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



For the year Jan. 1-Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20				S	See separate instructions.		
Your first name and middle initial				Last name				Your social security number		
SANDEEP				TUMMALA					818 65 1382	
				ame			-		s social security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.		Apt. no.	Pı	resider	ntial Election Campaign	
								Check here if you, or your		
		ce. If you have a foreign address, also co	mplete :	spaces below.	State	ZIP code		spouse if filing jointly, want \$3		
SPRING				TX				to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state/county		Foreign postal co		your tax or refund.		
									☐ You ☐ Spouse	
Filing Status	X	Single			☐ Head of he	ousehold (HOH	1)			
Check only		Married filing jointly (even if only or								
one box.		Married filing separately (MFS)	se (QS	SS)						
	If y	ou checked the MFS box, enter the	ne chil	d's name if the						
	qu	alifying person is a child but not you	ır depe	ndent:				<i>,</i> 		
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	s a reward award or	payment for prope	rty or services)	or (b)	sell		
Assets		ange, or otherwise dispose of a digi							☐ Yes 🗵 No	
Standard		eone can claim: You as a de			e as a dependent					
Deduction		Spouse itemizes on a separate return		•						
A are /Dianeles a se		·				un la efecta de la constantia	0 1		□ In Indianal	
	-	Were born before January 2, 1	959 [<u> </u>		n before Janua			☐ Is blind	
Dependents				(2) Social security number	(3) Relationsh to you	ip (4) Check tr Child ta			ies for (see instructions): Credit for other dependents	
If more	(1) F	irst name Last name		Humber	to you	Offilia to				
than four dependents,								\rightarrow		
see instructions	s —							\rightarrow		
and check here								\rightarrow		
-	10	Total amount from Form(s) W 2 by	ov 1 /o/	oo instructions)				10	80,245.	
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	,					1a 1b	00,243.	
Attach Form(s)		Tip income not reported on line 1a	1c	+						
W-2 here. Also attach Forms	c d	·	1d	_						
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							+	
If you did not	g g	Wages from Form 8919, line 6							+	
get a Form	9 h	Other earned income (see instructi	ions)					1g 1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	•]				
instructions.	z	Add lines 1a through 1h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · <u> · · </u>			1z	80,245.	
Attach Sch. B if required.	2a	1	2a		b Taxable interest	· · · · ·		2b		
	3a		3a		b Ordinary divider			3b		
	4a		4a		b Taxable amount			4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b Taxable amount			5b		
Single or	6a	Social security benefits	6a		b Taxable amount			6b		
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see instructions)					
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								
 Married filing jointly or 	8	Additional income from Schedule	1, line 1	10				8	-14,774.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	. This is your total inc	ome			9	65,471.	
\$27,700	10	Adjustments to income from Schedule 1, line 26								
Head of household,	<u>11</u>	Subtract line 10 from line 9. This is	your a	adjusted gross incon	ne			11	65,471.	
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)			12	13,850.	
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								
Standard Deduction,	14	Add lines 12 and 13						14	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	15	51,621.						

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Tax and Credits	16	Tax (see instructions). Che	eck if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	6,665.	
	17	· · · · · · · · · · · · · · · · · · ·						17		
	18	Add lines 16 and 17 .						18	6,665.	
	19	Child tax credit or credit	or other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3	, line 8					20		
	21	Add lines 19 and 20 .						21		
	22	Subtract line 21 from line	18. If zero or less,	enter -0				22	6,665.	
	23	Other taxes, including sel	f-employment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax					24	6,665.		
Payments	25	Federal income tax withh	eld from:							
	а	Form(s) W-2				25a 10	,611			
	b	Form(s) 1099				25b				
	С	Other forms (see instructi	ons)			25c				
	d	Add lines 25a through 25	с					25d	10,611.	
If you have a	26	2023 estimated tax paym	ents and amount a	pplied from 20	022 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC	C)		No .	27				
allacii Scii. ElC.	28	Additional child tax credit	from Schedule 8812			28				
	29	American opportunity cre	dit from Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3	, line 15			31				
	32	Add lines 27, 28, 29, and	31. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32	. These are your to	tal payments				33	10,611.	
Refund	34	If line 33 is more than line	24, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	3,946.	
	35a							35a	3,946.	
Direct deposit?	b	Routing number X X					Saving	s		
See instructions.	d	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 wa	nt applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line For details on how to pay						37		
	38	Estimated tax penalty (se	e instructions) .			38				
Third Party		you want to allow anot		cuss this retu	n with the IRS?		amplet	a balaw	⊠ No	
Designee		instructions		Phone			Yes. Complete below. X No Personal identification			
		Designee's name					mber (PIN)			
Sign		der penalties of perjury, I declar ief, they are true, correct, and c							, ,	
Here	Yo	ur signature		Date	Your occupation		lf ·	the IRS se	ent you an Identity	
		J			,				PIN, enter it here	
Joint return? See instructions. Keep a copy for your records.				IT			ee inst.)			
	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			ld	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	———Ph	one no.		Email address	1					
		parer's name	Preparer's signat			Date	PTIN		Check if:	
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPAL	LI VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed	
Preparer							·		(678)965-9522	
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							88-2145487	