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



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					Se	See separate instructions.		
Your first name and middle initial Las				st name					Yo	Your social security number		
SRIRAM TEM				MANABOYINA						50	83 2615	
	s first name and middle initial	ame					-		s social security number			
BHAVANA		ĹΑ					9	88	96 1412			
	(numbe	er and street). If you have a P.O. box, see					Apt.	no.			ntial Election Campaign	
9501 NAT	TON?	AL PINES DR								Check here if you, or your		
		ce. If you have a foreign address, also co	mplete s	spaces below.	aces below. State ZIP of						if filing jointly, want \$3	
McKinney	7			TX			75072	7 - 0 7 0			to go to this fund. Checking a box below will not change	
Foreign country				Foreign province/state/o	county	y	Foreign p				or refund.	
										☐ You ☐ Spouse		
Filing Status		Single			[Head of ho	ousehold	(HOH)				
Check only		Married filing jointly (even if only or										
one box.		Married filing separately (MFS)	se (QS	S)								
	If y	ou checked the MFS box, enter the	nter th	e chil	d's name if the							
	qu	alifying person is a child but not you										
Digital	Δt an	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navm	ent for proper	rty or ser	vices):	or (b)	sell		
Digital Assets		ange, or otherwise dispose of a digi		The continues of the second co		and the same of th			. ,	oon,	☐ Yes ☒ No	
Standard		eone can claim: You as a de				-			,			
Deduction	_	Spouse itemizes on a separate return			-							
				_					0.46	250		
		Were born before January 2, 19	959 [_ Are blind Spo	use:	☐ Was bor					☐ Is blind	
Dependents				(2) Social security		(3) Relationshi	h 1.,	neck the Child ta:		1	ies for (see instructions): Credit for other dependents	
If more		irst name Last name		number	_	to you			7	- 1		
than four dependents,	SAT	YA IRAJ TEMMANABOYIN	Α		988-96-1433 Son			<u> </u>			<u> </u>	
see instructions	3	shh		565-46-846	5	Son	-		<u> </u>			
and check							-		<u> </u>			
here L	4 -	Total amount from Forms (a) M/ O. h.	ov 1 /oo	a instructional						4.	110 607	
Income	1a	Total amount from Form(s) W-2, bo							•	1a	119,607.	
Attach Form(s)	b	Household employee wages not re	1b 1c	2 2								
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)									+	
W-2G and	-	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d 1e	+	
1099-R if tax was withheld.	e f	Employer-provided adoption bene							*	1f	+	
If you did not	g								•		+	
get a Form	h	Other earned income (see instructi							•	1g 1h	0.	
W-2, see	i	Nontaxable combat pay election (s				1 _{1i}	j		•		 	
instructions.	z	Add lines 1a through 1h	occ mon	140110113)						1z	119,607.	
Attach Sch. B if required.	2a		2a		h Ta	xable interest			•	2b	11237 337.	
	3a		3a			rdinary divider				3b		
	4a		4a			axable amount				4b		
Standard	5a		5a			axable amount				5b		
Deduction for— Single or	6a	Social security benefits 6a b Taxable amount								6b		
Married filing	C	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$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								8	-12,985.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9	106,622.	
surviving spouse, \$27,700	10	Adjustments to income from Sched		10								
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income									106,622.	
\$20,800	12	Standard deduction or itemized								11	00000	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A										
Standard Deduction,	14	Add lines 12 and 13								13 14	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is y	our t a	axable incom	е	<u>.</u> .		15		

Form 1040 (2023	3)			Page 2	
Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,031.	
	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	9,031.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.	
	20	Amount from Schedule 3, line 8	20	,	
	21	Add lines 19 and 20	21	2,500.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	6,531.	
	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	6,531.	
Payments	25	Federal income tax withheld from:		· · · · · ·	
	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	16,140.	
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	16,140.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,609.	
11010110	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	9,609.	
Direct deposit?	b	Routing number 0 8 3 0 0 0 1 3 7 c Type: X Checking Savings	s		
See instructions.	d	Account number 8 5 0 6 2 2 0 0 9			
	36	Amount of line 34 you want applied to your 2024 estimated tax			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
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	Do	you want to allow another person to discuss this return with the IRS? See			
Designee [*]	ins	structions	e below.	⋈ No	
_		signee's Phone Personal ider			
		me no. number (PIN) der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		of my knowledge and	
Sign		tief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi		,	
Here	Yo	ur signature Date Your occupation If t	the IRS se	nt you an Identity	
	10			IN, enter it here	
Joint return?		SOFTWARE ENGINEER (Se	ee inst.)		
See instructions.			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
Keep a copy for your records.					
,		HOPE PEACEN			
		one no. (267) 912-2852 Email address TEMMANASRIRAM@GMAIL.COM eparer's name Preparer's signature Date PTIN		Check if:	
Paid			82703	Self-employed	
Preparer	-				
Use Only				(678) 965-9522	
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fir	rm's EIN	84-3171965	