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

2023 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, ending , 20 | | | | | See separate instructions. | | |
|---|---------------------|--|--------------------|-------------------------------|-------------------|-----------------------|--------------------|--|------------------------------------|--|--|
| Your first name and middle initial Last | | | | ist name | | | | | Your social security number | | |
| | | | | RAMAKRISHNA | | | | | 745 52 9730 | | |
| If joint return, spouse's first name and middle initial Last na | | | | | | | | · | social security number | | |
| ,, | | | | | | | | | 12 3233 | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | Apt. no. | | tial Election Campaign | | |
| 25956 н | JNT (| CLUB BLVD | | | | | | Check he | ere if you, or your | | |
| | -0.07 | ce. If you have a foreign address, also co | mplete | paces below. State Z | | | ZIP code | | spouse if filing jointly, want \$3 | | |
| FARMINGTON | | | | MI | | 48335 | _ | his fund. Checking a www.will not change | | | |
| Foreign country name | | | | Foreign province/state/county | | F | oreign postal code | 9 | | | |
| | | | | | | | | | You Spouse | | |
| Filing Status | $_{\mathbf{s}}^{-}$ | Single | | | ☐ He | ad of hou | usehold (HOH) | | | | |
| Check only | | ☐ Married filing jointly (even if only one had income) | | | | | | | • | | |
| one box. | X | | | | | | | | | | |
| | lf y | you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter t | | | | | | | d's name if the | | |
| | qu | alifying person is a child but not you | ur depe | ndent: CHAITHRA NA | RASIMHA SE | ETTY | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (as | a reward, award, or | payment fo | r propert | y or services); or | (b) sell, | | | |
| Assets | | lange, or otherwise dispose of a dig | | | | | | | ☐ Yes 🗵 No | | |
| Standard | Som | eone can claim: You as a de | pender | nt Your spouse | e as a depe | endent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | u were a dual-status | alien | | | | | | |
| Ago/Plindnoo | | Ware born before January 2, 1 | 050 | Are blind Sne | user 🗆 l | Noc horn | hoforo January | 1050 | ☐ Is blind | | |
| | | : Were born before January 2, 1 | 909 [| T . | | | before January 2 | | | | |
| Dependent | | instructions): irst name Last name | | (2) Social security number | 0.0 | elationship to you | | (4) Check the box if qualifies for (see instruction Child tax credit Credit for other dependent. | | | |
| If more than four | 117.1 | Try mot hame | | | | , | | | | | |
| dependents, | | | | | | | + | | | | |
| see instruction | s | | | | | | + = = | | | | |
| and check here [| 1 | | | | | | + + | | - i | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | ee instructions) | | | | . 1a | 164,818. | | |
| Income | b | Household employee wages not re | | | | | | . 1b | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a | 1.1 | | | | . 1c | | | | |
| attach Forms | d | Medicaid waiver payments not rep | | | nstructions) |) | | . 1d | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | | | | | | . 1e | | | |
| was withheld. | f | Employer-provided adoption bene | | | | | | . 1f | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | . 1g | | | |
| get a Form | h | Other earned income (see instruct | ions) | | | | | . 1h | 0. | | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see inst | tructions) | | 1i | | | | | |
| | z | Add lines 1a through 1h | | | | | | . 1z | 164,818. | | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Taxable | interest | | . 2b | | | |
| if required. | 3a | Qualified dividends | 3a | | b Ordinary | y dividend | ds | . 3b | | | |
| | 4a | IRA distributions | 4a | | b Taxable | amount | | . 4b | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | b Taxable | amount | | . 5b | | | |
| Single or | 6a | Social security benefits | 6a | | b Taxable | amount | | . 6b | | | |
| Married filing separately, | С | If you elect to use the lump-sum e | method, check here | nere (see instructions) | | | | | | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | |
| Married filing jointly or | 8 | Additional income from Schedule | 1, line 1 | 10 | | | | . 8 | -13,300. | | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | 151,518. | | |
| \$27,700 Head of | 10 | Adjustments to income from Sche | . 10 | | | | | | | | |
| household, | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | 151,518. | | |
| \$20,800 If you checked | 12 | Standard deduction or itemized | | | * | | | . 12 | 13,850. | | |
| any box under Standard | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | . 13 | | | |
| Deduction, | 14 | | | | | | | . 14 | 13,850. | | |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | ro or les | ss, enter -0 This is y | our taxable | e income | | . 15 | 137,668. | | |

| Form 1040 (2023 | 3) | | | Page 2 | |
|--------------------------------------|-------------------------------------|---|-----------------------|--|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 26,440. | |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | , | |
| | 18 | Add lines 16 and 17 | 18 | 26,440. | |
| | 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 | 26,440. | |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 358. | |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 26,798. | |
| 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 | 27,637. | |
| If you have a | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | | | |
| | 29 | American opportunity credit from Form 8863, line 8 | | | |
| | 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 | 27,637. | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 839. | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 839. | |
| Direct deposit? See instructions. | b | Routing number X X X X X X X X X X X C Type: Checking Savings | | | |
| | d | Account number X X X X X X X X X X X X X X X X X X X | | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | | | |
| 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) | | | |
| Third Party | | you want to allow another person to discuss this return with the IRS? See | | | |
| Designee | | tructions | | ⋉ No | |
| | De: nar | signee's Phone Personal iden no. number (PIN) | tification | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to | | | |
| Here | bel | ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | ch prepar | er has any knowledge. | |
| Here | Your signature Date Your occupation | | | nt you an Identity | |
| | | | tection P e inst.) | IN, enter it here | |
| Joint return? See instructions. | | SOFTWARE ENGINEER | EL VERNETS-VIDA | Secretary. | |
| Keep a copy for | | | | e IRS sent your spouse an atity Protection PIN, enter it here | |
| your records. | | (sec | e inst.) | **** | |
| | Pho | one no. Email address | | | |
| | | parer's name Preparer's signature Date PTIN | | Check if: | |

Go to www.irs.gov/Form1040 for instructions and the latest information.

Firm's name

Firm's address

Preparer

Use Only

VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI

245 ROONEY CT E BRUNSWICK NJ 08816

GLOBAL TAXES LLC

BAA

REV 02/05/24 PRO

P02470833

Firm's EIN

88-2145487 Form **1040** (2023)

Self-employed

Phone no. (678) 965-9522