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



1040		artment of the Treasury-Internal Revenue Servi		urn	20 2 :	3	OMB No. 1545	-0074	IRS Use	Only—[Oo not w	rite or sta	ple in this spa	ace.
For the year Jan. 1-Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					s	See separate instructions.			
Your first name and middle initial Last na				name						Y	Your social security number			
RAVI TEJA TEMM				MMANABOYINA							856 30 5549			
If joint return, spouse's first name and middle initial Last na											Spouse's social security number			
SRILATHA ANNA					NABATHULA						988	96	2306	
		er and street). If you have a P.O. box, see						I	Apt. no.				ction Cam	paign
128 WIN	CHES'	TER WAY											ou, or your	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	oaces belo	w.	Sta	te	ZIP c	ode				ointly, wan	
SOMERSE'	Г					NJ	J	088	73		_		id. Checkir not change	•
Foreign country name				Foreign province/state/county For			Foreig	gn postal c	1		or refu	nd.		
												U Y₀	u Sp	ouse
Filing Status	s 🗀	Single					Head of he	ouseh	old (HOF	H)				
Check only	×	Married filing jointly (even if only one had income)										. *		
one box.	L	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (Q												
		you checked the MFS box, enter the			ouse. If you	che	ecked the HOF	l or Q	SS box,	enter t	he chi	ld's nar	ne if the	
	qu	ialifying person is a child but not you	ır depen	dent:					ΔA					
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward,	award, or p	payn	ment for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fina	ancial intere	est ir	n a digital asse	et)? (Se	ee instru	ctions.	.)	☐ Ye	s X No	o
Standard	Som	neone can claim: You as a de	pendent	. <u> </u>	our spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status a	alien								
Age/Rlindnes	s You	: Were born before January 2, 1	959	Are blin	nd Spo	use	: Was bor	n befo	ore Janua	arv 2	1959		blind	
Dependent					•			11		-			see instruct	ions):
-		(1) First name Last name					(3) Relationsh to you	ib (Child tax cre		1		r other deper	,
If more than four	<u> </u>												П	
dependents,										=			Ħ	
see instruction and check	s								Ī	_			Ē	
here]]	=			Ē	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructi	ons)		·				1a		73,11	9.
	b	Household employee wages not re									1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	see ins	tructions)	·						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	Form(s)	W-2 (see in	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Form	m 2441, li	ine 26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			1i							
	Z	Add lines 1a through 1h									1z		73,11	.9.
Attach Sch. B	2a	Tax-exempt interest	2a		11	b Ta	axable interest	t.	. 7		2b)		
if required.	3a_	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b	/		
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, c	heck here (see	instructions)							
\$13,850 Married filing	7 Capital gain or (loss). Attach Schedule D if required, If not required, check here									7				
jointly or	8	Additional income from Schedule					8		-8,84					
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		64,27	9.
\$27,700	10	Adjustments to income from Schedule 1, line 26									10	1		
Head of household,	11	Subtract line 10 from line 9. This is	your ad	djusted g	ross incom	ne					11		64,27	9.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (from	Schedule .	A)					12	10	27,70	0.
any box under Standard	13	Qualified business income deduct	ion from	Form 899	95 or Form	899	5-A				13			
Deduction,	14										14		27,70	
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor O	This is w	111 t	tavabla incom				15	1	36 57	/ Q

Form 1040 (2023	3)			Page 2							
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	3,949.							
Credits	17	Amount from Schedule 2, line 3	17								
	18	Add lines 16 and 17	18	3,949.							
	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	3,949.							
	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	3,949.							
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	8,639.							
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26								
	27	Earned income credit (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	8,639.							
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,690.							
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,690.							
Direct deposit?	b	Routing number 0 2 1 2 0 0 3 3 9 c Type: ★ Checking Savings									
See instructions.	d	Account number 3 8 1 0 6 4 8 7 2 8 8 3									
	36	Amount of line 34 you want applied to your 2024 estimated tax 36									
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37								
	38	Estimated tax penalty (see instructions)									
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See									
	ins	structions	elow.	⋉ No							
		rsignee's Phone Personal identii number (PIN)	ication								
<u>C:</u>		name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and									
Sign		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Yo	ur signature Date Your occupation If the	ne IRS sent you an Identity								
		Prote		IN, enter it here							
Joint return? See instructions. Keep a copy for your records.	_	THEIMICKE TEST BEKE	ee inst.)								
			the IRS sent your spouse an dentity Protection PIN, enter it here								
			(see inst.)								
	Ph	one no. (732) 433-2822 Email address TEMMANA2RAVI@GMAIL.COM									
		eparer's name Preparer's signature Date PTIN		Check if:							
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/20/2024 P0208:	2703	Self-employed							
Preparer	0.000000		Phone no. (678) 965–9522								
Use Only		A STATE SEC. N. SERVICE STATE SEC. N. SERVICE SECRET SECRET SEC. N. SERVICE SE	Firm's FIN 84-3171965								