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



1040		artment of the Treasury-Internal Revenue Servi		$ \mathbf{r}_{\mathbf{n}} $	2023	OMB No. 1545	-0074	IRS Use	Only—E	o not w	rite or sta	ple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		,	2023, ending	<u>'</u>		, 20	s	ee sep	oarate i	nstructions.
Your first name and middle initial Last na				name					Y	Your social security number		
AKSHITH		SRINI	INIVAS					:	298 75 6199			
If joint return, s	pouse's	s first name and middle initial	Last nam	ne					S	pouse'	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			-	Apt. no.	P	reside	ntial Ele	ection Campaign
2036 LA	KE PO	INT DR					2	2036D				ou, or your
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	aces below.	S	tate	ZIP co	ode				jointly, want \$3 nd. Checking a
MARYLAN) HE	IGHTS			I.	OI	630	43		_		not change
Foreign countr	y name		Fo	oreign provin	nce/state/cou	nty	Foreig	n postal c	ode y	our tax	or refu	
Filing Status	SX	Single				Head of he	ouseh	old (HOH	1)		7	
Check only		Married filing jointly (even if only o	ne had in	come)								
one box.		Married filing separately (MFS)				Qualifying	surviv	ing spou	use (Q	SS)		
	If y	you checked the MFS box, enter the	name of	your spou	se. If you ch	necked the HOF	or Q	SS box,	enter t	he chi	ld's nar	me if the
	qu	alifying person is a child but not you	ır depend	dent:				ΛA		<u> </u>		
Digital	Δt ar	ny time during 2023, did you: (a) rec	eive (as a	reward av	ward or nav	ment for prope	rty or	services)) or (b)	sell		
Digital Assets		nange, or otherwise dispose of a dig	A CONTRACTOR OF THE PARTY OF TH								☐ Ye	es 🛛 No
Standard	_	neone can claim: You as a de		<u> </u>		s a dependent				,		
Deduction		Spouse itemizes on a separate retur	•		-							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spous	e: Was bor	n befo	ore Janua	ary 2, 1	959	☐ Is	s blind
Dependent	s (see	instructions):		(2) Socia	al security	(3) Relationsh	ip (4) Check tl	he box	if qualit	fies for (s	see instructions):
If more	(1) F	(1) First name Last name			mber	to you		Child to	ax cred	it	Credit for	r other dependents
than four												
dependents, see instruction	s											
and check	,											_ <u> </u>
here L	<u> </u>											
Income	la	Total amount from Form(s) W-2, b								1a	_	<u>2</u> 5,020.
Attach Form(s)	b	Household employee wages not re			W-2					1b		
W-2 here. Also	С	Tip income not reported on line 1a								1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep	A			ructions)				1d		
1099-R if tax	е	Taxable dependent care benefits f					11 -	•		1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839	, line 29					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .							• •	1g		
W-2, see	h	Other earned income (see instruct					i ×		•	1h		0.
instructions.	i	Nontaxable combat pay election (s	see instru	ictions) .		<u>li</u>						05 000
	<u>z</u>	Add lines 1a through 1h			·					1z	-	25,020.
Attach Sch. B if required.	2a		2a			Taxable interest				2b		
ii required.	<u>3a</u>		3a			Ordinary divider				3b	_	
Standard	4a		4a			Taxable amoun				4b		
Deduction for—	5a		5a			Taxable amoun			•	5b	1 1	
Single or Married filing	6a		6a	. 11		Taxable amount	τ			6b		
separately,	C	If you elect to use the lump-sum e					* *		.	_		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	1.5				. Ц	7		
jointly or Qualifying	8	Additional income from Schedule 1, line 10								8		<u> </u>
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		25,020.
\$27,700 • Head of	10	Adjustments to income from Sche								10		25 222
household, \$20,800	11	Subtract line 10 from line 9. This is						• •	•	11		25,020.
If you checked	12	Standard deduction or itemized							•	12		13,850.
any box under Standard	13	Qualified business income deduct								13		12 050
Deduction, see instructions.	14	Add lines 12 and 13								14		13,850.

Form 1040 (2023	3)			Page 2						
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	1,121.						
Credits	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	1,121.						
	19	Child tax credit or credit for other dependents from Schedule 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 less, enter -0	22	1,121.						
	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	1,121.						
Payments	25	Federal income tax withheld from:								
	a	Form(s) W-2								
	b	Form(s) 1099								
	C	Other forms (see instructions)								
	d	Add lines 25a through 25c	25d	2,736.						
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	7							
	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	2,736.						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,615.						
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,615.						
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings	-	<u> </u>						
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X								
	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	31	For details on how to pay, go to www.irs.gov/Payments or see instructions	37							
	38	Estimated tax penalty (see instructions)	0.							
Third Party		you want to allow another person to discuss this return with the IRS? See								
Designee		instructions								
3		signee's Phone Personal iden								
		me no. number (PIN)								
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi								
Here										
	Yo			nt you an Identity IN, enter it here						
Joint return?			e inst.)	,						
See instructions.	Sp		f the IRS sent your spouse an							
Keep a copy for your records.			Identity Protection PIN, enter it here							
your records.			(see inst.)							
		one no. (724) 717-5359 Email address AKSHITHS51997@GMAIL.COM								
Paid		eparer's name Preparer's signature Date PTIN		Check if:						
Preparer	SYAM		82703	Self-employed						
Use Only				(678) 965-9522						
	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fin	m's EIN	84-3171965						