| 1040 | | rtment of the Treasury-Internal Revenue Servi 5. Individual Income Ta | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use Only | –Do not w | rite or staple | e 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 | | | | ame | | | | | | Your social security number | | |
| RAJESH CHII | | | | LAMKURI | | | | | | 844 | 90 8 | 3447 |
| If joint return, spouse's first name and middle initial Last na | | | | | | | | | | | · · | ecurity number |
| SWATHI NAKK | | | | | XA | | | | | | 83 2 | 2516 |
| | (numbe | r and street). If you have a P.O. box, see | | | | | | | | | · · · | tion Campaign |
| 5525 LOF | RING | ST | | | | | | | | Check I | here if you | i, or your |
| City, town, or post office. If you have a foreign address, also complete s | | | | spaces be | paces below. State | | | ZIP c | ode | | ••• | ntly, want \$3 |
| CUMMING | | | | | GA | | | 300 | 40 | | ow will no | . Checking a |
| Foreign country name | | | Foreign p | rovince/state/ | count | unty | | | | k or refund | | |
| | | | | | | | | | | | 🗌 You | Spouse |
| Filing Status | ; | Single | | | | | Head of he | 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 child's name if the | | | | | | | | | | |
| | qua | alifying person is a child but not you | ır depe | endent: | | | | | | | | |
| Digital | At an | y time during 2023, did you: (a) rece | eive (a | s a reward | d. award. or | pavr | ment for prope | rtv or | services): or | (b) sell. | | |
| Assets | | ange, or otherwise dispose of a digi | | | | | | | | | 🗌 Yes | X No |
| Standard | | eone can claim: You as a de | | | | | a dependent | <u> </u> | | | | |
| Deduction | <u> </u> | Spouse itemizes on a separate retur | n or yc | ou were a | dual-status | alien | 1 | | | | | |
| Age/Blindness | a You: | Were born before January 2, 1 | 959 | Are bl | lind Sp | ouse | : 🗌 Was bor | n befo | ore January 2 | 2, 1959 | 🗌 ls b | olind |
| Dependents | s (see i | instructions): | | (2) 5 | Social se <u>cu</u> rit | / | (3) Relationsh | 14 | | | fies for (se | e instructions): |
| If more | (1) Fi | (1) First name Last name | | | number to you | | | | Child tax c | redit | Credit for o | other dependents |
| than four | VIK | VIKSHA CHILAMKURI | | | 822-06-8667 Daughte | | | | | | | |
| dependents, see instructions | | | | | | | | | | | | |
| and check | , <u> </u> | | | | | | | | | | | |
| here 🗌 | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | | | | | • • • • • | • • | | . 1a | ı 2 | 45,787. |
| Attach Form(s) | b | Household employee wages not re | | | | | | | . 1b | | | |
| W-2 here. Also | С | Tip income not reported on line 1a | • | | | • • | | • • | | . <u>1</u> c | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | | nstru | uctions) | • • | | . <u>1</u> d | | |
| 1099-R if tax | е | Taxable dependent care benefits f | | | | • • | | • • | | . <u>1e</u> | | |
| was withheld. | f | Employer-provided adoption bene | | | | | | • • | | . <u>1f</u> | - | |
| lf you did not get a Form | g | Wages from Form 8919, line 6 | | • • • | | • • | | • • | | . <u>1g</u> | | 0 |
| W-2, see | h | Other earned income (see instruction | | · · · | | • • | · · · · | | | . 1h | 1 | 0. |
| instructions. | i | Nontaxable combat pay election (s | see ins | tructions) | | • • | 1 i | | | | | 45,787. |
| | | Add lines 1a through 1h | 2a | | · · · | ьт | axable interest | | | . 1z | | 163. |
| Attach Sch. B if required. | 2a 2a | | 2a 3a | | 45. | | Ordinary divider | | | . 2b . 3b | | 103. |
| | <u>3a</u> 4a | | 3a 4a | | | | axable amount | | | . 30 . 4b | | |
| Standard | ч а 5а | | -a 5a | | | | axable amoun | | | | | |
| Deduction for — Single or | 6a | | 6a | | | | axable amoun | | | . 6b | | |
| Married filing | c | | | method | method, check here (see instructions) | | | | | | , | |
| separately, \$13,850 | atory, | | | | | | | | | 7 | | -3,000. |
| Married filing jointly or | | | | | | | | | . 8 | | 42,877. | |
| Qualifying | 9 | | | | | | | | | . 9 | | 12,0,185. |
| \$27,700 Adjustments to income from Schedule 1, li | | | | | | | | | | | , | |
| Head of household, \$20,800 11 Subtract line 10 from line 9. This is your ac Standard deduction or itemized deduction | | | | | | | | | | | | 00,185. |
| | | | | | | | | | | | 2 | 27,700. |
| any box under 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | | | . 13 | | |
| Standard Deduction, | 14 Add lines 12 and 13 | | | | | | | | | . 14 | - | 27,700. |
| see instructions. | 15 | | ss, enter -0 This is your taxable income . | | | | | . 15 | | 72,485. | | |
| | | | | | | _ | | | | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

| Form 1040 (2023 |) | | | Page 2 | |
|--|------------|--|--|-------------------------|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . . | 16 | 28,559. | |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | | |
| | 18 | Add lines 16 and 17 | 18 | 28,559. | |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 2,000. | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 600. | |
| | 21 | Add lines 19 and 20 | 21 | 2,600. | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 25,959. | |
| | 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 | 25,959. | |
| 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 | 20,594. | |
| 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 | 4 | | |
| | 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 | 20,594. | |
| Refund | 34 05 - | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | | |
| Direct deposit? | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | | |
| See instructions. | b | Routing number X | | | |
| | d 36 | Account number A A A A A A A A A A A A A A A A A A A | | | |
| Amount | | | - | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions | 37 | 5,365. | |
| | 38 | Estimated tax penalty (see instructions) | 01 | 5,505. | |
| Third Party | | you want to allow another person to discuss this return with the IRS? See | | | |
| Designee | | tructions | below. | X No | |
| Ū | | signee's Phone Personal identiti | ication | | |
| | nar | | | <u> </u> | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | , , | |
| Here | | | IRS sent you an Identity | | |
| | 10 | | tection PIN, enter it here | | |
| Joint return? | | SOFTWARE ENGINEER (see | e inst.) | | |
| See instructions. Keep a copy for | Sp | | e IRS sent your spouse an tity Protection PIN, enter it here | | |
| your records. | | | inst.) | | |
| | Ph | one no. (551)208-0480 Email address RAJESH.CHILAMKURI@GMAIL.COM | | | |
| | | parer's name Preparer's signature Date PTIN | | Check if: | |
| Paid | VENK | ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470 | 0833 | Self-employed | |
| Preparer | | | | 678)965-9522 | |
| Use Only | Firi | | 's EIN | 88-2145487 | |
| Go to www.irs.go | ov/Forn | 1040 for instructions and the latest information. BAA REV 02/23/24 PRO | | Form 1040 (2023) | |
| | | | | | |