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

2023

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

For the year Jan.	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ing	, 20	See sep	arate instructions.	
Your first name and middle initial Last name						Your soc	Your social security number		
PRAMODH NARA				AYANAN			***	** 3147	
If joint return, spouse's first name and middle initial Last name							Spouse's	s social security number	
							***	** 0059	
	numbe	er and street). If you have a P.O. box, see				Apt. no.	Presiden	ntial Election Campaig	
9793 SCH	[AFF]	NER DR					Check h	ere if you, or your	
City, town, or post office. If you have a foreign address, also complete s			spaces below.	State	ZIP code		if filing jointly, want \$3		
HUNTLEY				IL		60142		this fund. Checking a w will not change	
Foreign country name				Foreign province/state/o	county	Foreign postal code		or refund.	
								You Spouse	
Filing Status		Single			☐ Head of h	ousehold (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)					
one box.		Married filing separately (MFS)			☐ Qualifying	surviving spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	checked the HQI	d or QSS box, ente	er the chil	d's name if the	
	qu	alifying person is a child but not you	ır depe	ndent:					
Digital	Δ+ 21	ny time during 2023, did you: (a) rece	oivo (ac	a reward award or i	navment for prope	arty or services); or	(b) sell		
Digital Assets		ange, or otherwise dispose of a digi	•				. ,	☐ Yes ☒ No	
Standard		eone can claim: You as a de			e as a dependent	,, (555,000	,		
Deduction	_	Spouse itemizes on a separate return		•					
Doddotion			11 O1 yO	_	alicii				
Age/Blindness	You:	: Were born before January 2, 1	959	Are blind Spo	ouse: Was bo	rn before January 2	-	Is blind	
Dependents				(2) Social security		iib ' '		ies for (see instructions)	
If more	<u> </u>	irst name Last name		number	to you	Child tax c	redit	Credit for other dependent	
than four		RSHINI NARAYANAN		***-**-4050					
dependents, see instructions	; HAF	RINI NARAYANAN		***-**-6772	2 Daughter	×			
and check									
here \square									
Income	1a	Total amount from Form(s) W-2, be	` .				. 1a	285,157.	
Attach Form(s)	b	Household employee wages not re	•				. 1b		
W-2 here. Also	С.	Tip income not reported on line 1a					. 1c	+	
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstructions)		. 1d	+	
1099-R if tax	e	Taxable dependent care benefits f					. 1e	_	
was withheld.	f	Employer-provided adoption bene	TITS Tron	n Form 8839, line 29			. 1f		
If you did not get a Form	g	Wages from Form 8919, line 6					. 1g	0.	
W-2, see	h :	Other earned income (see instruction					. 1h	0.	
instructions.	-	Nontaxable combat pay election (s	see inst	ructions)	<u>1</u> 1	<u> </u>	4-	285,157.	
Attach C-I- D	<u>z</u> 2a	Add lines 1a through 1h Tax-exempt interest	2a	465.	b Taxable interes	+	. 1z	203,137.	
Attach Sch. B if required.	2a 3a		2a 3a		b Ordinary divide		. 2b	1,291.	
	<u></u>		4a		b Taxable amoun		. 4b	1,2,1.	
Standard	ч а 5а		т а 5а	06.465	b Taxable amoun	DOLIO		0.	
Deduction for— Single or	6a		6a		b Taxable amoun		. 6b	†	
Married filing	c	If you elect to use the lump-sum e							
separately, \$13,850	7			•	,		7	60.	
Married filing jointly or	d filing						. 8	-16,102.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-				. 9	270,406.	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•			. 10		
Head of household,	11	Subtract line 10 from line 9. This is	-		ne .		. 11	270,406.	
\$20,800	12	Standard deduction or itemized	•				. 12	27,700.	
If you checked any box under	13	Qualified business income deducti		•	,		. 13	6.	
Standard Deduction,	14						. 14	27,706.	
see instructions.	15	Subtract line 1/1 from line 11. If zer					15	242 700	

Form 1040 (2023	3)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	44,942.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	44,942.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	4,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	40,942.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	496.
	24	Add lines 22 and 23. This is your total tax	24	41,438.
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	41,911.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child, attach Sch. EIC. т	27	Earned income credit (EIC)		
allacii Scii. Elc.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	P	
	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	41,911.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	473.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	473.
Direct deposit?	b	Routing number * * * * * * 0 0 0 3 7 c Type: X Checking Savings		
See instructions.	d	Account number * * * * * 6 8 7 5		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
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	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		you want to allow another person to discuss this return with the IRS? See	elow.	⊠ No
3	De	signee's Phone Personal identifi	ication	
	nar			
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
11010	Yo			nt you an Identity
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER (see i	inst.)	IN, enter it here
	Sp	Identi	f the IRS sent your spouse an dentity Protection PIN, enter it here	
		SOFTWARE ENGINEER (see i	ııst.)	
		one no. (614)949-3302 Email address MAIL2PRAMODH@GMAIL.COM		0
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer		I PRIYA RAM SAGAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/31/2024 *****2		Self-employed
Use Only				678)965-9522
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	s EIN	**-***1965