E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

								-		
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See se	parate instructions.	
Your first name	iddle initial	ame				Your so	ocial security number			
PIYUSH			HAWAN					514 31 7804		
-	pouse's	s first name and middle initial	ast name					Spouse's social security number		
SWATI			RAWA	AL				511	31 5726	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Preside	ential Election Campaig	
445 BAR	OQUE	DR							here if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below. State			ZIP code		if filing jointly, want \$3 this fund. Checking a	
ALPHARETTA				GA			30009	box below will not change		
Foreign country name			Foreign province/state/co			у	Foreign postal code	your ta	x or refund.	
									You Spous	
Filing Status	3	Single				Head of ho	usehold (HOH)			
Check only	X	Married filing jointly (even if only o		· ·						
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spouse	(QSS)	,	
	•	you checked the MFS box, enter the			u che	cked the HOH	or QSS box, ent	er the ch	ild's name if the	
	qu	ıalifying person is a child but not you	ır depe	ndent:						
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	payn	nent for proper	ty or services); o	r (b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a financial intere	est in	n a digital asset	t)? (See instruction	ons.)	☐ Yes ☒ No	
Standard	Som	neone can claim:	pender	t Your spouse	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien					
A a. a. /Dline alan a a			050 [7 Aug Inlined Co.		□ Mas Is su	a bafana Januara	0.1050		
		: Were born before January 2, 1	909 [T -	ouse:		n before January		Is blind ifies for (see instructions	
Dependent	•	instructions): irst name Last name		(2) Social security number	<i>'</i>	(3) Relationshi to you	Child tax of	•	Credit for other dependen	
If more	<u> </u>			078-83-374	0	, ,	X			
than four dependents,	ANZ					Son	X			
see instruction	s ANI	IK DHAWAN		107-27-239	2	Son				
and check here	1 —									
	1a	Total amount from Form(s) W-2, b	ov 1 (se	on instructions)				. 1a	402,153.	
Income	b	Household employee wages not re	` ,					. 1b		
Attach Form(s)	C	Tip income not reported on line 1a						. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1	
W-2G and	e	Taxable dependent care benefits f						. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene			•			. 1f		
If you did not	g	Wages from Form 8919, line 6.						. 19		
get a Form	h	Other earned income (see instruct	ions)					. 1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	,			l 1i				
	z	Add lines 1a through 1h						. 1z	402,153.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest		. 2b	1,524.	
if required.	3a	Qualified dividends	3a	2,512.	b 0	rdinary divider	ds	. 3b	2,513.	
	4a	IRA distributions	4a		b Ta	axable amount		. 4b)	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount		. 5b	,	
Single or	6a	Social security benefits	6a		b Ta	axable amount		. 6b	,	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)				
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							-3,000.	
 Married filing jointly or 	8	Additional income from Schedule 1, line 10							57,456.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							460,646.	
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26				. 10)	
• Head of household,							. 11	460,646.		
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)			. 12	50,669.	
any box under	13	Qualified business income deduct	ion fron	n Form 8995 or Form	899	5-A		. 13	;	
Standard Deduction,	14	Add lines 12 and 13						. 14	·	
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or loc	e enter -O- This is v	our t	avable incom	•	15	100 077	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	88,430.
Credits	17	Amount from Schedule 2, lin				-	·	17	
	18	Add lines 16 and 17						18	88,430.
	19	Child tax credit or credit for	other dependent	ts from Schedi	ule 8812			19	950.
	20	Amount from Schedule 3, lin						20	
	21	Add lines 19 and 20						21	950.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	87,480.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	3,678.
	24	Add lines 22 and 23. This is						24	91,158.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 71	.,753		
	b	Form(s) 1099				25b	0	$\overline{}$	
	С	Other forms (see instructions	s)			25c	346		
	d	Add lines 25a through 25c						25d	72,099.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29	7 .		
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31				ndable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	72,099.
Refund	34	· · · · · · · · · · · · · · · · · · ·				$\overline{}$		34	
	35a								
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X				J	J		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount you owe					
You Owe	•.	For details on how to pay, g						37	19,569.
	38	Estimated tax penalty (see in	nstructions) .			38	510		
Third Party	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See			
Designee		structions					omplete	e below.	⋉ No
		signee's		Phone				ntification	
	na	der penalties of perjury, I declare tl	act I have eversine	no.	accompanying cobos		ber (PIN)		of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Υo	ur signature		Date	Your occupation		l If t	he IRS se	nt you an Identity
	10	ui signature		Date	Tour occupation		- 1		PIN, enter it here
Joint return?					DIRECTOR I	Т	(se	e inst.)	
See instructions.		ouse's signature. If a joint return, I	Date	Date Spouse's occupation			If the IRS sent your spouse an		
Keep a copy for your records.									ection PIN, enter it here
•		(012)025 055		For all and done				e inst.)	
		one no. (913)235-255	Preparer's signat	Email address	DHAWAN.PIYU	SH@GMAIL.CO Date)M PTIN		Check if:
Paid		eparer's name	'		יייים חווח חוי	Date		70022	l
Preparer		VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470						Self-employed	
Use Only								(678)965-9522	
•	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's						m's EIN	88-2145487	