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

2023

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					See separate instructions.				
Your first name and middle initial				Last name					٠,	Your social security number			
BHUSHAN KUMAR				IUTI						400	81 4990)	
If joint return, spouse's first name and middle initial				me							s social security		
				RI						APP	LI ED F	,	
	(numbe	er and street). If you have a P.O. box, see						Apt. no.			ntial Election Ca		
6703 82ND ST											nere if you, or yo	our	
		ce. If you have a foreign address, also co	mplete spaces below. State			te		ZIP code S			if filing jointly, w		
LUBBOCK				TX			794				this fund. Chec ow will not chan	_	
Foreign country	name		Foreign province/state/county Foreign postal co					ow will flot chair or refund.	ge				
,												Spouse	
Filing Status		Single				Head of ho	ousel	nold (HOF	H)				
_		Married filing jointly (even if only one had income)											
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS											
	If y	ou checked the MFS box, enter the	name c	of your spouse. If you	ı che	ecked the HOH	or C	SS box,	enter	the chi	ld's name if the	Э	
		alifying person is a child but not you		dont									
	A		/										
Digital		ny time during 2023, did you: (a) rece									☐ Yes 🏻 🗡	No	
Assets		ange, or otherwise dispose of a digi					et) ? (S	ee mstrud	CHOIS	S.)	res	NO	
Standard	_	eone can claim:		•		•							
Deduction		Spouse itemizes on a separate return	n or you	i were a dual-status a	alien	<u> </u>							
Age/Blindness	You:	☐ Were born before January 2, 19	959	Are blind Spo	ouse	: Was bor	n bef	ore Janua	ary 2,	1959	☐ Is blind		
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check ti	he box	x if quali	fies for (see instru	uctions):	
If more		irst name Last name		number		to you		Child to	ax cre	dit	Credit for other dep	pendents	
than four	AVA	ANI CHANDRA		APPLIED FO	R	Daughter					X		
dependents,	VIV	VIVAN KUMAR		APPLIED FOR		Son					×		
see instructions and check	5												
here \square													
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)						1a	75,2	285.	
	b	Household employee wages not re	ported	on Form(s) W-2						1b			
Attach Form(s) W-2 here. Also	С	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	ı		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g	Wages from Form 8919, line 6 .								1g	ı		
get a Form W-2, see	h	Other earned income (see instructi	ons)							1h	ı	0.	
instructions.	i	Nontaxable combat pay election (s	ee instr	ructions)		<u>1</u> i							
	z	Add lines 1a through 1h								1z	75,2	285.	
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t.			2b			
if required.	3a	Qualified dividends	За		b 0	rdinary divider	nds .			3b			
	4a	IRA distributions	la 📗		b T	axable amount	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount	t			5b			
Single or	6a	Social security benefits	ба		b T	axable amount	t			6b			
Married filing separately,	С	If you elect to use the lump-sum el	ection r	method, check here ((see	instructions)]			
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing jointly or	8	Additional income from Schedule 1	l, line 1	0						8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome	e				9	75,2	285.	
\$27,700	10	Adjustments to income from Sched	dule 1, l	ine 26						10			
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne					11	75,2	285.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)					12	27,	700.	
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13				
Standard Deduction,	14	Add lines 12 and 13							14	27,	700.		
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is y	our t	taxable incom	ie .			15		585.	

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	5,269.	
Credits	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	5,269.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	1,000.	
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21	1,000.	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	4,269.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	4,269.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a	6,720.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	6,720.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return	.,		26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
attacii Scii. Elo.	28	Additional child tax credit fro	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
-	33	Add lines 25d, 26, and 32. T	33	6,720.						
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you overpaid		34	2,451.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here [2,451.	
Direct deposit?	b									
See instructions.	d	Account number 9 1 2 1 6 8 3 8 9								
-	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions								
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	r person to disc	cuss this retu			Complete	below.	X No	
Designee		signee's	Phone		•	identification				
		name no.					nber (PIN)			
Sign Here	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.									
	Yo	Your signature		Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					ARCHITECT	r (see inst.)				
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupated HOME MAKE:		Ider	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	Phone no. (806)535-4795 Email address AMANBHUSHAN@GMAIL.COM								
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/14/2024	P0208	2703	Self-employed	
Preparer Use Only	Fin	Firm's name GLOBAL TAXES LLC						ne no. ((678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965	