<b>1040</b>	· ·	artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	rite or sta	aple in this space.		
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end		, 20	See separate instructions.						
Your first name	and mi	 iddle initial	name							cial sec	urity number			
SAI KRIS	SHNA		KOI	ANUPAK	(A					419	73	6088		
		s first name and middle initial	Last r								· · ·	security number		
									649	83	3121			
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.		Presidential Election Campaig			
4800 PR	INTE	RS WAY				-		1	.033		,	ou, or your		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode		•	jointly, want \$3 nd. Checking a		
FRISCO						TΣ	K	750	33			not change		
Foreign country	y name		Foreign pi	Foreign province/state/county			Foreig	n postal code	your tax	_	_			
											Yo	ou Spouse		
Filing Status	s L	Single					Head of he	ouseh	old (HOH)					
Check only		Married filing jointly (even if only or	ne hac	l income)										
one box.		Married filing separately (MFS)					Qualifying							
		you checked the MFS box, enter the						l or Q	SS box, ente	iter the child's name if the				
	qu	alifying person is a child but not you	ir aepe	endent: N	MOUNIKA	SIF	RIGUPPI							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,				
Assets	exch	ange, or otherwise dispose of a digi	tal ass	set (or a fir	nancial intere	est ir	n a digital asse	t)? (Se	e instructio	ns.)	∐ Ye	es 🛛 No		
Standard	_	eone can claim: 🗌 You as a de	•		•		a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1							
Age/Blindnes	s You:	Were born before January 2, 1	959	🗌 Are bl	lind <b>Spc</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	<u> </u>	s blind		
Dependent	<b>s</b> (see	instructions):	(2) 5	Social security	,	(3) Relationsh	ip (4	) Check the b	ox if qual	ifies for (	(see instructions):			
If more	<b>(1)</b> F	irst name Last name		number		to you		Child tax c	redit	Credit fo	or other dependents			
than four														
dependents, see instruction	s ——													
and check	ı —											<u> </u>		
here	4.		- 4 /-		- 1' )									
Income	1a ⊾	Total amount from Form(s) W-2, be	•		,						-	114,641.		
Attach Form(s)	b		•		n Form(s) W-2................. ructions) ....................									
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	•						• • •	. 10				
W-2G and	e	Taxable dependent care benefits f						• •		. 1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene		,				• •		. 1f				
If you did not	a	Wages from Form 8919, line 6 .								. 19				
get a Form	h	Other earned income (see instructi								. 1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,				<b>1</b> i	.	-					
	z	Add lines 1a through 1h								. 1z	:	114,641.		
Attach Sch. B	2a		2a			bТ	axable interest	t.		. 2b				
if required.	3a	Qualified dividends	3a			bС	Ordinary divider	nds .		. 3b				
	4a	IRA distributions	4a				axable amount							
Standard Deduction for—	5a	Pensions and annuities	5a							. 5b				
<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			bΤ	axable amount	t		. 6b				
Married filing separately,	С	If you elect to use the lump-sum e	lectior	method,	check here	(see	instructions)		[					
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	iired	, check here		[	7				
jointly or	8	Additional income from Schedule								. 8		-14,641.		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-	our total inc	om	<b>e</b>			. 9	_	100,000.		
\$27,700 • Head of	10	Adjustments to income from Sche								. 10	)			
household,	11	Subtract line 10 from line 9. This is	-							. 11	-	100,000.		
<ul><li>\$20,800</li><li>If you checked</li></ul>	12	Standard deduction or itemized								. 12	2	13,850.		
any box under Standard	13	Qualified business income deducti	on fro	m Form 8	995 or Form	899	95-A			. 13				
Deduction, see instructions.	14	Add lines 12 and 13								. 14		13,850.		
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	e.		. 15		86,150.		

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	14,266.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	14,266.
	19	Child tax credit or credit for		19					
	20	Amount from Schedule 3, lin		[	20				
	21	Add lines 19 and 20					🗆	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	14,266.
	23	Other taxes, including self-e	[	23	0.				
	24	Add lines 22 and 23. This is					[	24	14,266.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				<b>25a</b> 16	5,944.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	16,944.
	26	2023 estimated tax payment						26	
If you have a L qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin		31					
	32					-	_	32	
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits         Add lines 25d, 26, and 32. These are your total payments							16,944.
Defined	34	If line 33 is more than line 24					• •	33 34	2,678.
Refund	34 35a		,			, .	· · ·	35a	2,678.
Direct deposit?	b 35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							2,070.
See instructions.		Account number 4 8 8							
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							
rou Owe					· · ·	37			
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete be	low	🔀 No
Designee							•		
	nai	signee's ne		Phone no.			onal identific ber (PIN)	ation	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statemer	ts, and to the	best (	of my knowledge and
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v							er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation	If the II	RS ser	nt you an Identity	
									IN, enter it here
Joint return?					SOFTWARE 1	`	ee inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.						(see in:	<i>,</i>	cuont in, enter it here	
	Ph	one no. (609) 721-575	Λ	Email address	עפע הדעא7י גפע הדעא7י	GMAIL.COM			
		eparer's name	Preparer's signat		1.01. 010 0 / 0	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P02082	702	Self-employed
Preparer		n's name GLOBAL TAX							
Use Only		m's address 245 ROONE	Firm's		678)965-9522				
Go to warne in a		1040 for instructions and the late		TIONICI IN			ן רווווו S		84-3171965 Form <b>1040</b> (2023)
GO IO WWW.IIS.go	JVIPOM	no40 for instructions and the late	st information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074 2023

Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI KRISHNA KOLANUPAKA

SAI	KRISHNA KOLANUPAKA	419-73-60	73-6088				
Par	t Additional Income						
1	Taxable refunds, credits, or offsets of state and local income taxes		1				
2a	Alimony received	<b>2</b> a					
b	Date of original divorce or separation agreement (see instructions):						
3	Business income or (loss). Attach Schedule C	3					
4	Other gains or (losses). Attach Form 4797						
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	θE. 5	-14,641.				
6	Farm income or (loss). Attach Schedule F.						
7	Unemployment compensation						
8	Other income:						
а	Net operating loss	8a (	)				
b	Gambling	8b					
С	Cancellation of debt	8c					
d	Foreign earned income exclusion from Form 2555	8d (	)				
е	Income from Form 8853	8e					
f	Income from Form 8889	8f					
g	Alaska Permanent Fund dividends	8g					
ĥ	Jury duty pay	8h					
i	Prizes and awards	8i					
j	Activity not engaged in for profit income	8j					
k	Stock options	8k					
I	Income from the rental of personal property if you engaged in the rental						
	for profit but were not in the business of renting such property	81					
m	Olympic and Paralympic medals and USOC prize money (see						
	instructions)	8m					
n	Section 951(a) inclusion (see instructions)	8n					
0	Section 951A(a) inclusion (see instructions)	80					
р	Section 461(I) excess business loss adjustment	8p					
q	Taxable distributions from an ABLE account (see instructions)	8q					
r	Scholarship and fellowship grants not reported on Form W-2	8r					
S	Nontaxable amount of Medicaid waiver payments included on Form						
	1040, line 1a or 1d	<b>8s</b> (	)				
t	Pension or annuity from a nonqualifed deferred compensation plan or						
	a nongovernmental section 457 plan	8t					
u	Wages earned while incarcerated	8u					
z	Other income. List type and amount:						
		8z					
9	Total other income. Add lines 8a through 8z						
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente 1040, 1040-SR, or 1040-NR, line 8			-14,641.			
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 1 (Form 1040) 2023			

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s go	venin	lent	12	
3	Health savings account deduction. Attach Form 8889	• •	•	•••	•	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
- 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed bealth insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					00	
20	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	Archer MSA deduction	• •	•	• •	•	23	
24	Other adjustments:						
а		24a				-	
b	Deductible expenses related to income reported on line 8l from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d		24d					
е	Repayment of supplemental unemployment benefits under the Trade						
		24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g		24g					
h	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	24h					
i	Attorney fees and court costs you paid in connection with an award						
	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
z	Other adjustments. List type and amount:						
		24z					
5	Total other adjustments. Add lines 24a through 24z					25	
6	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				don		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

SCHEDULE E (Form 1040)		Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041.											OMB No. 1545-0074			
Departm Internal	Go to www.irs.gov/ScheduleE for instructions and the latest information.										Atta Seg	Attachment Sequence No. <b>13</b>				
Name(s) shown on return											Your soci					
SAI	AI KRISHNA KOLANUPAKA 419-7													88		
Part				From Rer								•				
	Note: If yo rental inco	ou are	in th r loss	e business of from <b>Form 4</b>	f renting per <b>1835</b> on pac	rsonal proper ae 2. line 40.	ty, use	Schedule	<b>c</b> . See	e instru	ictions. If you	are an indi	vidual,	report f	farm	
Α	Did you make an						to file	Form(s) 1	099? 8	See in:	structions .			Yes	🛛 No	
B li	f "Yes," did you	or w	ill yo	ou file require	ed Form(s)	) 1099? .								Yes	🗌 No	
1a	Physical addr	ess c	of ea	ch property	(street, cit	ty, state, ZIF	code	e)								
Α	13-104, SI	EETA	ARAN	MPURAM NA	ALGONDA	(DIST)	TELA	ANGANA	IN 5	0002	7					
В																
С																
1b	Type of Prope		2	For each re								Persor		e	QJV	
	(from list below	N)				nber of fair i heck the Q.					Days	Da	-			
	3					rements to f			A		365		0			
<u>В</u> С						e. See instru			B C							
	of Property:								U							
	Single Family R	eside	ence	3 Vaca	ation/Shor	t-Term Ren <sup>.</sup>	tal	5 Lanc	1	7	Self-Rental					
	Multi-Family Re				nmercial		con	6 Roya			Other (desc					
	,							,								
Incom									Α		Proper			С		
3	Rents received	4					3			21.				<u> </u>		
4	Royalties recei						4		,	<u> </u>						
Exper			<u>· ·</u>				<u> </u>									
5							5									
6	Auto and trave						6									
7	Cleaning and r	maint	enar	nce			7		1,7	50.						
8	Commissions						8									
9	Insurance						9									
10	Legal and othe						10									
11	Management f						11		2,4	50.						
12 13	Mortgage inter Other interest					,	12 13									
14	Repairs						14		2.0	50.						
15	- · ··						15			60.						
16	Taxes						16		,							
17	Utilities						17		2,5	87.						
18	Depreciation e	xpen	se o	r depletion			18		2,9	65.						
19	Other (list)						19									
20	Total expenses			•			20		15,3	62.						
21	Subtract line 2															
	result is a (loss file <b>Form 6198</b>			structions to		you must	21	.	-14,6	41						
22	Deductible ren					on if any			± 1 <b>,</b> 0	•						
	on <b>Form 8582</b>					· .	22	(	14,64	41.)	(	)	(			
23a	Total of all amo			-						23a		721.				
b	Total of all am		-							23b						
с	Total of all amo									23c						
d	Total of all amo									23d		2,965.				
e	Total of all amo									23e	1	5,362.				
24 25	Income. Add p									· ·	• • • • •	. 24	(	1 /	6 1 1	
25 26	Losses. Add ro Total rental re												(	14,	641.	
20			วเลเเ	e anu ruyar	Ly INCOME	, 1022) 10	JULID		∠+ anc	ו ∠ J. E		uit				

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

26

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-14,641.