1040	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or stap	ple in this space.	
For the year Jan. 1-Dec. 31, 2023, or other tax year beginning				, 2023, ending				, 20 See separate instructions.			nstructions.		
Your first name and middle initial Last r										Your social security number			
SARAVANA GAN				IESH						156	02	6381	
If joint return, spouse's first name and middle initial Last n											security number		
											1 1		
Home address	(numbe	r and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Ele	ction Campaigr	
_#855 JE1	INIFE	ER LANE										ou, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode			ointly, want \$3 d. Checking a	
High Poi	Int					NC	2	272	65	V V		ot change	
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code	your ta:	x or refur		
											You	u Spouse	
Filing Status	; X	Single					Head of h	ouseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne hac	l income)			_						
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 child's name											
	qua	alifying person is a child but not you	ir depe	endent:									
Digital	At an	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); o	r (b) sell,			
Assets		ange, or otherwise dispose of a digi									🗌 Ye	s 🛛 No	
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1						
Age/Blindness	s You:	Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bo	rn befo	ore January	2. 1959	∏ ls	blind	
Dependents		•		<u> </u>	Social security	,	(3) Relationsh	14				see instructions):	
If more		(1) First name Last name			number to you			"p	Child tax of	redit	Credit for	other dependents	
than four													
dependents,													
see instructions and check	s ——												
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	58,461.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1b	,		
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	is)					. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 10	1		
1099-R if tax	е	Taxable dependent care benefits f								. 1e	,		
was withheld.	f	Employer-provided adoption bene			1839, line 29	•				. <u>1</u> f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .		· · ·		• •		• •		. <u>1</u> g			
W-2, see	h	Other earned income (see instruction				• •				. <u>1</u> h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i					E0 161	
		Add lines 1a through 1h	·		· · ·	 ⊾ .	••••••••••••••••••••••••••••••••••••••	 •		. 1z		58,461.	
Attach Sch. B if required.	2a		2a				axable interes		• • •	. 2b		4,030.	
	<u>3a</u>		3a				Ordinary divide			. 3b			
Standard	4a 5a		4a 5a				axable amoun axable amoun			. 4b			
Deduction for –	5a 6a		5a 6a				axable amoun			. 5b . 6b			
 Single or Married filing 	6а с	If you elect to use the lump-sum e		method	check berg			· · ·					
separately, \$13,850	7	Capital gain or (loss). Attach Schee		,		`	,	• •		7			
 Married filing jointly or 	8	Additional income from Schedule		•						. 8		0.	
Qualifying	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		63,097.		
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		63,097.	
\$20,800	12	Standard deduction or itemized	-	-	-					. 12		13,850.	
 If you checked any box under 	13	Qualified business income deducti		•		,	5-A			. 13			
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	ourt	taxable incom	ne .		. 15		49,247.	

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

Form **1040** (2023)

				Page 2					
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	6,137.					
Credits	17	Amount from Schedule 2, line 3	17	447.					
	18	Add lines 16 and 17	18	6,584.					
	19	Child tax credit or credit for other dependents from Schedule 8812	19						
:	20	Amount from Schedule 3, line 8	20	700.					
:	21	Add lines 19 and 20	21	700.					
:	22	Subtract line 21 from line 18. If zero or less, enter -0	22	5,884.					
:	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	5,884.					
Payments 2	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	9,691.					
ii you nave a 🗀	26	2023 estimated tax payments and amount applied from 2022 return	26						
attach Sch. EIC.	27	Earned income credit (EIC)							
	28	Additional child tax credit from Schedule 8812							
:	29	American opportunity credit from Form 8863, line 8. 	4						
	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	0.501					
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,691.					
noruna	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,807.					
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,807.					
Direct deposit? See instructions.	b	Routing number 2 7 2 4 8 3 9 0 5 c Type: X Checking Savings							
	d	Account number 2 1 4 7 9 8 9 5 2 5							
	36	Amount of line 34 you want applied to your 2024 estimated tax 36	_						
Amount Source So	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37						
	38	Estimated tax penalty (see instructions)	57						
Third Party		you want to allow another person to discuss this return with the IRS? See							
Designee		tructions	below.	× No					
	Des								
	nar								
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic							
Here			• •	,					
	YOU	°	ne IRS sent you an Identity otection PIN, enter it here						
Joint return?			e inst.)	,					
See instructions.	Spo		the IRS sent your spouse an						
Keep a copy for your records.			ntity Prote e inst.)	ection PIN, enter it here					
-			, 1101.)						
		one no. (215)470-1792 Email address SARAVANAPWC@GMAIL.COM parer's name Preparer's signature Date PTIN		Check if:					
Paid		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247	0833	Self-employed					
Falu	VENC			678)965-9522					
Preparer	Cirr		me no. (0/0/900-9044					
			n's EIN	88-2145487					