

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Personal information section including name (PENUGURTI), social security number (654-65-1932), address (3611 UNIVERSITY DR, DURHAM, NC), and marital status (Married filing jointly).

Filing Status section with checkboxes for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section: At any time during 2023, did you receive or dispose of a digital asset? (Checked No)

Standard Deduction section: Someone can claim: You as a dependent, Your spouse as a dependent, Spouse itemizes on a separate return.

Age/Blindness section: You: Were born before January 2, 1959, Are blind; Spouse: Was born before January 2, 1959, Is blind.

Dependents table with columns for First name, Last name, Social security number, Relationship to you, Child tax credit, and Credit for other dependents. Includes DUSHYANTH S PENUGURTI.

Income section table with rows 1a through 1i. Total amount from Form(s) W-2, box 1: 21,216.

Income section table with rows 2a through 6a. Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Income section table with rows 7 through 15. Capital gain or loss, Additional income from Schedule 1, Total income, Adjustments to income, Adjusted gross income, Standard deduction, Qualified business income deduction, Taxable income: 0.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
	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	25a	1,902.
	b	Form(s) 1099	25b	543.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	2,445.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	2,445.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,173.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,173.
	b	Routing number 053000219 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 7645250510		
36	Amount of line 34 you want applied to your 2024 estimated 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	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (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.

Your signature _____	Date _____	Your occupation POSTDOCTORAL ASSOCIATE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation DELI BAKERY ASSOCIATE	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (984) 895-0463	Email address VASU2168@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/22/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965