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 Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	)	See sep	parate instructions.		
Your first name and middle initial Last na				ame					Your so	cial security number		
APPALARAJU NIMN				IMMANA						704   88   3681		
If joint return, spouse's first name and middle initial Last na										Spouse's social security numbe		
NIMMANA		<i>I</i>					846   56   3507					
	(numbe	er and street). If you have a P.O. box, see	ROS:				Apt.	no.		ntial Election Campaigr		
1828 CAU	VIN	CT							Check h	nere if you, or your		
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces below. State Z			ZIP code			if filing jointly, want \$3		
FUQUAY V	'ARII	NA		NC 2			27526		this fund. Checking a ow will not change			
Foreign country name				Foreign province/state/county			Foreign po	stal code				
							4			☐ You ☐ Spouse		
Filing Status	, [	Single				☐ Head of ho	ousehold	(HOH)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)	QSS)	,								
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	l or QSS I	oox, ente	r the chi	ld's name if the		
	qu	ialifying person is a child but not you	ır depe	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	s a reward, award, or	navr	ment for proper	rty or serv	vices): or	(b) sell.			
Assets		nange, or otherwise dispose of a digi	•				,		. ,	☐ Yes		
Standard		neone can claim: You as a de										
Deduction		Spouse itemizes on a separate return	•	•								
Age/Blindness	· Vall	: Were born before January 2, 1	050	Are blind Spo	ouse	w □ Was bor	n before	January 2	1050	☐ Is blind		
Dependents			000 [	<u> </u>			(4) 01		•	fies for (see instructions):		
•	•	First name Last name		(2) Social security number	/	(3) Relationshi	ih I, ,	hild tax cr		Credit for other dependents		
If more than four	<u> </u>	SSHANTH K NIMMANAA		957-90-819	9	Son				X		
dependents,	KHI	IRETI K NIMMANAA		957-90-822		Son				<u> </u>		
see instructions and check	s —											
here					$\overline{}$							
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions) .					. 1a	143,277.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .					. 1b			
W-2 here. Also	С	Tip income not reported on line 1a	ı (see ir	nstructions)					. 1c			
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see i	nstru	uctions)			. 1d			
W-2G and 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 8839, line 29					. 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 inst	tructions)		<u>li</u>				1.10 000		
	Z	Add lines 1a through 1h	<b>T</b>						. 1z	143,277.		
Attach Sch. B	2a		2a			axable interest			. 2b			
if required.	3a		3a			Ordinary divider			. 3b			
Standard	4a -		4a			axable amount			. 4b			
Deduction for—	5a		5a			axable amount			. 5b			
Single or Married filing	6a		6a			axable amount			. 6b			
separately, \$13,850	C 7	If you elect to use the lump-sum election method, check here (see instructions)								7		
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								-20,326.		
jointly or Qualifying	8	Additional income from Schedule 1, line 10							. <u>8</u>	122,951.		
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		•	COIII	<del>.</del>			. 10			
Head of	11		-		 me				. 10			
household, [ \$20,800	12	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							12			
If you checked any box under	13	Qualified business income deducti		•	,	 95-Α			. 13			
Standard Deduction,	14				. 555				. 14			
see instructions.	15	Subtract line 14 from line 11. If zer				tavable incom			15			

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	9,835.
Credits	17	Amount from Schedule 2, line 3	. 17	
	18	Add lines 16 and 17	. 18	9,835.
	19	Child tax credit or credit for other dependents from Schedule 8812	. 19	1,000.
	20	Amount from Schedule 3, line 8	. 20	
	21	Add lines 19 and 20	. 21	1,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	. 22	8,835.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	. 23	0.
	24	Add lines 22 and 23. This is your total tax	. 24	8,835.
<b>Payments</b>	25	Federal income tax withheld from:		
-	а	Form(s) W-2	ł.	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	10,244.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	. 26	
qualifying child, attach Sch. EIC.  r	27	Earned income credit (EIC)		
allacii Scii. Elc.	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	. 33	10,244.
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	1,409.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	1,409.
Direct deposit?	b	Routing number 0 7 1 0 0 0 0 1 3 c Type: X Checking Saving	js	
See instructions.	d	Account number 8 1 7 2 1 5 6 8 9		
	36	Amount of line 34 you want applied to your 2024 estimated tax		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	. 37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	te below.	<b>⋉</b> No
		esignee's Phone Personal ide		
Sign	Un	me no. number (PIN ider penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and tilef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	to the best	, ,
Here		our signature Date Your occupation If	the IRS se	nt you an Identity
Joint return? See instructions. Keep a copy for your records.			see inst.)	,
	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation If		nt your spouse an ection PIN, enter it here
		SOFTWARE ENGINEER (S	see inst.)	
		one no. (630)649-0859 Email address RAJU.NIMMANA@GMAIL.COM		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	VENK		170833	Self-employed
Use Only	Fire		hone no. (	(678)965-9522
	Fire	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	irm's EIN	88-2145487