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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		$ \mathbf{rn} $ $ 2$	202	3	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or sta	aple in this space	ə.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		,	2023, endin	ng			, 20	;	See sep	oarate i	instructions.	
Your first name and middle initial Last na			Last nam							,	Your social security number			
DARSHAN KAR				RKI							636   49   7500			
If joint return, s	Last nam	t name						;	Spouse's social security number			bei		
KHYATI	SHARN	ARMA KARKI						842	42	7611				
	(numbe	er and street). If you have a P.O. box, see			-			A	Apt. no.	ı			ection Campa	iign
7200 PR	ESTO:	N RD						1	.517	(	Check h	nere if y	ou, or your	-
		ice. If you have a foreign address, also co	mplete sp	aces below.		Stat	te	ZIP c	ode		•	_	jointly, want	
PLANO				TX							•		nd. Checking not change	а
Foreign country name			Fo	Foreign province/state/county For			Foreig	n postal c		your tax		_		
										ľ		Yc	ou 🗌 Spoι	use
Filing Status	s $\square$	Single					Head of h	ouseh	old (HOI	<del>-</del> 1)				
Check only	×	Married filing jointly (even if only or												
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS										,		
	lf y	you checked the MFS box, enter the	name of	your spou	se. If you	che	cked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ır depend	dent:										
Digital	At a	ny time during 2023, did you: (a) rece	eive (as a	reward, av	ward, or p	aym	nent for prope	rty or	services	); or (l	o) sell,			
Assets		nange, or otherwise dispose of a digi											es 🗵 No	
Standard	Son	neone can claim:	pendent	☐ You	ır spouse	as a	a dependent	$\overline{}$						
Deduction		Spouse itemizes on a separate retur	n or you			- 4								
Ago/Plindnoo		Mara barn bafara January 2 1	050	Are blind	Cno.		√ Was bar	n hofe	ero lonu	0210	1050		s blind	
	-	: Were born before January 2, 1	339 _	•	Spou	JSE.		14					see instruction	nc).
-		s (see instructions):  (1) First name  Last name			(2) Social security number (3) F			ip (	Child tax cree				or other depende	
If more than four	<u> </u>	PUSHKIN KARKI					son son		+				X	
dependents,	FUL	SIIKIIV KAKKI		700 0	0 0000	<b>'</b>	5011							
see instruction	s —												$\overline{\Box}$	
and check here [	1												<del>-</del>	_
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruction	ns)					<u> </u>	1a		119,196	
IIICOIII <del>C</del>	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	stru	uctions)				1d	_		_			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6									1g			
get a Form W-2, see	h	Other earned income (see instructi	ions) .								1h		0	) .
instructions.	i	Nontaxable combat pay election (s	see instru	uctions) .			1i							
	Z	Add lines 1a through 1h									1z	l	119,196	<i>.</i>
Attach Sch. B	2a	Tax-exempt interest	2a		b	<b>)</b> Ta	axable interes	t.			2b		225	
if required.	3a	Qualified dividends	3a		b	<b>o</b> O	rdinary divide	nds .			3b			
	4a	IRA distributions	4a		b	<b>T</b> a	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b	<b>T</b> a	axable amoun	t			5b			
Single or	6a	Social security benefits	6a		b	<b>)</b> Ta	axable amoun	t			6b	$\perp$		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)												
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched	r (loss). Attach Schedule D if required. If not required, check here $$								7			
jointly or	8	Additional income from Schedule	1, line 10								8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									9		119,421	
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26												
household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									11	_	119,421	
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)									12		27,700	<u>.                                    </u>
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A									13			
Deduction,	14	Add lines 12 and 13								14		27,700		
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or loce	ontor O	Thic ic vo	ur t	avabla inaan	•			15	1	01 721	

Form 1040 (2023	3)			Page <b>2</b>			
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	10,795.			
Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	10,795.			
	19	Child tax credit or credit for other dependents from Schedule 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 -0	22	10,295.			
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.			
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	10,295.			
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2					
	b	Form(s) 1099					
	С	Other forms (see instructions)					
	d	Add lines 25a through 25c	25d	9,302.			
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 <b>total payments</b>	33	9,302.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34				
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a				
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings					
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 <b>amount you owe</b> .					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	993.			
	38	Estimated tax penalty (see instructions)					
<b>Third Party</b>		you want to allow another person to discuss this return with the IRS? See					
Designee		structions		<b>⋉</b> No			
	De nai	signee's Phone Personal identii me no. number (PIN)					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t	he best	of my knowledge and			
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which					
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity			
				N, enter it here			
Joint return?		II SERVICES	(see inst.)				
See instructions. Keep a copy for			If the IRS sent your spouse an Identity Protection PIN, enter it here				
your records.			HOME MAKER (see inst.)				
	Ph	one no. (469)288-3664 Email address DARSHAN.KAARKI@GMAIL.COM					
		eparer's name Preparer's signature Date PTIN		Check if:			
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/28/2024 P0208:	2703	Self-employed			
Preparer			none no. (678)965-9522				
Use Only			Firm's EIN 84-3171965				