1040-X

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

| , | , , | 9 | | | | | | | |
|---|--|----------------------------|-----------|---------------------|----------|--|---------------------------------|----------|--|
| This r | eturn is for calendar year (enter year) | 2023 or fis | scal y | ear (enter moi | nth a | nd year ended) | | | |
| Your first name and middle initial | | | Last name | | | | Your social security number | | |
| VENKATA K | | | SAKHAMURI | | | | 705-42-5002 | | |
| If joint return, spouse's first name and middle initial | | | Last name | | | | Spouse's social security number | | |
| Home a | ddress (number and street). If you have a P.O. box, | see instructions. | | | | Apt. no. | Presidenti | al Elec | tion Campaign |
| | 2 SUMMER BREEZE CT | | | | | | Check here | e if you | , or your spouse |
| City, tov | vn, or post office. If you have a foreign address, also | complete spaces b | elow. | State | | ZIP code | | | n't previously |
| | RLOTTE | | | NC | | 28277 | | | his fund, but now ox below will not |
| Foreign | country name | Foreign province | /state/c | county | | Foreign postal code | change you | | |
| J | , | | | , | | . | 3.7. | ☐ You | |
| | ded return filing status. You must ched | | | | | | | : In ge | neral, you can't |
| chang | e your filing status from married filing joi | ntly to married | filing | separately after | er the | return due date. | | | |
| X Sin | gle $\ \square$ Married filing jointly $\ \square$ Married fil | ling separately (| (MFS) | \square Head of h | nouse | ehold (HOH) 🔲 (| Qualifying s | urvivir | ng spouse (QSS) |
| If you | checked the MFS box, enter the name of y | our spouse unle | ess vo | u are amendin | n a Fo | orm 1040-NR If v | ou checked | the H | OH or QSS box |
| | he child's name if the qualifying person is | | | | gur | 51111 10 10 1 4 11. 11 y | ou onconce | 11011 | orror goo box, |
| | on lines 1 through 23, columns A through | | | • | | A. Original amount | B. Net char | nge- | |
| | ntered above. | ir o, the arriodi | 113 101 | reported or as | | | amount of in | crease | C. Correct |
| , | art II on page 2 to explain any changes. | | | | | previously adjusted (see instructions) | or (decreas explain in F | | amount |
| | ne and Deductions | | | | | , | ' | | |
| 1 | Adjusted gross income. If a net ope | erating loss (N | | carryback is | | | | | |
| • | included, check here | • | , | | 1 | 25,500. | | 0. | 25,500. |
| 2 | Itemized deductions or standard deduc | | | | 2 | 13,850. | | 0. | 13,850. |
| 3 | Subtract line 2 from line 1 | | | | 3 | | | 0. | |
| 3 4а | Reserved for future use | | | | 4a | 11,650. | | 0. | 11,650. |
| | | | | | 4a 4b | 0 | | 0 | |
| b | Qualified business income deduction . | | | | 40 | 0. | | 0. | |
| 5 | Taxable income. Subtract line 4b from | | | | _ | 11 650 | | 0 | 11 650 |
| T 1 | is zero or less, enter -0- in column C . | | | | 5 | 11,650. | | 0. | 11,650. |
| | iability | /! | \. | | | | | | |
| 6 | Tax. Enter method(s) used to figure tax | (see instruction | ns): | | | 1 101 | | | 1 101 |
| _ | Table | | | | 6 | 1,181. | | 0. | 1,181. |
| 7 | Nonrefundable credits. If a general busin | | - | k is included, | _ | | | | |
| _ | check here | | | 🗆 | 7 | 0. | | 0. | 4 4 0 4 |
| 8 | Subtract line 7 from line 6. If the result i | | enter | -0 | 8 | 1,181. | | 0. | 1,181. |
| 9 | Reserved for future use | | | | 9 | | | | |
| 10 | Other taxes | | | | 10 | 0. | | 0. | 0. |
| <u>11</u> | | | | | 11 | 1,181. | | 0. | 1,181. |
| Paym | | | | | | | | | |
| 12 | Federal income tax withheld and exces | | | | | 0 440 | | | 0 440 |
| | tax withheld. (If changing, see instructi | • | | | 12 | 2,449. | | 0. | 2,449. |
| 13 | Estimated tax payments, including amou | • • | • | • | 13 | 0. | | 0. | |
| 14 | Earned income credit (EIC) | | | | 14 | 0. | | 0. | |
| 15 | Refundable credits from: Schedule 8 | | | | l | | | | |
| | ☐ 8863 ☐ 8885 ☐ 8962 or ☐ ot | her (specity): | | | 15 | 0. | | 0. | |
| 16 | Total amount paid with request for extended | | | | _ | | | | _ |
| | | | | | | | | 16 | 0. |
| 17 | Total payments. Add lines 12 through 1 | 5, column C, a | and lin | ie 16 | | | | 17 | 2,449. |
| | nd or Amount You Owe | | | | | | | | |
| 18 | Overpayment, if any, as shown on origi | | • | | - | | | 18 | 1,268. |
| 19 | Subtract line 18 from line 17. (If less that | | | | | | | 19 | 1,181. |
| 20 | Amount you owe. If line 11, column C, | | | | | | | 20 | |
| 21 | If line 11, column C, is less than line 19 | | | | | = | | 21 | |
| 22 | Amount of line 21 you want refunded to | - | | | | 1 1 | | 22 | 0. |
| 23 | Amount of line 21 you want applied to y | our (enter vea | ır): | estim | nated | tax 23 | | | |

| Part I | Dependents | formation relation to value | , donon donto | | A. Original number | | | |
|----------------------------------|---|-----------------------------------|--|---------------------------|---|--|-------------|--|
| This would i | nis part to change any in nclude a change in the formation for the return | • | of dependents reported or as previously adjusted | | B. Net change— amount of increase or (decrease) | C. Correct number | | |
| 24 Rese | erved for future use . | | | 24 | | | | |
| 25 Your | dependent children wh | o lived with you | | 25 | 0 | 0 | | |
| 26 Rese | erved for future use . | | 26 | | | | | |
| 27 Othe | r dependents | | | 27 | 0 | 0 | | |
| 28 Rese | erved for future use . | | 28 | | | | | |
| 29 Rese | erved for future use . | | 29 | | | | | |
| 30 List A | ALL dependents (childre | en and others) claimed on | this amended return | n. | | | | |
| Dependent | s (see instructions): | | | | | (d) Check the box if qualifies for (see instructions): | | |
| If more (a) First name Last name | | (b) Social security number | (0 | c) Relationship to you | Child tax credit | Credit for other dependents | | |
| dependents, | | | | | | | | |
| see instructions | | | | | | | | |
| and check | | | | | | | | |
| here | | | | | | | | |
| Part II | . | nges. In the space provid | | | are filing Form | 1040-X. | | |
| | , 0 | ments and new or change | | | י סמד משמ ס | ח יומגדו אג ייס | ETTE 1040ND | |
| _ | | DEPARTMENT OF REVENU | | | | | | |
| | | TAX YEAR 2023 NOW | | | | | | |
| | KEVENUE FOR INE | IAA IEAR 2023 NOW | INKOUGH IHIS |) IU. | TOX I AM AM | MENDING IAA | KETUKNS | |
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| | Remember to keep a copy of this form for your records. Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge. | | | | | | | | | |
|--------------|--|--|-----------|-------------------------|------|-----------|---|---------------|--|--|
| | | | | | | | | | | |
| Sign Here | Your signature | | Date | Your occupation STUDENT | | | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) | | | |
| | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupation | | | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | | |
| | Phone no. (716) 398-6573 | Email address | | | | • | | | | |
| Paid | Preparer's name | Preparer's | signature | | Date | P | ΓΙΝ | Check if: | | |
| _ | VENKATA SAI PAVAN KUMAR DUDIPALLI | IPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI | | | | P02470833 | | Self-employed | | |
| Preparer | Firm's name GLOBAL TAXES LLC | | | | | | Phone no. (678) 965-9522 | | | |
| Use Only | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | Firm's EIN 88-2145487 | | | |

BAA

VENKATA K SAKHAMURI 705-42-5002

Smart Worksheets From 2023 Federal Tax Return

| Form 104 | 40X: Amended Tax Return Smart Worksheet |
|---------------------|--|
| | Amendment Year Smart Worksheet Tax year being amended |
| Form 104 | 10X: Amended Tax Return Smart Worksheet |
| | Original 2023 Return Information Smart Worksheet |
| | Original return filing status X Single Married filing joint return Qualifying surviving spouse Head of household 1040X line number 6 Tax. Enter method used to figure tax: Table 16 Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 |
| Form 104 | 40X: Amended Tax Return Smart Worksheet |
| | Original 2023 Return Overpayment Smart Worksheet |
| | A Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties) |
| orm 10 ² | 10X: Amended Tax Return Smart Worksheet |
| | Part II Form 1040-X Electronic Filing Part III Smart Worksheet The direct deposit information on lines 31 through 33 applies only to electronically filed amended returns. Amended returns filed by mail are not eligible for direct deposit. |
| | 31 Routing number |

VENKATA K SAKHAMURI 705-42-5002

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Form 1040X: Amended Tax Return -- Smart Worksheet

| Filing Address Smart Worksheet | | | | | |
|--------------------------------|----------------------------|--|--|--|--|
| Send Form 1040X to: | Department of the Treasury | | | | |
| | Internal Revenue Service | | | | |
| | Kansas City, MO 64999-0052 | | | | |
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