

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: **SAI NISHIT REDDY** Last name: **PABBATHI** Your social security number: **658 73 9539**

If joint return, spouse's first name and middle initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **8181 FANNIN ST** Apt. no. _____ Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. **HOUSTON TX** ZIP code: **77054** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____ You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

| Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| | | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---------------|--|------------------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a 9,120. |
| | b Household employee wages not reported on Form(s) W-2 | 1b |
| | c Tip income not reported on line 1a (see instructions) | 1c |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f |
| | g Wages from Form 8919, line 6 | 1g |
| | h Other earned income (see instructions) | 1h 0. |
| | i Nontaxable combat pay election (see instructions) 1i | |
| | z Add lines 1a through 1h | 1z 9,120. |

| | | | | |
|----------------------------|------------------------------------|--|-----------------------------|-----------|
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | b Taxable interest | 2b |
| | 3a Qualified dividends | 3a | b Ordinary dividends | 3b |
| | 4a IRA distributions | 4a | b Taxable amount | 4b |
| | 5a Pensions and annuities | 5a | b Taxable amount | 5b |
| | 6a Social security benefits | 6a | b Taxable amount | 6b |
| | | c If you elect to use the lump-sum election method, check here (see instructions) | | |

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|---|--|-------------------|
| Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions. | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 |
| | 8 Additional income from Schedule 1, line 10 | 8 |
| | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 9,120. |
| | 10 Adjustments to income from Schedule 1, line 26 | 10 |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | 11 9,120. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | 12 13,850. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | 13 |
| | 14 Add lines 12 and 13 | 14 13,850. |
| 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 0. | |