<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or stap	le in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ling	1		, 20			structions.
Your first name	and mi	 ddle initial	Last n	ame						Your so	cial secu	rity number
				WAN							31	-
If joint return, spouse's first name and middle initial Last na												ecurity number
SWATI			RAW	AT.						511	31	5726
	(numbe	r and street). If you have a P.O. box, see						A	Apt. no.		· ·	tion Campaigr
445 BARC	OUE	DR										u, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			ointly, want \$3
ALPHAREI	TA					GA	<i>Ŧ</i>	300	09			d. Checking a ot change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code		k or refun	
											🗌 You	Spouse
Filing Status	;	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's nam	e if the
	qua	alifying person is a child but not you	ır depe	ndent:								
Digital	At an	ny time during 2023, did you: (a) rece	eive (as	s a reward	award or	navr	ment for prope	rtv or	services): or	(h) sell		
Assets		ange, or otherwise dispose of a digi									Yes	s 🛛 No
Standard		eone can claim: Vou as a de					a dependent	<i>,</i> ,		,		
Deduction		Spouse itemizes on a separate return	•		•							
Age/Blindness	You:	Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	ls I	blind
Dependents	s (see	instructions):		(2) 5	Social se <u>cu</u> rity	,	(3) Relationsh	14			ifies for (se	ee instructions):
If more	(1) First name Last name						to you		Child tax c	redit	Credit for	other dependents
than four	ANA	ANAY DHAWAN			078-83-3740 Son				X			
dependents,	ANI	ANIK DHAWAN			107-27-2395 Son				X			
see instructions and check	s —											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instruc	ctions) .					. 1a	1 4	402,153.
Attach Form(s)	b	Household employee wages not re	eportec	l on Form	n(s) W-2 .					. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	ι (see ir	nstruction	is)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d	I	
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	fits from	m Form 8	839, line 29	•				. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .		· · ·	· · ·					. 1g	ı	
W-2, see	h	Other earned income (see instructi						· ·		. <u>1</u> h	<u>ا</u>	0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)	• • •		<b>1</b> i					400 150
	<u>z</u>	Add lines 1a through 1h	. i		· · · ·	· ·				. 1z		402,153.
Attach Sch. B if required.	2a		2a	<u> </u>	512.		axable interest			. 2b		1,524.
	<u>3a</u>		3a	, ۲	, 512.		Ordinary divider			. 3b		2,513.
Standard	4a		4a				axable amoun		• • •	. 4b		
Deduction for –	5a		5a 6a				axable amoun		• • •	. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a		<b>b</b> Taxable amount				· · ·	. 6b	•			
separately, \$13,850		<b>c</b> If you elect to use the lump-sum election method, check here (see instructions)										2 000
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										-3,000.
jointly or Qualifying	<ul> <li>8 Additional income from Schedule 1, line 10</li></ul>							• •		. <u>8</u> . 9		<u>-2,335.</u> 400,855.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche				.0116	•	• •	· · ·	. 9 . 10		,
<ul> <li>Head of</li> </ul>	11				aross incor	 ne		• •	• • •	. 11		400,855.
household, \$20,800	12		n line 9. This is your <b>adjusted gross income</b>							. 12		50,669.
If you checked any box under	13	Qualified business income deduction					 15-A	• •		. 13		50,009.
Standard	13	Add lines 12 and 13	.5.1 1101			000		• •		. 14		50,669.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or lea	ss. enter	-0 This is v	 'our f	taxable incom	 Ie		. 15	_	<u>350,009.</u> 350,186.
				.,					· · ·			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	)		Page		
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	<b>16</b> 70,619		
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	<b>18</b> 70,619		
	19	Child tax credit or credit for other dependents from Schedule 8812	<b>19</b> 3,950		
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	<b>21</b> 3,950		
	22	Subtract line 21 from line 18. If zero or less, enter -0	<b>22</b> 66,669		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b> 2,797		
	24	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b> 69,466		
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	<b>25d</b> 72,099		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26		
qualifying child, attach Sch. EIC.	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	<b>33</b> 72,099		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b> 2,633		
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	<b>35a</b> 2,633		
Direct deposit?	b	Routing number         0         5         1         4         0         0         5         4         9         c Type:         C Checking         Savings			
See instructions.	d	Account number 1 0 1 0 3 1 3 1 9 5 7 2 7			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe.			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		tructions			
	De	signee's Phone Personal identif ne no. Personal identif	fication		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	he best of my knowledge an		
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	n preparer has any knowledg		
пеге	Yo	ur signature Date Your occupation If the	e IRS sent you an Identity		
Joint return? See instructions. Keep a copy for your records.			Protection PIN, enter it here (see inst.)		
		DIRECTOR II	·		
	sp		the IRS sent your spouse an lentity Protection PIN, enter it here		
		ENGINEERING MANAGER (see i	inst.)		
	Ph	one no. (913)235-2557 Email address DHAWAN.PIYUSH@GMAIL.COM			
Deid	Pre	parer's name Preparer's signature Date PTIN	Check if:		
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	0833		
Preparer	Fin	n's name GLOBAL TAXES LLC Phon	ne no. (678)965-952		
Use Only	Fin		's EIN 88-214548		
Go to www.irs.go	v/Forn	n1040 for instructions and the latest information. BAA REV 02/16/24 PRO	Form <b>1040</b> (20		