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

1040		artment of the Treasury-Internal Revenue Servi		ırn G	20 2 ;	3	OMB No. 1545-0	0074	IRS Use	Only-	–Do not w	rite or sta	aple in this space.
For the year Jai		, 2023, ending , 20						See separate instructions.					
Your first name	e and m	iddle initial	Last nan	ne							Your so	cial sec	curity number
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 2023, ending , 2023. Your first name and middle initial		1923											
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.				Aı	pt. no.		Preside	ntial Ele	ection Campaign
225 CEN'	TRE :	ST .						3	0.8	- 1			
			mplete sp	paces below. State ZIP				_11 6006			_		
ROXBURY	CRO	SSING		MA 02			00110			•		•	
Foreign countr	y name		F	oreign provi	nce/state/co	ounty	,	Foreigr	n postal c			or refu	ınd.
Filing Status Check only	s 🗵	Married filing jointly (even if only or	ne had in	icome)			_		`	,	OSS)		
	qu	you checked the MFS box, enter the	ır depend	dent:			cked the HOH	or QS	S box,	enter	the chi	ld's na	me if the
Digital Assets		ng time during 2023, did you: (a) reconange, or otherwise dispose of a digi				-		-				□ Y	es 🗵 No
Standard	_	neone can claim: You as a de			•		dependent						
Deduction	<u></u> ;	Spouse itemizes on a separate retur	n or you	were a dua	al-status a	llien							
		: Were born before January 2, 1	959	Are blind	Spor	use:	☐ Was born						s blind
Dependent		(see instructions):		1 ''		(3) Relationship							
If more	(1) ⊢	First name Last name		number to you			to you	Child tax c		ax cre	eait	Credit id	or other dependents
than four dependents,										<u> </u>			
see instruction	s												
and check here [1 —												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruction	ns)					- .	1a		55,638.
	b	Household employee wages not re	eported c	on Form(s)	W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	tructions)							1c	:	
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W	V-2 (see in	struc	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from Forn	n 2441, lin	ie 26 .						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839	9, 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		55 , 638.
Attach Sch. B	2a	Tax-exempt interest	2a		k	b Tax	xable interest				2b		
if required.	3a_	Qualified dividends	3a		k	b Ord	dinary dividen	ds .			3b		
	4a	IRA distributions	4a		k	b Tax	xable amount				4b		
Standard Deduction for—	5a	Pensions and annuities	5a		k	b Tax	xable amount				5b		
Single or	6a	Social security benefits	6a		k	b Tax	xable amount				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection m	nethod, che	eck here (s	see ir	nstructions)			. [
\$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 1, line 10						8		-9,485.			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your	r total inco	ome					9		46,153.
\$27,700	10	Adjustments to income from Sche	dule 1, lin	ne 26 .							10		
Head of household,	11	Subtract line 10 from line 9. This is	s your ad	justed gro	oss incom	ıe					11		46,153.
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (from S	Schedule /	A)					12		13,850.
any box under	13	Qualified business income deduct	ion from	Form 8995	or Form	8995	Б-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor O	This is yo	ur ta	vahla income				15		32 303

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	3,659.
Credits	17	Amount from Schedule 2, lir						17	
	18	Add lines 16 and 17					[18	3,659.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	,
	20	Amount from Schedule 3, lin	•					20	
	21	Add lines 19 and 20					🗀	21	
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0			🗀	22	3,659.
	23	Other taxes, including self-e	•				🗀	23	0.
	24	Add lines 22 and 23. This is			•		[24	3,659.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				25a 8	,468.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	8,468.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. T	-				[33	8,468.
Refund	34	If line 33 is more than line 24						34	4,809.
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, ched	ck here	. 🗆 🗀	35a	4,809.
Direct deposit?	b	Routing number 0 1 1					Savings		
See instructions.	d	Account number 4 6 6			6 8 "				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	v/Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•	cuss this retu	rn with the IRS?				
Designee		structions					mplete be		⊠ No
	De nai	signee's ne		Phone no.			onal identifica er (PIN)	ation	
Sign		der penalties of perjury, I declare to	hat I have examine		accompanying sche		` '	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				nt you an Identity
							l l	otection PIN, enter it here	
Joint return?					STUDENT	,	(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.						,	(see inst.)		
	Ph	one no. (617) 708-537	8	Email address	AANANTHANS	95@GMAIL.CO	M M		
D-:-I		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/25/2024	P020827	03	Self-employed
Preparer	Fir	m's name GLOBAL TA	1				1		678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/12/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Re

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

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	al security number		
AANANTHAN MARI	371-87	-1923	
Dort I Additio	and Income		

Par	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. Att	5	-9,485.	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-9 , 485.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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	
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 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
0 -					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Attachment Sequence No.

2023 Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

Part		nd Roya	alties	•			1 -		
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use S	chedule	C. See	ınstru	ctions. If you a	are an inc	lividual, rep	ort tarm
	Did you make any payments in 2023 that would require you								
B I	f "Yes," did you or will you file required Form(s) 1099?							. ∐ Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZI	IP code)							
Α	FIRST CIRCLE, ASEET HOMES V.P. MARAKKAR	ROAD	ERNAK	JLAM	, KER	ALA IN 6	82024		
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair				Fa	ir Rental Days		nal Use ays	QJV
Α	personal use days. Check the C	JV box o		Α		365		0	
В	if you meet the requirements to			В					
С	qualified joint venture. See instr	uctions.		С					
уре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Royal	ties	8	Other (desc	ribe)		
	·								
				Λ.		Propert	ies:		•
ncon 3	ne: Rents received	3		<u>Α</u> ς	04.	В			С
4		4			04.				
	Royalties received	4							
Exper 5		5							
6	Advertising	6							
7	Cleaning and maintenance	7		0	79.				
8	Commissions	8		0	19.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	1 2				
12	Mortgage interest paid to banks, etc. (see instructions)	12		⊥,∪	12.				
13	Other interest	13							
14	Repairs	14		2,9	65				
15	Supplies	15		2,7					
16	Taxes	16		2, 1	01.				
17	Utilities	17		2,3	52				
18	Depreciation expense or depletion	18		2,3	JZ.				
19									
20	Other (list) Total expenses. Add lines 5 through 19	20		9,9	89				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			J, 9	J				
4 1	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-9,4	85.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)			9,48		()(
23a	Total of all amounts reported on line 3 for all rental properties	,		. ,	23a	`	504.		
b	Total of all amounts reported on line 4 for all royalty prop				23b		•		
c	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
e	Total of all amounts reported on line 20 for all properties				23e	(9,989.		
24	Income. Add positive amounts shown on line 21. Do no						. 24		
25	Losses. Add royalty losses from line 21 and rental real esta				nter to	tal losses he		(9,485.
26	Total rental real estate and royalty income or (loss).								
-	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						. 26		-9,485