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



1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	urity number
MADHUR 2	ARUN		JAGT	AP							669	25	5014
		s first name and middle initial	Last na									•	
		er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	- 1			. •
1455 NE						04-	1-		BB201				
	JOSL OIII	ce. If you have a foreign address, also co	mpiete s	paces bei	OW.	Sta		ZIP c			to go to	this fu	nd. Checking a
PULLMAN Foreign countr	v nomo			ian nr	ovince/state/	WA		991	n postal c	- 1			•
r oreigir counti	y Hairie		'	oreign pr	Ovince/state/	Couri	ıy	I OLEIĆ	jii postai c	oue	Your social security in 669 25 501 Spouse's social security of 669 25 501 Spouse's social security of 500 social		
Filing Status	s X	Single					Head of h	useh	old (HOH	 -			
Check only		Married filing jointly (even if only o	ne had ii	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	/ing spou	use (0	QSS)		
	If y	you checked the MFS box, enter the	name o	of your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depen	ndent:									
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 (b) 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 instrud	ction	s.)	□ Ye	es 🗵 No
Standard	Som	neone can claim: 🗌 You as a de	pendent	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	Are bli	ind Sp o	ouse	: Was bor	n befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	_{iip} (4) Check to	he bo	x if quali	fies for ((see instructions):
If more	(1) F	(1) First name Last name			number to you			Child tax c			edit	Credit fo	or other dependents
than four													
dependents, see instruction	e —												
and check													
here L													
Income	1a	Total amount from Form(s) W-2, b	•		,								85,974.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2											
W-2 here. Also	С.												
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											
1099-R if tax	e		dent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption bene	etits from	1 Form 8	839, line 29								
If you did not get a Form	g	Wages from Form 8919, line 6 .											
W-2, see n Other earned income (see instructions)						111		0.					
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						05 07/
	<u>z</u>	Add lines 1a through 1h			· · i	 L T	ovelela katawa						85,974.
Attach Sch. B if required.	2a	· –	2a				axable interes						
	3a_		3a				ordinary divide						
Standard	4a	-	4a				axable amoun						
Deduction for—	5a		5a				axable amoun						
Single or Married filing	6a	,	6a	nothe -	obool: b = ::		axable amoun	ι		• -	1 60		
separately, \$13,850	C 7	If you elect to use the lump-sum election method, check here (see instructions)								 			
Married filing	7									. ∟		+	
jointly or Qualifying	8	Additional income from Schedule 1, line 10								9	+	85,974.	
surviving spouse, \$27,700	9										00,3/4.		
Head of	10	Adjustments to income from Schedule 1, line 26									Q5 Q7/		
household, \$20,800	11		•	-	_						11		85 , 974.
If you checked	12	Standard deduction or itemized deductions (from Schedule A)									12		13,850.
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		13 050		
Deduction, see instructions.	14	Add lines 12 and 13											13 , 850.

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	11,175.		
Credits	17	Amount from Schedule 2, lin	17								
	18	Add lines 16 and 17	18	11,175.							
	19	Child tax credit or credit for	19								
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20	21								
	22	Subtract line 21 from line 18. If zero or less, enter -0							11,175.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	11,175.		
Payments	25	Federal income tax withheld									
	а	Form(s) W-2									
	b	Form(s) 1099									
	С	Other forms (see instructions									
	d	Add lines 25a through 25c						25d	11,189.		
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
attach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit									
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	32								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,189.		
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	14.		
	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆	35a	14.		
Direct deposit?	b	Routing number 2 7 2									
See instructions.	d	Account number 9 0 4									
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, g	37								
	38	Estimated tax penalty (see instructions)									
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See _			_		
Designee	ins	nstructions							⊠ No		
		Designee's Phone Personal identifiame no. number (PIN)						cation			
Ciana			nat I have examined		accompanying sch		, ,	e hest	of my knowledge and		
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Yo	ur signature	Date	Your occupation		If the	the IRS sent you an Identity				
		ar organization	Tour dodapation					IN, enter it here			
Joint return?					PROJECT E	DJECT ENGINEER			see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation				f the IRS sent your spouse an			
your records.								dentity Protection PIN, enter it here see inst.)			
	Phono no (000) 270 0502						(000	,			
		one no. (906) 370-856 eparer's name	Preparer's signat	Email address	MJAGTAP@M'	Date	PTIN		Check if:		
Paid			'		מענוט מעי			702	Self-employed		
Preparer		SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/28/2024 P02082 Firm's name GLOBAL TAXES LLC Phone									
Use Only			ne no. (678) 965-9522								
			Y CT E BRU	MOMICK N			Firm's	S EIN	_ 4040 ::		
GO TO WWW.Irs.g	ov/Forn	m1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)		