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				See separate instructions.		
Your first name and middle initial				Last name				Your social security number		
MADHU SUDAN B				BATCHU				697 93 6814		
If joint return, spouse's first name and middle initial Last na				ame					security number	
LALITHA BATC				CHU			AP	P LI	ED F	
	(numbe	r and street). If you have a P.O. box, see				Apt. no.		Presidential Election Campaign		
9400 WES	ST PA	ARMER LN		#1334				Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	spaces below.	paces below. State ZII			spouse if filing jointly,		
AUSTIN					787174740	to go to this fund. Checking a box below will not change				
Foreign country name				Foreign province/state/o	county	Foreign postal co				
							☐ You ☐ Spouse			
Filing Status	; <u> </u>	Single			☐ Head of h	ousehold (HOH)				
Check only	×	Married filing jointly (even if only or								
one box.		Married filing separately (MFS)	se (QSS)	~						
		ou checked the MFS box, enter the	nter the	child's na	ıme if the					
	qu	alifying person is a child but not you								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payment for prope	erty or services);	or (b) se	ell,		
Assets	exch	ange, or otherwise dispose of a digi	tal asse	et (or a financial intere	est in a digital ass	et)? (See instruc	tions.)	□ Y	es 🗵 No	
Standard	Som	eone can claim: You as a de	pender	nt Your spouse	e as a dependent				-	
Deduction		Spouse itemizes on a separate return	n or you	u were a dual-status	alien					
Age/Blindness	You:	☐ Were born before January 2, 19	959 [Are blind Spo	ouse: Was bo	rn before Januar	v 2. 195	9 🗆 1	s blind	
Dependents				(2) Social security		(4) (0) -1 -		N 10-	(see instructions):	
-		rst name Last name		number	to you	Child ta		1	or other dependents	
If more than four		NDHAN BATCHU		989-99-3215 Son			1		X	
dependents,	DIC.	nii Biii Bii Bii Bii Bii Bii Bii Bii Bii		303 33 021	0 5011		i			
see instructions	3						i			
and check here							i		- Fi	
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)				1a	89,758.	
Income	b	Household employee wages not re						1b		
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a		1c						
attach Forms	d	Medicaid waiver payments not rep	_	1d						
W-2G and	е	Taxable dependent care benefits for		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 instructi						1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s			1	i Ì				
instructions.	z	Add lines 1a through 1h						1z	89,758.	
Attach Sch. B	2a		2a		b Taxable interes	st		2b		
if required.	3a		3a		b Ordinary divide			3b		
	4a		4a		b Taxable amour			4b		
Standard	5a	Pensions and annuities	5a		b Taxable amour	nt		5b		
Deduction for— Single or	6a		6a		b Taxable amour	nt		6b		
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)								
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								
Married filing jointly or	8	Additional income from Schedule						8		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					12.1	9	89,758.	
\$27,700	10	Adjustments to income from Scheo	.	10						
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							89,758.	
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)							27,700.	
If you checked any box under	13	Qualified business income deducti	.	12						
Standard Deduction,	14	Add lines 12 and 13							27,700.	
see instructions.	15	Subtract line 14 from line 11. If zero		14 15	62,058.					

Form 1040 (2023	3)							Page 2			
Tax and	16	Tax (see instructions). Check if any from Form(s):	1 8814	2 4972 :	3 🗆		16	7,009.			
Credits	17										
	18	Add lines 16 and 17					18	7,009.			
	19	Child tax credit or credit for other dependents from	om Schedu	le 8812			19	500.			
	20	Amount from Schedule 3, line 8					20				
	21	Add lines 19 and 20					21	500.			
	22	Subtract line 21 from line 18. If zero or less, enter	er-0				22	6,509.			
	23	Other taxes, including self-employment tax, fron	n Schedule	2, line 21			23	0.			
	24	Add lines 22 and 23. This is your total tax .					24	6,509.			
Payments	25	Federal income tax withheld from:									
	a	Form(s) W-2			25a 7	,980.					
	b	Form(s) 1099		[25b						
	С	Other forms (see instructions)		[25c						
	d	Add lines 25a through 25c					25d	7,980.			
If you have a	26	2023 estimated tax payments and amount applie	ed from 202	22 return			26				
qualifying child,	27	Earned income credit (EIC)			27						
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28						
	29	American opportunity credit from Form 8863, lin	ne 8		29		7				
	30	Reserved for future use			30						
	31	Amount from Schedule 3, line 15			31						
	32	Add lines 27, 28, 29, and 31. These are your total	al other pa	yments and refur	idable credits	1	32				
	33	Add lines 25d, 26, and 32. These are your total	payments				33	7,980.			
Refund	34	If line 33 is more than line 24, subtract line 24 fro	om line 33.	This is the amount	you overpaid		34	1,471.			
	35a	Amount of line 34 you want refunded to you. If	Form 8888	is attached, check	chere	. 🗆	35a	1,471.			
Direct deposit?	b	Routing number 1 1 1 1 0 0 0 6 1	4	c Type: 💢	Checking S	Savings					
See instructions.	d	Account number 8 9 2 9 1 1 6 2 6									
	36	Amount of line 34 you want applied to your 202									
Amount You Owe	37	Subtract line 33 from line 24. This is the amount For details on how to pay, go to <i>www.irs.gov/Pa</i>		see instructions .			37				
	38	Estimated tax penalty (see instructions)			38						
Third Party	Do	you want to allow another person to discuss	this return	with the IRS?	See						
Designee [*]	ins	tructions				mplete	below.	⋉ No			
	De	signee's ne	Phone Personal ic number (P				ification				
Sign	Un	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									
Here	be	ef, they are true, correct, and complete. Declaration of pr	eparer (other	than taxpayer) is bas	ed on all information	n of whic	h prepar	er has any knowledge.			
11010	Yo	ur signature Da	Date Your occupation					nt you an Identity			
				COEMMADE ENGINEED			tection P inst.)	IN, enter it here			
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign. Da	SOFTWARE ENGINEER Date Spouse's occupation		,	f the IRS sent your spouse an					
Keep a copy for your records.		buse a signature. If a joint return, both must sign.	Date Spouse's occupati					ection PIN, enter it here			
			HOME MAKER			(see	inst.)				
	Ph	one no. (737) 326-9051 Em	nail address	ress MBATCHUS@GMAIL.COM							
Deid	Pre	parer's name Preparer's signature			Date	PTIN		Check if:			
Paid Proparer	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM	RAM SAGAR GUPTA TALLAM 01/30/2024 PO			P0208	2703	Self-employed			
Preparer Use Only	Fir							Phone no. (678) 965-9522			
OSE OIIIY	Fir	n's address 245 ROONEY CT E BRUNS	Firm	Firm's FIN 84-3171965							