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: 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: Yes No Standard Someone can claim: Your spouse as a dependent Your spouse as a dependent Yes No Standard Spouse itemizes on a separate return or you were a dual-status alien Age/Blindhess Yes No Age/Blindhess Yeer born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents, see instructions): (I) First name Last name Immeter	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	vrite or sta	aple in this space.		
Tour first ame and middle initial Last name YurmNAKO. YurmAKO. YurmAKO. YurmAKO. YurmAKO. YurmA	For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.		
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I joint return, spouse's first name and middle initial Last name Spouse's social security number 17777 ADELATURE_ST 307.8 Spouse's social security number 77777 ADELATURE_ST 307.8 Spouse's files initial Election Comparing on the social security number 71877 ADELATURE_ST Check it have a forsign address, also complete spaces below. State ZP code Type on the initial i	NAGA VEN	JKATZ	A SAI HAR	VIN	INAKOTA	ł					661 28 6893				
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If more the form the form the form the form dependents, see instructions dependents, see instructions) dependent see	Dependents			(2) \$				ip (4	-	· ·					
dependents, see instructions Image: see instructions Image: see instructions Image: see instructions here Image: see instructions Image: see instructio		(1) F	irst name Last name			number		to you		Child tax o	redit	Credit fo	or other dependents		
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Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 85,870. Attach Form(s) b Household employee wages not reported on Form(s) W-2. 1b 1c W-2 here. Also attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1c W-26 and 1099-R it tax d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1e was withheld. g Wages from Form 8919, line 6 1g get a Form W-2, see h Other earned income (see instructions) 1t w.2, see h Other earned income (see instructions) 1t 1z 85,870. ztach Sch. B za Tax-exempt interest 1z 85,870. 1b 1c Attach Sch. B za Tax-exempt interest 2a b Taxable interest 2b 1c sinstruction for- single or Married fling genartey, Standard Pensions and annuities 5a b Taxable amount 5b Gai al security benefits Gai If roquired. If not required. If not r		ı —													
Attach Form(s) 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 W-26 and d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and e Taxable dependent care benefits from Form 2441, line 26 1e 1099-Ri ftax was withheld. f Employer-provided adoption benefits from Form 839, line 29 1f If you did not g Wages from Form 8919, line 6 1e 1g get a Form h Other earned income (see instructions) 1i 1z 85, 870. Z Add lines 1a through 1h . . 1z 85, 870. Z Add lines 1a through 1h . . . 1z 85, 870. Standard Deduction forf 5a Da analytics 5a b Dratable amount 4b 5b Beduction forf 6a Social security benefits 5a b Taxable amount 6b 		1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .				<u>_</u>	. 1a		85,870.		
W-2 here, Also attach Forms c Tip income not reported on line 1a (see instructions) 1c attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e was withhed 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 1f W-2, see h Other earned income (see instructions) 1li V-2, see in Nontaxable combat pay election (see instructions) 1ii 1k Attach Sch, B 2a Add lines 1a through 1h 1k 2k Attach Sch, B 2a Tax-exempt interest 2a b b Taxable amount 2b Standard Deductin for- 5a Qualified dividends 3a b Taxable amount 5b Deduction for- 6a Social security benefits 6a b Taxable amount 5b Standard Deduction for- 6a b Taxable amount 5b 5b Standard fling separately,		b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	,			
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get a torini h Other earned income (see instructions) 1h 0. w-2, see i Nontaxable combat pay election (see instructions) 1i 1i z Add lines 1a through 1h 1a 2b 2b Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a ullified dividends 3a b Ordinary dividends 2b Attach Sch. B 3a ullified dividends 3a b Ordinary dividends 2b Standard 4a IRA distributions 4a b Taxable amount 4b Married filing separately, S13,850 7 Gail security benefits 6a b Taxable amount 7 Married filing jointly or 8 Additional income from Schedule D if required, check here 7 7 Maried filing jointly or 8 Additional income from Schedule 1, line 10 6 7 Maried filing jointly or 8 Additional income from Schedule 1, line 26 10 11 77, 315. Standard 9 77, 315. 11 <td< td=""><td></td><td>f</td><td></td><td></td><td></td><td colspan="5"></td><td>. 1f</td><td></td><td></td></td<>		f									. 1f				
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Standard Ga															
Standard Deduction for - 5a Pensions and annuities															
Substract line 10 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 . . . 7 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income . . . 11 77,315. Standard deduction or itemized deductions (from Schedule A) 11 77,315. 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13	Standard														
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Statusty, statu	Married filing											, 			
Maried filing jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-8,555.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income977,315.977,315.977,315.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131413,850.14			,				`	,	• •		7				
Qualifying surviving spouse, surviving spouse, Head of household,977,315.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Subtract line 10 from line 9. This is your adjusted gross income1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 13141313,850.	 Married filing iointly or 												-8,555.		
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13Qualified business income deduction from Form 8995 or Form 8995-A13Standard Deduction,1413,850.	\$20,800			-	-	-						-	13,850.		
Deduction, 14 Add lines 12 and 13	any box under	13						95-A			. 13				
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 63, 465.	Deduction,	14	Add lines 12 and 13								. 14				
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	ie .		. 15		63,465.		

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

Form **1040** (2023)

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	9,272.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	9,272.
	19	Child tax credit or credit for	19						
	20	Amount from Schedule 3, lin	20						
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,272.
	23	Other taxes, including self-e		23	0.				
	24	Add lines 22 and 23. This is	your total tax					24	9,272.
Payments	25	Federal income tax withheld							
· · · , · · · · · · · · · · · · · · · · · · ·	а	Form(s) W-2				25a 1	2,015.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions	s)			25c		1	
	d	Add lines 25a through 25c						25d	12,015.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	28		1 !				
	29 American opportunity credit from Form 8863, line 8								
	30	Reserved for future use .	1 /						
	31	Amount from Schedule 3, lin	1 !						
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T		33	12,015.				
Refund	34	If line 33 is more than line 24		34	2,743.				
norana	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	🗆	35a	2,743.
Direct deposit?	b	Routing number 0 8 2			-	Checking	Savings		
See instructions.	d	Account number 4 8 7							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
You Owe	0.	For details on how to pay, go to www.irs.gov/Payments or see instructions							
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				See			
Designee		structions	•				complete b	below.	🗙 No
U		signee's			sonal identi	fication			
	nai			no.			nber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Decidiation (• •	, ,	
	YO	ur signature		Date	Your occupation			nt you an Identity IN, enter it here	
Joint return?					STUDENT		inst.)	,	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat			nt your spouse an	
Keep a copy for your records.									ection PIN, enter it here
your records.							inst.)		
		one no. (479)326-015		Email address	SAIHARSHIN	147@GMAIL.C			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 02/16/2024			Self-employed
Use Only	Fir	m's name GLOBAL TAX	1e no. (678)965-9522					
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

REV 02/11/24 PRO

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2023

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soci	al security number
NAGA VENKATA S	AI HAR VINNAKOTA	661-28	-6893

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	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. Attac	h Schedule E	5	-8,555.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ()	
b	Gambling	b		
С	Cancellation of debt	lc 🛛		
d	Foreign earned income exclusion from Form 2555	d ()	
е	Income from Form 8853	le		
f	Income from Form 8889	Bf		
g	Alaska Permanent Fund dividends	g		
h	Jury duty pay	Bh		
i	Prizes and awards	Bi		
j	Activity not engaged in for profit income	Bj		
k		3k		
1	Income from the rental of personal property if you engaged in the rental			
		31		
m	Olympic and Paralympic medals and USOC prize money (see			
	/	m		
n		in 🛛		
ο		lo		
р		ip		
q		q		
r		Br		
S	Nontaxable amount of Medicaid waiver payments included on Form	,		
		Bs ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	• · · ·	Bt	_	
u		Bu	_	
Z	Other income. List type and amount:			
		Sz		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter h			0 555
	1040, 1040-SR, or 1040-NR, line 8		10	-8,555.
or Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

F otice, see your ta retu

Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernme	nt 🗌	
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889				
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				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				1
b	Recipient's SSN				
с	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:	Ì			
a		24a			
	Deductible expenses related to income reported on line 8l from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
•		24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
Ŭ		24e			
f		24f		_	
q		24g		_	
<u> </u>	Attorney fees and court costs for actions involving certain unlawful	- - y			
		24h			
:	Attorney fees and court costs you paid in connection with an award	_			
	from the IRS for information you provided that helped the IRS detect				
		24i			
i		24i			
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
N	1041)	24k			
7	Other adjustments. List type and amount:				
~		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	1
26	Add lines 11 through 23 and 25. These are your adjustments to income .				
	Form 1040, 1040-SR, or 1040-NR, line 10				
	ВАА		11/24 PRO		ule 1 (Form 1040) 202

SCHE	DULE E	Supple	mental	ental Income and Loss								-0074					
(Form	1040)	(Fro	om renta	al real esta	ite, royalties,	partnersh	nips, S	corporat	ions, es	states,	trusts, REMI	Cs, etc.)) 2023				
Departm	ent of the Treasury				Attach to Fo	orm 1040,	1040-	SR, 1040-	NR, or	1041.			Attachment				
	Revenue Service		G	ào to www	.irs.gov/Sche	eduleE for	instru	uctions an	d the la	atest in	formation.		Sequer	ice No.	13		
Name(s)	s) shown on return													numbe	er		
	GA VENKATA SAI HAR VINNAKOTA 661-28-6893																
Part	art I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm																
	Note: If yo rental inco	ou are	in the b r loss fro	usiness of m Form 4	renting perso 835 on page 2	nal proper 2 line 40	ty, use	Schedule	e C . See	e instrue	ctions. If you	are an indi	vidual, rep	ort far	m		
A D	Did you make ar						to file	Form(s) 1	099? 8	See ins	structions .		. 🗌 Ye	es 🗵	No		
	f "Yes," did you													_	No		
1a	Physical add														-		
								,		TNT [01100						
	11-75, BA	∟⊥≞№	VAR.	I SIREE	I VIJAIA	AWADA A	NDHF	KA PRAL	JESH	<u>ти 5</u> .	21108						
<u>В</u> С																	
 1b	Turna of Drong	rt (0 5	w aaab wax	ntal raal aata	to propo	du liet	ad		Га	in Dontol	Dereer					
1D	Type of Prope (from list below				ntal real esta ort the numb					га	ir Rental Days	Persor Da		QJV			
Α	3	,			e days. Che				Α		365		0	+ $-$			
B					the requiren				B		505		0		-		
C			qu	alified joir	nt venture. S	See instru	ctions	5.	C								
	of Property:																
	Single Family R	leside	ence	3 Vaca	tion/Short-T	erm Rent	al	5 Land	1	7	Self-Rental						
2	Multi-Family Re	siden	nce	4 Com	mercial			6 Roya	alties	8	Other (desc	ribe)					
								-			Propert						
Incom									Α		B	les:		С			
Incom 3	Rents received	4					3			20.	D			U			
4	Royalties rece						4		0	20.							
Expen		iveu .	<u>· · ·</u>														
5							5										
6	Auto and trave						6										
7	Cleaning and I						7		8	45.							
8	Commissions						8										
9	Insurance .						9										
10	Legal and othe						10										
11	Management f						11		1,2	54.							
12	Mortgage inter						12										
13	Other interest						13										
14	Repairs						14		2,1	67.							
15	Supplies .						15		2,3	75.							
16	Taxes						16										
17	Utilities						17		2,5	34.							
18	Depreciation e	expens	se or d	epletion		· ·	18										
19							19										
20	Total expense			•			20		9,1	.75.							
21	Subtract line 2																
	result is a (loss file Form 6198						0.1		-8,5	55							
00	Deductible rer						21		-0,0	55.							
22	on Form 8582						22	(0 50	55.)	()	(,		
23a	Total of all am			-				(0,5	23a	(620.	(
23a b	Total of all am								•	23a							
c	Total of all am									23c							
d	Total of all am		•			•				23d							
e	Total of all am									23e	9	9,175.					
24	Income. Add											. 24					
25	Losses. Add ro	-						-		nter to	tal losses he		(8,5	55.)		
26	Total rental re																
	here. If Parts																

26

.

-8,555.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2