<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	vrite or sta	ple in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending				, 20	See separate instructions.			
Your first name and middle initial Last r				name						Your social security number		
SARAVANA GAN				NESH						156	02	6381
If joint return, spouse's first name and middle initial Last n										· · · · · · · · · · · · · · · · · · ·	security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.			ection Campaigr
<u>#855 JEN</u>					1	0.		710 -	l -		,	ou, or your jointly, want \$3
		ce. If you have a foreign address, also co	mpiete	spaces be	IOW.	Sta		ZIP co		to go to	this fur	nd. Checking a
High Poi				Foreign province/state/county			-		box below will not oreign postal code your tax or refund.			
r oreign country	manne			roreigirpi	TOVINCE/State/	courr	ty	roreig	n postal code	your ta		
Filing Status	X	Single					Head of he	ouseh	old (HOH)			
-	,	Married filing jointly (even if only o	ne hac	l income)								
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS										
	lf y	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	ır depe	endent:								
Digital	At an	ny time during 2023, did you: (a) rec	eive (a	s a reward	d. award. or	pavr	ment for prope	rtv or :	services): or	(b) sell.		
Assets		ange, or otherwise dispose of a dig									🗌 Ye	es 🛛 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 bor	n befo	ore January 2	2, 1959	🗌 ls	s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	14			fies for (	see instructions):
If more		(1) First name Last name			number to you				Child tax c	redit	Credit fo	r other dependents
than four												
dependents, see instructions	s ——											
and check	. ——											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	•				· · · ·	• •		. <u>1a</u>	-	58,461.
Attach Form(s)	b	Household employee wages not re							. 1b . 1c	-		
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a Medicaid waiver payments not rep				· · netri	· · · ·	• •		. 1d		
W-2G and	e	Taxable dependent care benefits f				1300		• •		. 1e	-	
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	-	
get a Form W-2, see	h									. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
	z	Add lines 1a through 1h	•							. 1z		58,461.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			bΤ	axable interest	: .		. 2b		4,636.
	3a		3a			b C	Ordinary divider	nds .		. 3b		
Standard	4a		4a				axable amount			. 4b		
Deduction for –	5a		5a				axable amoun			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a		6a	<b>b</b> Taxable amount					 F	. 6b	•	
separately, \$13,850		c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       .         Capital gain or (loss). Attach Schedule D if required. If not required, check here       .       .       .										
<ul> <li>Married filing</li> </ul>	7		•	•				7 . 8	-	-8,490.		
jointly or Qualifying	о 9	8         Additional income from Schedule 1, line 10         .							. <u>o</u> . 9	+	54,607.	
surviving spouse, \$27,700	э 10	Adjustments to income from Sche								. <u> </u>		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		54,607.
\$20,800	12	Standard deduction or itemized								. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					95-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	e.		. 15		40,757.

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

Form **1040** (2023)

	)			Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3	16	4,673.		
Credits	17	Amount from Schedule 2, line 3	17	387.		
	18	Add lines 16 and 17	18	5,060.		
	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	4,360.		
	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	4,360.		
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	9,691.		
ii you nave a 🗀	26	2023 estimated tax payments and amount applied from 2022 return	26			
qualifying child, 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	0.001		
	33	Add lines 25d, 26, and 32. These are your total payments	33	9,691.		
liorana	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,331.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	5,331.		
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 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	Do	you want to allow another person to discuss this return with the IRS? See				
Designee		tructions	below.	X No		
•			Personal identification			
	nar			<u> </u>		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whicl		, ,		
Here			• •	nt you an Identity		
	10		tection PIN, enter it here			
Joint return?		IT CONSULTANT (see	inst.)			
See instructions. Keep a copy for	Sp		f the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.			inst.)	ection PIN, enter it here		
		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		
				678)965-9522		
Preparer			's EIN	88-2145487		
		n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm				