1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	–Do not v	/rite or sta	aple 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 na				name						Your social security number			
SREE HARSHA MUVV				VA						***	**	2792	
If joint return, spouse's first name and middle initial Last name				name	me					Spouse	's social	security number	
Home address (numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr	
4043 STA	RLIC	GHT CREEK DR										ou, or your	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a	
CELINA						ζ	75009		box below will not change				
Foreign country name F			Foreign p	Foreign province/state/cou		nty Fore		n postal code	your ta:	x or refu			
											L Yo	ou Spouse	
Filing Status	X	Single					Head of ho	ouseho	old (HOH)				
Check only		Married filing jointly (even if only on											
one box.	L	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the											
					pouse. If you	u che	ecked the HOH	l or QS	SS box, ente	er the ch	ild's na	me if the	
	qu	alifying person is a child but not you	ir depe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services); or	(b) sell,			
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instructio	ns.)	Ye	es 🗌 No	
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien							
Age/Blindness	You:	Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind	
Dependents	(see	instructions):		(2) 5	Social security	1	(3) Relationsh				ifies for (see instructions):	
If more	(1) First name Last name			number to you				Child tax c	redit	Credit fo	or other dependents		
than four													
dependents, see instructions													
and check													
here 🗌													
Income	1 a	The second spectrum second secon										133,559.	
Attach Form(s)	b												
W-2 here. Also	С										;		
attach Forms W-2G and	d										1		
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26								. <u>1</u> e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29	·	2 21 2 Y	1 1	5 0 0 O	. <u>1</u> f			
lf you did not get a Form	g	Wages from Form 8919, line 6								. <u>1ç</u> . 1ŀ		0.	
W-2, see	h	Other earned income (see instructions)										0.	
instructions.	i		see ins	structions)		• •	· · 1i			- 1-		133,559.	
Attach Sch. B if required.	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	••••	···	 b т	axable interest	• •		. 1z . 2b			
	3a		2a 3a				Ordinary divider			. <u>2</u> t			
	4a		4a				axable amount			. 4k			
Standard Deduction for— • Single or Married filing separately,	5a		5a				axable amount			. 5t			
	6a		6a				axable amount			. 6k			
	c	If you elect to use the lump-sum election 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								. 8		-7,132.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		126,427.	
\$27,700	10 Adjustments to income from Schedule 1, line 26												
 Head of household, 	11											126,427.	
\$20,800 If you checked	12 Standard deduction or itemized deductions (from Schedule A)											13,850.	
any box under	13	13 Qualified business income deduction from Form 8995 or Form 8995-A											
Standard Deduction,	14	Add lines 12 and 13		• • •						. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	ourt	taxable incom	е.		. 15		112,577.	

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	20,418.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	20,418.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20	7,500.	
	21	Add lines 19 and 20	21	7,500.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	12,918.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	12,918.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	21,967.	
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)	\mathbf{D}		
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	1		
	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 credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	21,967.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,049.	
Direct deposit? See instructions.	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	9,049.	
	b	Routing number * * * X X X X C Type: Checking Savings			
See instructions.	d	Account number * * * * * * * * * * * * * * * * * * X X X X			
	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		by you want to allow another person to discuss this return with the IRS? See structions	alour	× No	
Designee		signee's Phone Personal identit			
	nar		ICation		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t		,	
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.	
noro	Yo		the IRS sent you an Identity		
			Protection PIN, enter it here (see inst.)		
Joint return? See instructions.	Sn	DATA ENGINEER			
Keep a copy for	op		Identity Protection PIN, enter it here		
your records.		(see	inst.)		
	Ph	one no. (815)764-6430 Email address SREEHARSHAMUVVA@GMAIL.COM			
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2024 *****	2703	Self-employed	
Use Only	Firr		ne no. (678)965-9522	
	06 20100		's EIN	<u>**-**1</u> 965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/27/24 PRO		Form 1040 (2023)	

irs.gov/Form1040 for instructions and the