1040	040 Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Retu		ırn	202	3	OMB No. 1545-	-0074	IRS Use Only	—Do not w	vrite or sta	ple 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									Your social security number			
	PENUGURTI VASU				UDEVARAO							1932
If joint return, spouse's first name and middle initial Last na												security number
KEERTHI URIT												4649
Home address (number and street). If you have a P.O. box, see instructi									pt. no.			ction Campaign
3611 UNIVERSITY DR									ON			ou, or your
City, town, or post office. If you have a foreign address, also complete s				baces below. State			ite	ZIP c				ointly, want \$3
DURHAM				NC				277	07	-		nd. Checking a not change
			F	Foreign province/state/county			ty	Foreig	ign postal code your tax or refu			
								∏ Yo	u 🗌 Spouse			
Filing Status		Single					Head of ho	ouseh	old (HOH)			
Check only		Married filing jointly (even if only one had income)										
one box.		Married filing separately (MFS) Qualifying surviving spouse (QS)										
	lf y	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the										ne <mark>i</mark> f the
	qua	qualifying person is a child but not your dependent:										
Digital	∆t an	y time during 2023, did you: (a) rece	eive (as a	a reward	award or	navr	ment for prope	rty or	services): or	(h) sell		
Digital Assets		ange, or otherwise dispose of a digi									Ye	s 🗙 No
Standard		Someone can claim: You as a dependent Your spouse as a dependent										
Deduction		Spouse itemizes on a separate return	n or you		No. of the second second							
Age/Blindness	S You:	Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	Is	blind
Dependents	s (see i	instructions):		(2) 5	Social security	2	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (s	see instructions):
If more	(1) Fi	(1) First name Last name			number to you			Child tax credit			Credit for	r other dependents
than four	DUS	DUSHYANTH S PENUGURTI			988-91-9565 Son							×
dependents, see instructions	s											
and check												
here								1				
Income	1a	Total amount from Form(s) W-2, be				•	· · · ·	• •	· · ·	. 1a . 1b		21,216.
Attach Form(s)		b Household employee wages not reported on Form(s) W-2									201	
W-2 here. Also attach Forms		c Tip income not reported on line 1a (see instructions)										
W-2G and		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d		
1099-R if tax	e 4	Taxable dependent care benefits from Form 2441, line 26							. 1e			
was withheld.		f Employer-provided adoption benefits from Form 8839, line 29								. 1g		
get a Form	9 h	g Wages from Form 8919, line 6 . .										0.
W-2, see instructions.	i											
instructions.	z											21,216.
Attach Sch. B	2a	J I	2a	• •		b Т	axable interest			. 2b		
if required.	3a		3a				Ordinary divider			. 3b		
	4a		4a				axable amount			. 4b		
Standard	5a		5a				axable amount			. 5b		2,716.
 Deduction for — Single or 	6a	Social security benefits	6a				axable amount			. 6b		
Married filing separately,	С											
\$13,850	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							<u>.</u> [7			
 Married filing jointly or 	8	Additional income from Schedule	Iditional income from Schedule 1, line 10							. 8		0.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is y	our total inc	come	e			. 9		23,932.
\$27,700	10	Adjustments to income from Schedule 1, line 26								. 10	0	
 Head of household, 	11								. 11		23,932.	
\$20,800 • If you checked г	12								. 12		27,700.	
any box under	13								. 13			
Standard Deduction,	14 Add lines 12 and 13							. 14		27,700.		
see instructions.	instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								. 15		0.	

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 8814 2 4972 3		16	0.					
Credits	17	Amount from Schedule 2, line 3		17						
	18	Add lines 16 and 17		18	0.					
	19	Child tax credit or credit for other dependents from Schedule 8812		19						
	20	Amount from Schedule 3, line 8		20						
	21	Add lines 19 and 20		21						
	22	Subtract line 21 from line 18. If zero or less, enter -0		22	0.					
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	272.					
	24	Add lines 22 and 23. This is your total tax		24	272.					
Payments	25	Federal income tax withheld from:								
	a	Form(s) W-2	1,902.	<u> </u>	A.					
	b	Form(s) 1099	543.							
	С	Other forms (see instructions)								
	d	Add lines 25a through 25c		25d	2,445.					
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26						
	27	Earned income credit (EIC)								
	28	Additional child tax credit from Schedule 8812								
	29	American opportunity credit from Form 8863, line 8		4						
	30	Reserved for future use								
	31	Amount from Schedule 3, line 15								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credit	s	32						
	33	Add lines 25d, 26, and 32. These are your total payments	<u> </u>	33	2,445.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpain	d	34	2,173.					
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								
Direct deposit? See instructions.	b	Routing number 0 5 3 0 0 2 1 9 c Type: Checking Savings								
See instructions.	d	Account number 7 6 4 5 2 5 0 5 1 0								
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		_						
Amount	37	Subtract line 33 from line 24. This is the amount you owe.								
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	• • •	37						
	38	Estimated tax penalty (see instructions)								
Third Party	Do you want to allow another person to discuss this return with the IRS? See instructions									
Designee					X No					
			ersonal ident umber (PIN)	ification						
Sign	Under penalties of periury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and									
Here	bel	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inform	ation of which	h prepar	er has any knowledge.					
пеге	Yo	ur signature Date Your occupation	If th	e IRS sent you an Identity						
			1	ection PIN, enter it here inst.)						
Joint return? See instructions.		POSTDOCTORAL ASSOCI	AIL							
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		the IRS sent your spouse an dentity Protection PIN, enter it here						
your records.		DELI BAKERY ASSOCI	1		,					
	Ph	one no. (984) 895-0463 Email address VASU2168@GMAIL.COM								
Paid	Pre	eparer's name Preparer's signature Date	PTIN		Check if:					
	SYAM	4 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/202	4 P0208	082703 Self-employed						
Preparer		m's name GLOBAL TAXES LLC		Phone no. (678) 965-9522						
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816		Firm's EIN 84-3171965						
Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 02/11/24 PRO Form 1040 (2023)										