E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, enc	ding		,	20	See se	parate inst	tructions.		
Your first name and middle initial Last r				ast name						Your social security number			
VENKAT RAMANA ROI				ANKI	821   20   5622								
				ast name						Spouse's social security number			
BHAGHYA LAKSHMI NAII				AIDUGARI						717   27   3633			
		er and street). If you have a P.O. box, see					Ap	ot. no.			on Campaigr		
9028 LAF	Œ R	IDGE DRIVE							Check I	here if you,	or your		
		ice. If you have a foreign address, also co	mplete	e spaces below. State			ZIP co				ntly, want \$3		
Lewis Ce	ente	r		OH 4			4303	35		o this fund. low will not	Checking a change		
Foreign country name				Foreign province/state/	count	у	Foreign	postal code		x or refund.			
										You	Spouse		
Filing Status	, [	Single				Head of ho	ouseho	ld (HOH)					
Check only	_	Married filing jointly (even if only or	ne had	income)									
one box.		Married filing separately (MFS)	(QSS)	*									
	lf :	you checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	l or QS	S box, ente	r the ch	ild's name	if the		
	qι	ualifying person is a child but not you	ır depe	ndent:									
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavr	nent for proper	rtv or s	ervices): or	(b) sell.				
Assets		hange, or otherwise dispose of a digi	•						. ,	Yes	⊠ No		
Standard		neone can claim: You as a de											
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alien								
Age/Rlindness	- Vou	: Were born before January 2, 1	a5a [	Are blind Spo	ouse	√  Was horr	n hefor	e January 2	1050	☐ Is bl	ind		
			000 [	<u></u>			(4)		-		instructions):		
Dependent		First name Last name		(2) Social security number	′	(3) Relationshi to you	ip ('')	Child tax cr	•		her dependents		
If more than four		NKSHITHA RONANKI		188-08-783	0	Daughter		X		Г			
dependents,	-												
see instruction	s —												
here										[			
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions) .					. 1a	13	35,850.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .					. 1b	,			
W-2 here. Also	С	Tip income not reported on line 1a	ı (see in	structions)					. 10	;			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted c	on Form(s) W-2 (see i	nstru	ctions)			. 1d	1			
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26					. 1e	,			
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29					. 1f				
If you did not	g	Wages from Form 8919, line 6.							. 1g	,			
get a Form W-2, see	h	Other earned income (see instructi	,				· ·		. 1h	1	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>			_	1.	25 050		
	Z	Add lines 1a through 1h							. 1z		35,850.		
Attach Sch. B if required.	2a		2a	<u></u>		axable interest			. 2b				
ii required.	3a		3a			rdinary dividen			. 3b				
Standard	4a		4a			axable amount			. 4b				
Deduction for—	5a		5a			axable amount axable amount			. 5b				
Single or Married filing	6a c		6a	method check here			٠		. 6b	_			
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)											
Married filing	8	Additional income from Schedule 1, line 10							」	_	23,144.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							. 8		12,706.		
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26							. 10		,,,,,,,		
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									12,706.		
\$20,800	12	Standard deduction or itemized	•	•					. 11 . 12		27,700.		
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13		,,		
Standard Deduction,	14								. 14		27,700.		
see instructions.	15	Subtract line 1/1 from line 11. If zer			our t	avable incom			15		85 NN6		

Form 1040 (2023	3)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	9,763.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	9,763.
	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	7,763.
	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	7,763.
<b>Payments</b>	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	12,424.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. 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	12,424.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,661.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,661.
Direct deposit?	b	Routing number 0 6 3 1 0 0 2 7 7 c Type: ■ Checking Savings		
See instructions.	d	Account number 8 9 8 0 6 8 5 2 4 1 4 1		
	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 Designee		by you want to allow another person to discuss this return with the IRS? See structions	elow	X No
Designee		esignee's Phone Personal identifi		<u></u> ,
		me no. number (PIN)		
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
Here	Yo			nt you an Identity IN, enter it here
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER (see i	nst.)	
	Sp	Identi	ity Prote	nt your spouse an ection PIN, enter it here
		HOME MAKER (see i	ist.)	
		one no. (904)629-2079 Email address R.VENKAT70@YAHOO.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer		KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470		Self-employed
Use Only				678)965-9522
<b>-</b>	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	s EIN	88-2145487