Deduction for - Sa Definitions and annulates	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	—Do not w	rite or staple in this space.		
INEELADR1 S RCY 913 55 564 Hyperteurn, spouce's first name and middle initial Last name Spouce's social security number Home address (jumber and steed, if you have a PO box, see instruction. Apt. no. Precidential Election Campaign 1539 C12700 ROAD Call 30.22 Precidential Election Campaign Foreign country name Foreign provinco/state/country Foreign provinco/state/country Precidential Election Campaign Foreign country name Foreign provinco/state/country Foreign provinco/state/country Precidential Election Campaign Filing Status Ingole Head of household (HOH) Ingole Ingole Filing Status Ingole Head of household (HOH) Ingole Ingole Gligital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or aevices) or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial Intervat in a digital asset) Yes No Standard Standard Spouse: (9) colation: (0) colation: (b) colation: Marcie difficion Operandentis (9) social security (b) colation: (c) colation: (c) colation:	For the year Jan. 1-Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					See separate instructions.			
If joint return, spouse's first name and middle initial Last name Spouse's social security number (\$15, \$15, \$15, \$15, \$15, \$15, \$15, \$15,	Your first name and middle initial Last na				ame	me					Your social security number			
If joint return, spouse's first name and middle initial Last name Spouse's social security number (\$15, \$15, \$15, \$15, \$15, \$15, \$15, \$15,	NEELADRI S ROY										813	55 5684		
Internet address function at each if, you have a P.0. box, see instructions. Apr. on. Presidential Electric Campaign opuse if filing jointly, yourt 32 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code To any output of the set of your spouse if filing jointly, yourt 32 Foreign country name Foreign province/state/country Foreign goal address, also complete spaces below. State ZIP code To charge postal (MCH) Filing Status Single Impact the set of the set of your spouse. Foreign country name Foreign country of the set of your spouse. Foreign country of the set of your spouse. Foreign country of your spouse.<		first name and middle initial	ame	me										
1599 CLIFTON ROAD Check here if you, or your City, torn, or post office. If you have a foreign address, also complete spaces below. GA 30322 Deck here if you, you, ar your Foreign country name Foreign province/state/county Foreign post acds Do this Kind, Checking a to post in the Work of the Will post change you it as or refuted. Deck here if you, you, row or your Filing Status GA S0322 Deck here if you, you, row or your Deck here if you, here a foreign province/state/county Foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here a foreign post acds Deck here if you, here acds Deck here if you acds Deck here if you acds Deck here if you acds											815 85 5503			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code spouse if filing jointly, want 35 City, town, or post office. If you have a foreign address, also complete spaces below. GA 30 32 2 top below will not change book below will not change book below. Foreign post address, also complete spaces below. GA State ga spouse if filing jointly, want 35 Foreign country anne Foreign post address, also complete spaces below. Foreign post address addr	Home address	(numbe	r and street). If you have a P.O. box, see	instruct	ons. Apt. no.					Presidential Election Campaign				
ATLENTA GA 30322 to go to this fund. Checking a Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county I'do I'do I'do I'do I'do I'do I'do I'do	<u>1599 CL</u>	<u>FTON</u>	I ROAD											
ATLANTA CA 50322 box below will not change Foreign country name Foreign provincostate/county Foreign p	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces be	baces below. State								
Filing Status Single Head of household (HOH) Check only Married filing separately (MFS) Qualifying surviving spouse (ASS) 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 if the qualifying person is a child but not your dependent: INDERANT_BERA Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or service); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? (See instructions) Yes X No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Yes X No Standard Beendents, sea instructions): (I) First name Lat name (I) Social security (B) Relationship (G) Check the box if qualifies for (see instructions): If more there instructions: I) First name Lat name (I) Sint name III Comme Interson 10 Interson III Total amount from Form(s) W-2, box 1 (see instructions) III Comme III IIII Comme Int a total amount from Form (S) W-2, box 1 (see instructions) III IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ATLANTA					GA			303	22		. J.		
Filing Status Single Head of household (HOH) Check only Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS) 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 if the qualifying person is a child but not your dependent: INDRANI_BERA Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Vess No Standard Someone can claim: You as a dependent You so as a dependent Yous sould be the self of t	Foreign country name					Foreign province/state/county			Foreign postal code					
Check only Married filing jointly (even if only one had income) Cualifying surviving spouse (QSS) Married filing separately (MFS) Cualifying surviving spouse (QSS) 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 if the qualifying person is a child but not your dependent: INDRANT BERA Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Ves X No Standard Deduction Someone can claim:: Your spouse as a dependent: Your spouse as a dependent Dependents, see instructions:: (10 Social accurvity 0) Relationating (40 Check the box if qualifies for (see instructions); If more there (1) First name Last name (number (1) First name Interfere INDRANEEL ROY 512-37-5333 Son Image: Check the box if qualifies for (see instructions); If a total amount from Form(s) W-2, box 1 (see instructions) 1a 61, 320. 1b V2 terms.Also Total amount from Form(s) W-2, box 1 (see instructions) 1a 61, 320. V2 terms.Also To an amount from Form(s) W-2, box 1 (see instructions) 1a 61, 320.												You Spouse		
Childwing Married filing separately (MFS)	Filing Status	; []						Head of ho	ouseh	old (HOH)				
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 if the qualifying person is a child but not your dependent: INDRANI_BERA Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Image: Comparison of the comparison	Check only			ne had	income)									
qualifying person is a child but not your dependent: INDRANI_BERA Digital Assetts At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes Xes Standard Deduction Someone can claim: You as a dependent Orur spouse as a dependent Yes Xes Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born borre January 2, 1959 Is blind Dependents (see instructions): (g) Social sequrity (a) Check the box if qualifies for (see instructions): Credit for other dependents. If more than four dependents INDRANEEL ROY 512-37-5333 Son Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies for (see instructions); Image: Check the box if qualifies f	one box.													
Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Your spouse as a dependent Age/Bindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) Rist anne Last name number (a) Relationship (b) Check the box if qualifies for (see instructions): If more there 11 NDRANEEL ROY 512-37-5333 Son Image: Son as a sparate return or you were a dual-status allent Image: Son as a dependent Im		-												
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Deduction Someone can claim: You as a dependent You repouse as a dependent You sould be a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name Last name number (a) Relationship (b) Check the box if qualifies for fice instructions): Child tax credit Credit for other dependents see instructions 11 TINDRANEEL ROY 512-37-5333 Son Imoget Imog		qua	alifying person is a child but not you	ir depe	ndent:		BEI	RA						
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (I) First name Last name numbed to you Child tax credit Credit for other dependents Imore than four INDRANEEL ROY 512-37-5333 Son Imore Imore <td>Digital</td> <td>At an</td> <td>ny time during 2023, did you: (a) rec</td> <td>eive (as</td> <td>a reward</td> <td>d, award, or p</td> <td>oayr</td> <td>ment for prope</td> <td>ty or</td> <td>services); or</td> <td>(b) sell,</td> <td></td>	Digital	At an	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or p	oayr	ment for prope	ty or	services); or	(b) sell,			
Decluction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (a) Check the box if qualifies for (see instructions): (b) First name (a) Check the box if qualifies for (see instructions): If more (i) First name Last name (a) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents Immode Immode eeinstructions Immode Immode Immode Immode Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 61, 320. Here , Also Immode Immode Immode Immode Immode Attach Form(s) W-2, box 1 (see instructions) Immode Immode Immode Immode W-2, see Top income not reported on form (S) W-2 (see instructions) Immode Immode <td< td=""><td>Assets</td><td>exch</td><td>ange, or otherwise dispose of a dig</td><td>ital ass</td><td>et (or a fi</td><td>nancial intere</td><td>est ir</td><td>n a digital asse</td><td>t)? (Se</td><td>e instruction</td><td>าร.)</td><td>Yes X No</td></td<>	Assets	exch	ange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instruction	าร.)	Yes X No		
Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): Import (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): Medical waiter payments (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): (1) Environ Match Formi(S) (2) And the borni(S) (2) And the borni(S) (1) Environ (1) Environ (1) Environ W26 and topose (1) First name (1) Environ (1) Environ (1) Environ (1) Environ (1) Environ W26 and topose (1) Environ (1) Environ (1) Environ (1) Environ (1) Environ (1) Environ W26 and topose (2) Environ (2) Environ (2) Environ (2) Environ (1) Environ (1) Environ		Som	eone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	as	a dependent						
Dependents (see instructions): (a) Social security number (a) Relationship (b) Re	Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien							
If more than four dependents (1) First name Last name number to you Child tax credit Credit for other dependents ade check dependents, see instructions and check here Image: Control of the control	Age/Blindness	s You:	Were born before January 2, 1	959	Are b	lind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959	Is blind		
If more INDRANEEL ROY 512-37-5333 Son X Image: Construction of the second sec	Dependent	s (see	instructions):		(2) \$	Social security	1	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):		
Index INDRANEEL ROY 512-37-5333 Son Image: Control of the state in t	- If more	(1) Fi	(1) First name Last name			number to you					redit	Credit for other dependents		
see instructions and check here Image: see instructions is sparsely in the set of the	than four	IND	INDRANEEL ROY			512-37-5333 Son			X					
and check		e												
Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 61, 320. Attach Form(s) b Household employee wages not reported on Form(s) W-2 1b 1c W-2 here. Also c Tip income not reported on line 1a (see instructions) 1c 1c W-26 and d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d 1c W-26 and e Taxable dependent care benefits from Form 2431, line 26 1e 1d was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f 1g get a Form M dedicaid waiver payments not reported on (see instructions) 1i 1z 61, 320. get a Form f Employer-provided adoption benefits from Form 8839, line 29 1f 1g weas withheld. g Wages from Form 8919, line 6 1e 1g with constavable combat pay election (see instructions) 1i 1z 61, 320. ztach Sch. B 2a Tax-exempt interest 2a 3a b b a IRA distributions 5a Pensions and annuities 5b c														
Attach Form(s) W-2 here. Also attach Forms b Household employee wages not reported on Form(s) W-2 1b Attach Forms c Tip income not reported on line 1a (see instructions) 1c 1c W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(S) W-2 (see instructions) 1d W-2 G and 1099- Ri ftax was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1e was withheld. f Employer-provided adoption benefits from Form 8899, line 29 1f If you did not get a Form W-2, see m Other earned income (see instructions) 1i get a Form W-2, see h Other earned income (see instructions) 1i 1z 61, 320. Ztach Sch. B 2a b Tax-exempt interest 2a b Taxable interest 2b 1t If required. 3a Qualified dividends 3a b Ordinary dividends 3bb 3b Attach Sch. B if a Gisributions 4a b Taxable amount 6b 6b Married filing separately, Si3a.80 r If you elect to use the lump-sum election method, check here (see instructions) 1 7	here L													
Attach Form(s) Tip income not reported on line 1a (see instructions) 1c W*2 here. Also C Tip income not reported on Form(s) W-2 (see instructions) 1d W*2 here. Also C Taxable dependent care benefits from Form 2441, line 26 1e Up9-R if tax e Taxable dependent care benefits from Form 8839, line 29 1f If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see instructions. In 0. 1t 61, 320. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b If required. 3a Upalified dividends 3a b D Ordinary dividends 3b Standard 4a b Taxable amount 4b 5b 5b Standard 5a b Taxable amount 5b 5b 5b Standard 5a fa b Taxable amount 6b 5b 5b Standard 5a b Taxable amount 5b <t< td=""><td>Income</td><td></td><td></td><td></td><td></td><td></td><td>•</td><td>• • • • •</td><td>•</td><td></td><td></td><td></td></t<>	Income						•	• • • • •	•					
Attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2G and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e Wages from Form 8919, line 6 1 1e If you did not get a Form g Wages from Form 8919, line 6 1g W-2, see i Nottaxable combat pay election (see instructions) 1i W-2, see i Nottaxable combat pay election (see instructions) 1i W-2, see i Nottaxable combat pay election (see instructions) 1i Add lines 1 a through 1h . . 1z 61, 320. Attach Sch. B 2a Tax-exempt interest 2b 2b 2b Attach Sch. B 2a Qualified dividends 3a b Taxable amount 4b Standard 5a b Taxable amount 6b 6b 6b Standard Biling expansions and annuities Standard Biling expansions c if you elect to use the lump-sum election method, check here (see instructions) . . . <td< td=""><td>Attach Form(s)</td><td></td><td colspan="9"></td><td></td></td<>	Attach Form(s)													
W-26 and 1099-R if tax was withheld. Taxable dependent care benefits from Form 2441, line 26 1e usas withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form W-2, see g Wages from Form 8919, line 6 1g instructions. i Nontaxable combat pay election (see instructions) 1h 0. istructions. i Nontaxable combat pay election (see instructions) 1i 1z 61, 320. z Add lines 1a through 1h . . 2a b Taxable interest 2b Attach Sch. B 2a Qualified dividends . 3a b Ordinary dividends 3b Attach Sch. B 2a IRA distributions . 4a b Taxable amount 4b Standard Pensions and annuities . 5a b Taxable amount 6b Standard Calital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Married filing jointly or Qualifying pouse, Standard Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 55, 358. 1 Add line														
Index-initial f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a form g Wages from Form 8919, line 6 1g if you did not get a form Mages from Form 8919, line 6 1g Wages from Form 8919, line 6 1g was withheld. f Nontaxable combat pay election (see instructions) 1i v2.; see i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 1z 61, 320. z Add lines 1a through 1h 1z 61, 320. attach Sch. B za Qualified dividends 2a b b Taxable interest 2b Attach Sch. B a Qualified dividends 3a b b Taxable amount 4b Standard Geduction for- 6a Sa b b Taxable amount 5b Single or Married filing jointy or Qualifying separately, strass c If you elect to use the lump-sum election method, check here (see instructions) 7 7 Married filing jointy or Qualifying serving spouse, Strasso g Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 55							istru	ictions)	• •	• • •				
If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1i W2, see i Nontaxable combat pay election (see instructions) 1i instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Tax-exempt interest 2a if required. 3a Qualified dividends 3a 4a BA distributions 4a b Taxable amount 5b b Gai an anuities 5a Standard Social security benefits 6a b Taxable amount 5b 6a b Taxable amount b Taxable amount 6b Married filing separately, single or Married filing ginity or Capital gain or (loss). Attach Schedule 1 fi not required, check here 9 Additional income from Schedule 1, line 10 0 Addiusen ts to income from Schedule 1, line 26 10 Household, 8 Adquistments to income from Schedule 1, line 26 11 55, 358. 820,800 12 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Schedule A) 14 Add lines 12 and 13		e 4					•	· · · ·	<u>.</u>	· · ·				
get a Form h Other earned income (see instructions) 1h 0. W-2, see i Nontaxable combat pay election (see instructions) 1i 1 instructions. i Nontaxable combat pay election (see instructions) 1i 61, 320. Attach Sch. B 2a Tax-exempt interest 2b 2b if required. 3a Qualified dividends 3a b 7 Standard 4a IRA distributions 5a b Taxable amount 4b Standard 5a b Taxable amount 4b 5b Standard filing separately, S13.850 6a b Taxable amount 5b Married filing jointy or Qualifying surving spose, S27.700 6 Additional income from Schedule 1, line 10 7 Subtract line 10 from line 9. This is your adjusted gross income 11 55, 358. \$27,800 12 Standard deduction or itemized deductions (from Schedule A) 11 You checked arry builder 13 Qualified business income deduction from Schedule A) 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14		T					•	· · · ·		· · ·				
W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 1z 61, 320. Attach Sch. B 2a Tax-exempt interest 2b 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b Standard Pensions and annuities 5a b Taxable amount 5b Standard Deduction for- 5a Social security benefits 6a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 6b Married filing jointy or C If you elect to use the lump-sum election method, check here (see instructions) 7 7 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 55, 358. 9 Standard Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 11 55, 358. Standard Hing jointy or Subtract line 10 from line 9. This is your adjusted gross income 11 55, 358. Standard deduction or itemized deduc	,				· · ·		•		• •					
z Add lines 1a through 1h 12 61,320. Attach Sch. B 2a Tax-exempt interest 2b if required. 3a Qualified dividends 3a b Standard 4a b Dordinary dividends 3b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6b C If you elect to use the lump-sum election method, check here (see instructions) 7 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Additional income from Schedule 1, line 10 7 8 -5, 962. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your t							•		i ·	• • •				
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- 5a Pensions and annuities 4a b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Single or Married filing separately, \$13,850 C If you elect to use the lump-sum election method, check here (see instructions) b Taxable amount c Y Capital gain or (loss). Attach Schedule D if required. If not required, check here c 7 7 Read of household, \$27,700 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income c 10 14 Subtract line 10 from line 9. This is your adjusted gross income c 11 55,358. 19. Outlified business income deduction from Form 8995 or Form 8995-A c 13 14 13,850.	instructions.			300 1113	indetions)		•				17	61.320.		
if required. 3a Qualified dividends 3a b 3b Standard 4a b Taxable amount 4b Standard 5a 5a b 5b Standard 5a 5a 5a 5b Single or 6a Social security benefits 5a 5b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) c c Y Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Narried filing jointly or 8 Additional income from Schedule 1, line 10 7 Qualifying surving spouse, \$27,700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 55, 358. 10 Adjustments to income from Schedule 1, line 26 10 11 55, 358. 12 Standard deduction or itemized deductions (from Schedule A) 12 13, 850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13, 850.	Attach Cab D			2a			b Т	axable interest						
4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 5 6b Married filing jointly or Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing surviving spouse, \$27,70 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 55, 358. 14 Subtract line 10 from line 9. This is your adjusted gross income 11 55, 358. 15 Subtract line 10 from line 9. This is your adjusted gross income 12 13, 850. 15 Qualified business income deduction from Form 8995 or Form 8995-A 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13, 850. 14 13, 850.														
Standard Deduction for - 5a Pensions and annuities														
Single or Married filing separately, \$13,850 6a b Taxable amount	Standard										6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .			and the second sec											
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 Additional income from Schedule 1, line 10 8 -5,962. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 55,358. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 11 Subtract line 10 from line 9. This is your adjusted gross income 11 55,358. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.	Married filing	С												
BAdditional income from Schedule 1, line 10B-5,962.Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income955,358.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1155,358.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A131413,850.14	\$13,850	siy,									7			
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income955, 358.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1155, 358.12Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413, 850.	 Married filing jointly or 										-5,962.			
10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 55,358. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Qualifying	9									. 9			
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1155,358.121213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1313	\$27,700	^{327,700} 10 Adjustments to income from Schedule 1, line 3												
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 13,850.		44 O Hundrid A from the O This is some directed more income								. 11	55,358.			
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850	\$20,800	12 Standard deduction or itemized deductions (from Schedule A)							. 12					
Deduction, 14 Add lines 12 and 13 13,850.	any box under	13	Qualified business income deduct	ion fror	n Form 8	995 or Form	899	5-A			. 13			
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 41, 508.	Deduction,	14	Add lines 12 and 13								. 14	13,850.		
	see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 This is yo	our I	taxable incom	е.		. 15	41,508.		

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

Form 1040 (2023)

Form 1040 (2023)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	4,763.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,763.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	2,763.
	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	2,763.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	-	
	b	Form(s) 1099 25b Other forms (see instructions) . <th></th> <th></th>		
	C d		25d	5 751
	d	Add lines 25a through 25c .<	250	5,751.
If you have a L qualifying child,	26 27	Earned income credit (EIC)	20	· · · · · · · · · · · · · · · · · · ·
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	20 29	American opportunity credit from Form 8863, line 8	1	
	30	Reserved for future use	1	
	31	Amount from Schedule 3, line 15	1	
	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	5,751.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,988.
noruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,988.
Direct deposit?	b	Routing number 0 3 1 7 6 1 1 0 c Type: Checking Savings		
See instructions.	d	Account number 1 3 5 6 1 4 1 8 4 5		
	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	
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions		X No
	nar	signee's Phone Personal idential no. Personal idential number (PIN)	ication	
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t	he best	of my knowledge and
Here	bel	ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.
nere	Yo	5 · · · · · · · · · · · · · · · · · · ·		t you an Identity
		ASSOCIATE SCIENTIST (See		N, enter it here
Joint return? See instructions.	Sp		IRS ser	t your spouse an
Keep a copy for		Ident	ity Prote	ection PIN, enter it here
your records.		(see	inst.)	
		one no. (404) 493-8123 Email address NEELADRI.IICB@GMAIL.COM		<u></u>
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/23/2024 P02082		Self-employed
Use Only				678) 965-9522
	_		s EIN	84-3171965
GO IO WWW.II'S.go	ov rorn	01040 for instructions and the latest information. BAA REV 01/12/24 PRO		Form 1040 (2023)