E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



#104C		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	Do not w	rite or sta	ple in this	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstructi	ons.
Your first name	and m	iddle initial	Last na	me						,	Your so	cial sec	urity nur	mber
LAKSHMAI	N RA	JU	DAND	ΙJ							795 33 2741			
If joint return, spouse's first name and middle initial Last name													security	
											165	79	8701	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				ction Ca	
505 CHI	P ST	REET											ou, or yo	
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		spouse if filing jointly, want \$3 to go to this fund. Checking a			
LITTLE H	ELM					TX	ζ	750	168		•		not chan	•
Foreign countr	y name		F	Foreign pr	ovince/state/	count	ty	Foreig	gn postal c			or refu		J -
												Yo	u 📙	Spouse
Filing Status	s 🖺	Single					☐ Head of h	ouseh	old (HOI	⊣)				
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying		Ο.	,	,			
		you checked the MFS box, enter the						or Q	SS box,	enter	the chi	ld's na	ne if the	Э
	qu	ialifying person is a child but not you	ır deper	ndent: _ I	NDIRA S	SUNI	KARA 							
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or (l	o) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ctions	s.)		es 🛚	No
Standard	Som	neone can claim: 🗌 You as a de	penden	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959 F	Are bli	ind Sn o	ouse	: Was bo	rn befo	ore Janua	arv 2.	1959		blind	
Dependent				Ī	·		(3) Relationsh	- 1) Check t					uctions):
-		(1) First name Last name			(2) Social security number (3) Relationship to you			iib I,	Child t				r other de	
If more than four														
dependents,														
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		111,	114.
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 (see instructions)									1c	:		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						111	111
	z	Add lines 1a through 1h	· ·		· · i	 . –					1z		111,	<u> </u>
Attach Sch. B if required.	2a	· –	2a				axable interes				2b			
	3a		3a				ordinary divide				3b			
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a	mathad	obook bere		axable amoun	ι			6b			
separately, \$13,850	C 7	If you elect to use the lump-sum e		•		`	,				7			
Married filing	7	Capital gain or (loss). Attach Sche Additional income from Schedule								. ∟	7		-14,	690
jointly or Qualifying	8 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									<u>8</u> 9			424.
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		-							10			147.
Head of	11	Subtract line 10 from line 9. This is									11		96	424.
household, \$20,800	12	Standard deduction or itemized	•	-	-						12			850.
If you checked any box under	13	Qualified business income deduct									13			JJU.
Standard	14										14		13.4	850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		82	

Form 1040 (202	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	13,474.
Credits	17	Amount from Schedule 2, lin	17						
	18	Add lines 16 and 17	18	13,474.					
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	•					20	
	21	•						21	
	22	Subtract line 21 from line 18						22	13,474.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is			·			24	13,474.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				25a 15	,481.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	•					25d	15,481.
If you have a	26	2023 estimated tax payment						26	· ·
qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3. line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.				indable credits		32	
	33	Add lines 25d, 26, and 32. T						33	15,481.
Refund	34	If line 33 is more than line 24	•					34	2,007.
rioraria	35a	Amount of line 34 you want i				•	. П	35a	2,007.
Direct deposit?	b	Routing number 1 2 1				_	Savings		·
See instructions		Account number 3 2 5		8 4 8 2			3-		
	36	Amount of line 34 you want a		2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
You Owe	٠.	For details on how to pay, go				37			
	38	Estimated tax penalty (see in	structions) .			38			
Third Party Designee		you want to allow another	•		n with the IRS?		mplete b	elow.	⊠ No
	De	signee's		Phone		Perso	nal identif	ication	
		me		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and com							
11010	Yo	ur signature		Date	Your occupation	1		nt you an Identity	
						/-		otection PIN, enter it here ee inst.)	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, t	oth must sign	Date	SOFTWARE E		`		at vour enquee an
Keep a copy for your records.		ouse's signature. If a joint return, L	Date	Spouse's occupan	Ident	the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)			
	Ph	one no. (281) 546-7628	3	Email address	LAKSHMANRAJ	U22@GMAIL.CO	M		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	_SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/16/2024	P02082	2703	Self-employed
Preparer	Fin	m's name GLOBAL TAX	KES LLC			<u> </u>	Phon	e no. (678) 965-9522
Use Only	Fin	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		Firm'	s EIN	
Go to www irs o	ov/Form	n1040 for instructions and the late	st information		DAA	DEV 02/07/24 DDO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

LAKS	795-33	3-27	41		
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att.	ach Schedu	ıle E .	5	-14,690.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and	on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-14,690.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr	nent		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	🗀	17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	🔯	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	:	26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

	SHMAN RAJU DANDU						795 - 3	3-2741	<u> </u>
Par									
_	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
Α		to file l	Form(s)	10002 S	oo ing	structions			e X No
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions. If "Yes," did you or will you file required Form(s) 1099?								
					· ·				,
1a	Physical address of each property (street, city, state, ZIF		<u> </u>						
Α	FLAT NO:402, VOLTAS MANSION APT, LIC CI	LY VI	JAYAWA	ADA II	N 52	8000			
В									
С					ı		1		1
1b	Type of Property 2 For each rental real estate prope			Fair Rental			Person	QJV	
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da	ays	
A	personal use days. Check the Quite if you meet the requirements to f			A		365		0	
B	qualified joint venture. See instru			В					
C	of Duna out is			С					
	of Property:	to!	5 Lanc		7	Self-Rental			
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ıaı	6 Roya	-	-		ribo)		
	Widiti-Family nesiderice 4 Commercial		o noya	aities	0	Other (desc	nbe)		
						Propert	ies:		
Incor	me:			Α		В			С
3	Rents received	3		7	14.				
4	Royalties received	4							
-	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,8	95.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,1	41.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		2 -	<u> </u>				
14	Repairs	14		3,5					
15	Supplies	15 16		2,7	58.				
16 17	Taxes	17		2,4	5.1				
18	Depreciation expense or depletion	18		2,4					
19	Other (list)	19		2,3	91.				
20	Total expenses. Add lines 5 through 19	20		15,4	<u>n 4</u>				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		10,1	01.				
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-14,6	90.				
22	Deductible rental real estate loss after limitation, if any,			· ·					
	on Form 8582 (see instructions)	22	(14,69	0.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a	•	714.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	2	2,597.		
е	Total of all amounts reported on line 20 for all properties				23e		5,404.		
24	Income. Add positive amounts shown on line 21. Do not			sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		•		nter to	tal losses her	re 25	(14,690.
26	Total rental real estate and royalty income or (loss).	Combi	ne lines	24 and	25. E	nter the resu	ult		
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t apply	, to you,	also e	nter tl	nis amount o	on		
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount	in the to	tal on li	ne 41	on page 2	. 26		-14,690.

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008 Attachment Sequence No. **858**

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s	Name(s) shown on return						
	LAKSHMAN RAJU DANDU 79:						
Pai	t I 2023 Passive Activity Los						
	Caution: Complete Parts IV a	nd V before compl	eting Part I.				
	al Real Estate Activities With Active Prance for Rental Real Estate Activities			ive participation,	see Special		
1a	Activities with net income (enter the a						
b	Activities with net loss (enter the amo)					
C	Prior years' unallowed losses (enter t	<u> </u>					
d	1d						
All Ot	ther Passive Activities						
2a	Activities with net income (enter the a	amount from Part V	, column (a)) .	2a	0.		
b	Activities with net loss (enter the amo		* **		0.)	
С	Prior years' unallowed losses (enter t	he amount from Pa	art V, column (c))	2c (-13 , 652.		
d	Combine lines 2a, 2b, and 2c					2d	-13 , 652.
3	Combine lines 1d and 2d and subtrazero or more, stop here and include prior year unallowed losses entered	act any prior year of this form with you	unallowed CRD. S ur return; all losse	See instructions. les are allowed, in	f this line is cluding any		
	normally used					3	-13 , 652.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.					
	Instead, go to line 10. Special Allowance for Re			-			
	Note: Enter all numbers in Pa			tions for an exam	ple.	1 4	
4	Enter the smaller of the loss on line 1 Enter \$150,000. If married filing sepa					4	
5 6	Enter modified adjusted gross incom	•				-	
J	Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7			
8	Multiply line 7 by 50% (0.50). Do not e	enter more than \$25	,000. If married fili	ng separately, see	instructions	8	
9	Enter the smaller of line 4 or line 8. If	f line 3 includes any	y CRD, see instruc	ctions		9	0.
Par							
10	Add the income, if any, on lines 1a ar					10	0.
11	Total losses allowed from all passive						
	out how to report the losses on your	tax return				11	0.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	see instructions.			
	Name of activity	Curre	nt year	Prior years	Ov	erall gai	n or loss
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Ga	in	(e) Loss

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			. 490 =	
			Current year				ears	Overall gain or loss			
	Name of activity		Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
FLAT NO:	402, VOLTAS		0.		0.		652.			13,652.	
	·										
Total. Enter	on Part I, lines 2a, 2b, and 2c		0.		0.	13,	652.				
Part VI	Use This Part if an Amou	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
Total						1.00)				
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	S.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	((b) Ratio		(c) Unallowed loss	
FLAT NO:402, VOLTAS			E Ln 2			13,652.	1.00000000		13,652		
	·										
Total						13,652.		1.00		13,652.	
Part VIII	Allowed Losses. See instr	ucti	ons.				l			•	
Name of activity			Form or sched and line number to be reported (see instruction		(a) l	_oss	(b) Unallowed loss		(c) Allowed los		
FLAT NO:	402, VOLTAS		E Ln 22	2		13,652.		13,652.		0.	
Total			1			13 652		13 652		0	