E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

20**23** OMB No. 1545-0074

						02		·,	0	no or otapio iii ano opaco.
For the year Jan	ı. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	S	ee sep	arate instructions.
Your first name and middle initial Last r				ame				Y	Your social security number	
LAKSHMI KANTHA REDDY SAI				SALEPELA EDULA					738 03 3106	
				ast name				Sį	pouse's	s social security number
SIVA JYOTHI SALI				ALEPELA EDULA				9	949	91 7206
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.	Pi	residen	ntial Election Campaign
500 N VANDEMARK ROAD							1,0		Check here if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	e spaces below. State		Э	Zii codc		spouse if filing jointly, want \$3 to go to this fund. Checking a	
SIDNEY				(45365	box below will not change		w will not change
Foreign country name				Foreign province/state/count			Foreign postal c	reign postal code your tax or		or refund. You Spouse
		0:			Г		ah-al-d (UOI	n\	_	Touopouse
Filing Status		☐ Single ☐ Head of household (HOH)								
Check only		✓ Married filing jointly (even if only one had income)✓ Married filing separately (MFS)✓ Qualifying surviving spouse (QSS)								
one box.	If v		name (of your spouse. If you	u chec				4	d's name if the
	-	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the qualifying person is a child but not your dependent:								
	Α.	l' l ' 0000 l'.l /)	. ,					(
Digital Assets		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi	-							☐ Yes ⊠ No
Standard		eone can claim: You as a de				dependent	t): (OCC matru	otions.,)	Tes Mile
Deduction	_	Spouse itemizes on a separate return				dependent				
		·		_,						
		Were born before January 2, 1	959 [Are blind Spo	ouse:	☐ Was bor	n before Janua			☐ Is blind
Dependent		(see instructions):		(2) Social security number	/	(3) Relationshi	ip	(4) Check the box if qualifies for (see inst		ies for (see instructions): Credit for other dependents
If more		(1) First name Last name		,						X
than four dependents,		GANESH ADITHYA REDDY SALEPELA EDUL				<u>Son</u> Daughter				<u> </u>
see instructions	s LAS	LASYA PRIYA SALEPELA EDULA		955-94-4915 L		Daugnter				
and check here]							_		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions) .					1a	149,938.
	b	Household employee wages not re							1b	
Attach Form(s) W-2 here. Also	C							1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d		
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 get a Form	g	Wages from Form 8919, line 6					1g			
W-2, see	h	Other earned income (see instructions)						1h	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>			-	149,938.
Attach Sch. B if required.	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		 h То	xable interest			1z 2b	149,930.
	3a		3a			dinary divider			3b	
	4a	Total Control of the	4a			xable amount			4b	
Standard	5a		5a			xable amount			5b	
Deduction for— Single or	6a	Social security benefits	6a		b Ta	xable amount	t		6b	
Married filing separately,	С	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 1, line 10						8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9	149,938.	
\$27,700 Head of	10								10	
household, \$20,800	11								11	149,938.
If you checked I	12	`								27,700.
any box under Standard	13	 							13	27 700
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	on or les		 Mur t a	 avahle incom	 le		14	27,700. 122,238.
			0 01 163	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jul 10				13	1 144,400.

		Page 2				
3 🗌	16	17,507.				
	17	1170071				
	18	17,507.				
	19	1,000.				
	20	2,000.				
	21	1,000.				
	22	16,507.				
	23	0.				
	24	16,507.				
		· .				
25a 19,411.						
25b						
25c						
	25d	19,411.				
	26					
27						
28						
29	7					
30						
31						
undable credits	32					
	33	19,411.				
int you overpaid	34	2,904.				
eck here	35a	2,904.				
Checking Savings						
36						
	37					
38						
? See						
Tyes. Complete below. X No						

	20	Amount from Schedule 3, line 8		20		
	21	Add lines 19 and 20		21	1,000.	
	22	Subtract line 21 from line 18. If zero or less, enter -0		22	16,507.	
	23	Other taxes, including self-employment tax, from Sched	ule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax		24	16,507.	
Payments	25	Federal income tax withheld from:				
•	а	Form(s) W-2	25a 19 , 4	111.		
	b	Form(s) 1099	25b			
	С	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c	25d	19,411.		
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	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Reserved for future use				
	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 paymen	its	33	19,411.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 3	33. This is the amount you overpaid .	34	2,904.	
	35a	Amount of line 34 you want refunded to you. If Form 88	888 is attached, check here	. 35a	2,904.	
Direct deposit?	b	Routing number 0 4 4 0 0 0 0 0 3 7	c Type: X Checking Sav	vings		
See instructions.	d	Account number 8 3 5 3 3 7 0 2 0				
	36	Amount of line 34 you want applied to your 2024 estimate				
Amount	37	Subtract line 33 from line 24. This is the amount you ov	re.			
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		you want to allow another person to discuss this re				
		tructions		plete below.	⊠ No	
	De	signee's Pho ne no.	ne Personal number	l identification (PIN)		
Sign	_	der penalties of perjury, I declare that I have examined this return a		,	of my knowledge and	
Here		ef, they are true, correct, and complete. Declaration of preparer (of				
пеге	Yo	ur signature Date	Your occupation		nt you an Identity	
				Protection P (see inst.)	PIN, enter it here	
Joint return? See instructions. Keep a copy for your records.			SOFTWARE APPLICATION DEVE	, ,		
	Sp	ouse's signature. If a joint return, both must sign. Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it he		
			HOME MAKER	(see inst.)		
	Ph	one no. (937) 419-6426 Email addres				
Doid	Pre	parer's name Preparer's signature	Date P	TIN	Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGA	R GUPTA TALLAM 01/17/2024 PC	02082703	Self-employed	
Preparer	Fire	n's name GLOBAL TAXES LLC	Phone no.	(678) 965-9522		
Use Only	Fire	n's address 245 ROONEY CT E BRUNSWICK	Firm's EIN	84-3171965		

Tax (see instructions). Check if any from Form(s): $1 \square 8814 2 \square 4972$

Child tax credit or credit for other dependents from Schedule 8812 . . .

Amount from Schedule 2, line 3

Form 1040 (2023)

Tax and **Credits**

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