
4		ived			4							
Expen 5					5							
6	0				6							
7					7		2 5	50.				
8					8			50.				
9					9							
10					10							
11					11		2.9	90.				
12				. (see instructions)	12							
13	00				13							
14					14		3,8	10.				
15					15		3,3					
16	Taxes				16							
17	Utilities				17		3,6	80.				
18	Depreciation e	expense	or depletion .		18							
19	Other (list)				19							
20	Total expense			19	20		17,3	70.				
21				nd/or 4 (royalties). If find out if you must								
					21	-	-16,6	25.				
22				er limitation, if any,	22	(16,62	25.)	()	()
23a	Total of all am	ounts re	ported on line	3 for all rental prope	rties			23a		745.		
b				4 for all royalty prop				23b				
с				12 for all properties				23c				
d				18 for all properties				23d				
е				20 for all properties				23e	17	,370.		
24	Income. Add	positive	amounts show	n on line 21. Do not	inclu	de any los	sses			. 24		
25	Losses. Add ro	oyalty los	ses from line 2 ⁻	1 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses her	e 25	(16,625.)

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -16,625. NPA

For Paperwork Reduction Act Notice, see the separate instructions.

26

-16,625.

Supplemental Income and Loss

I

SCHEDULE E

OMB No. 1545-0074