<b>1040</b>		Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or sta	ple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning								, 20	See separate instructions.				
Your first name and middle initial										Your social security number			
											704 88 3681		
APPALARAJU NIMM If joint return, spouse's first name and middle initial Last na				MANA								security number	
												-	
NIMMANA ROSY Home address (number and street). If you have a P.O. box, see instructi										846		3507	
	•		Instructi	UIIS.				<b></b>	pt. no.			ection Campaign	
1828 CAUVIN CT				paces below. State			to.	ZIP co	ada	Check here if you, or your spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete s												nd. Checking a	
FUQUAY VARINA				Foreign province/state/county			-	275				not change	
Foreign country	ign country name Foreign province/state/county Foreign postal cod				in postal code	your tax	C OF FEIU						
Filing Status		Single					Head of he	buseh	old (HOH)				
Check only													
one box.		□ Married filing separately (MFS) □ Qualifying surviving spouse (QS									, 		
		If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the										me if the	
	qua	alifying person is a child but not you	ir deper	ndent:									
Digital	At an	ny time during 2023, did you: (a) rece	eive (as	a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,			
Assets		ange, or otherwise dispose of a digi									🗌 Ye	es 🛛 No	
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur			dual-status a	alien							
Age/Blindness		Were born before January 2, 1		Are bl		ouse		n befo	ore January 2	2, 1959	ls	s blind	
Dependents		•		(2) 5	Social se <u>cu</u> rity		(3) Relationsh	14			fies for (	see instructions):	
If more	(1) First name Last name						to you	Child tax credi			Credit fo	r other dependents	
than four	SUS	SUSSHANTH K NIMMANAA			957-90-8199 Son							X	
dependents,	КНІ	KHIRETI K NIMMANAA			957-90-8228 Son							 X	
see instructions and check	3								<u> </u>			$\square$	
here									<u> </u>				
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	tions)					. 1a		143,277.	
	b	Household employee wages not re	ported	on Form	(s) W-2					. 1b	,		
Attach Form(s) W-2 here. Also	с									. 1c	;		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ir	nstru	uctions)			. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								. 1e	,		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29					. 1f			
lf you did not	q	Wages from Form 8919, line 6								. 1g	1		
get a Form	h	Other earned income (see instructi								. 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s		ructions)			1i						
	z	Add lines 1a through 1h								. 1z		143,277.	
Attach Sch. B	2a	° I	2a			bТ	axable interest			. 2b	-		
if required.	3a		3a				Ordinary divider				-		
	4a		4a				axable amount			. 4b			
Standard	5a		5a				axable amount			. 5b			
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a		6a				axable amount			. 6b	-		
Married filing				method					 Г				
separately, \$13,850		<ul> <li>c If you elect to use the lump-sum election method, check here (see instructions)</li></ul>						7					
<ul> <li>Married filing</li> </ul>								. 8	-	0.			
jointly or Qualifying	8									. <u>o</u> . 9		143,277.	
surviving spouse, \$27,700		<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								143,277.			
<ul> <li>Head of</li> </ul>	10							. 10	-	140 000			
household, [ \$20,800	11								. 11	-	143,277.		
• If you checked	12								. 12	-	37,318.		
any box under <i>Standard</i>	13								. 13				
Deduction, see instructions.	<b>14</b> Add lines 12 and 13						. 14		37,318.				
	15	Subtract line 14 from line 11. If zer	o or les	s, enter -	-U This is y	ourt	taxable incom	е.		. 15		105,959.	

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

Form **1040** (2023)

Form 1040 (2023	5)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	13,926.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	13,926.	
	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	12,926.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	12,926.	
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	25d	10,244.	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26		
	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	33	10,244.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a		
	b	Routing number       X       X       X       X       X       X       X       X       C Type:       C Checking       Savings			
See instructions.	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 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	2,753.	
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		structions		X No	
	De	signee's Phone Personal identif me no. Personal identif	ication		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	he best c	of my knowledge and	
Here	bel	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ı prepare	r has any knowledge.	
пеге	Yo	ur signature Date Your occupation If the	IRS sen	t you an Identity	
			Protection PIN, enter it here (see inst.)		
Joint return? See instructions.		SOFTWARE ENGINEER	,		
Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.			(see inst.)		
	Ph	one no. (630)649-0859 Email address RAJU.NIMMANA@GMAIL.COM			
Paid Preparer Use Only		eparer's name Preparer's signature Date PTIN		Check if:	
	VENK	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	J833	Self-employed	
				678)965-9522	
			's EIN	88-2145487	
Go to www.irs.go		m1040 for instructions and the latest information. BAA REV 02/23/24 PRO		Form <b>1040</b> (2023)	