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



1040		artment of the Treasury—Internal Revenue Servi		urn 2	023	OMB No. 1545	5-0074	IRS Use	Only-	·Do not w	rite or sta	ple in this sp	pace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				, 20		See separate instructions.			
Your first name and middle initial Last na				 ame						Your social security number			
RAJESH CHII				LAMKURI						844 90 8447			
	s first name and middle initial	name						Spouse's social security number			ıumber		
SWATHI		NAKK	KΔ					441	83	2516			
	(numb	er and street). If you have a P.O. box, see								ction Carr	npaign		
3930 OX	FORD	PARK LN								Check h	ere if yo	ou, or you	ır
	ice. If you have a foreign address, also co	paces below. State			ZIP code			•	0,	ointly, wa			
CUMMING				GA			1 2 0 0 4 0			•		nd. Checki not chang	_
				Foreign province/state/county Fo			Forei			your tax		•	Ü
											☐ Yo	u 🗌 S	pouse
Filing Status	s [Single				☐ Head of h	ouseh	old (HOF	 H)				
Check only	×	Married filing jointly (even if only o	ne had i	ncome)									
one box.		Married filing separately (MFS)				☐ Qualifying	g surviv	ing spou	use (C	QSS)			
	lf :	you checked the MFS box, enter the	name o	of your spouse	e. If you ch	necked the HOI	H or Q	SS box,	enter	the chi	ld's nar	ne if the	
	qι	ualifying person is a child but not you	ır depen	dent:									
Digital	Δt a	ny time during 2023, did you: (a) rec	eive (as	a reward awa	ard or nav	ment for prope	erty or	services'). or (h) sell			
Assets		nange, or otherwise dispose of a dig									☐ Ye	s 🗵 N	lo
Standard	Son	neone can claim: You as a de	pendent	Your	spouse as	s a dependent							
Deduction		Spouse itemizes on a separate retur	n or you										
Ago/Plindnoo		: Were born before January 2, 1	050 [Are blind	Cnauc	o. Was be	rn hof	ore Janua	251.2	1050		blind	
			939 <u></u>	Ī	Spous		- 1						
-		(see instructions): (1) First name Last name		(2) Social security (3) I number		1 ' '	(3) Relationship to you (4) Check the b			1		r other depe	
If more than four	·-	/IKSHA CHILAMKURI				<u> </u>	Daughter		X				
dependents,		KSHA CHILAMKUKI		022-00	-8007	Daugiicei	-	L				-	
see instruction	s —							L	_			-	
and check here \Box	1								=			\dashv	
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions	1			L		1a		245,7	87.
Income	b	Household employee wages not re	,	•						1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1c				
attach Forms	d								1d				
W-2G and Tayable dependent care benefits from For				,					1e				
was withheld.	THE WA							1f					
If you did not	g	Wages from Form 8919, line 6						1g					
get a Form	h	Other earned income (see instruct								1h			0.
W-2, see instructions. i Nontaxable combat pay election (see instructions)							i Ì		·				
	z	Add lines 1a through 1h					<u> </u>			1z		245,7	87.
Attach Sch. B if required.	2a	·	2a		b	Taxable interes	st .			2b			63.
	За		3a	45	. b	Ordinary divide	nds .			3b		1	12.
	4a	IRA distributions	4a		b	Taxable amour	nt			4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b	Taxable amour	nt			5b			
Single or	6a	Social security benefits	6a		b ·	Taxable amour	nt			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method, checl									
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7	\perp	-3,0	00.		
 Married filing jointly or 	8	Additional income from Schedule 1, line 10						8		-3	14.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		242,7	48.	
\$27,700	10	Adjustments to income from Schedule 1, line 26							10				
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11		242,7	48.	
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i ons (from Sc	hedule A)					12		27,7	00.
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		27,7		
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loca	ontor 0 T	hia ia wau	tavabla incon	~~			15	1	215 0	/ Q

Form 1040 (202)	3)								Page Z	
Tax and Credits	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	38,408.	
	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	38,408.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.	
	20	Amount from Schedule 3, lin	ne 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	35,808.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	35,808.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 20	,594	١.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	20,594.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	20,594.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a		
Direct deposit?	b	Routing number X X X			, <u> </u>	· -	Saving	s		
See instructions.	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 estimate	ed 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	15,811.	
	38	Estimated tax penalty (see in	nstructions) .			38	597	'.		
Third Party Designee		you want to allow another	•							
	ins	nstructions							⋉ No	
		Designee's name		Phone Personal no. number (identification PIN)		
Cian		ider penalties of perjury, I declare t	hat I have examined		accompanying sched		,	,	of my knowledge and	
Sign		lief, they are true, correct, and com							, ,	
Here	Yo	Your signature		Date Your occupation			l If	If the IRS sent you an Identity		
					·			Protection PIN, enter it here		
Joint return?					SOFTWARE ENGINEER			(see inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				f the IRS sent your spouse an		
your records.				SOFTWARE ENGINEER				Identity Protection PIN, enter it here (see inst.)		
		Phone no. (551)208-0480 Email address RAJESH.CHILAMKURI@GMAIL.COM				· · ·				
		Preparer's name Preparer's signa						N Check if:		
Paid		KATA SAI PAVAN KUMAR DUDIPALLI	'		ד.ד.דמסדחוות אמ			70833	Self-employed	
Preparer		Firm's name GLOBAL TAXES LLC			PAVAN KUMAR DUDIPALLI PO				(678)965-9522	
Use Only								rm's EIN	· · · · · · · · · · · · · · · · · · ·	
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