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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		rn 20	23	OMB No. 1545-	-0074	IRS Use	Only—	o not wri	ite or stap	ple in this space.	
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023	3, ending	'		, 20	S	ee sep	arate ir	nstructions.	
Your first name	and m	niddle initial	Last nam	ne					Y	our soc	ial secu	urity number	_
APARNA ANAN				ANTHA NARAYANAN						*** ** 0059			
If joint return, spouse's first name and middle initial Last na				name				s	pouse's	social	security numb	er	
										***	**	3147	
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ns.			Α	pt. no.	P	residen	tial Ele	ction Campaig	ŋn
9793 SC	HAFF	NER DR										ou, or your	_
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete sp	aces below.	Sta	te	ZIP co	ode				ointly, want \$3 d. Checking a	
HUNTLEY					II		601	_	þ	_		ot change	•
Foreign countr	y name		Fo	oreign province/s	state/count	ty	Foreig	n postal c	ode y	our tax	or refur		se
Filing Status	s 🗆	Single				☐ Head of ho	ouseh	old (HOF	H)				
Check only		Married filing jointly (even if only o											
one box.	×												
		you checked the MFS box, enter the					or Q	SS box,	enter t	he chil	d's nan	ne if the	
	qι	ualifying person is a child but not you	ır depend	dent: PRAMO	DH NAF	RAYANAN				· · · · · · · · · · · · · · · · · · ·			
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award	d, or payr	ment for prope	rty or	services	); or (b	) sell,			_
Assets	excl	nange, or otherwise dispose of a dig	ital asset	(or a financial	interest ir	n a digital asse	t)? (Se	e instru	ctions.	.)	☐ Ye	s 🛚 No	
Standard	Son	neone can claim: 🗌 You as a de	pendent	☐ Your sp	ouse as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-sta	atus alien								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was bor	n befo	re Janua	ary 2, <sup>-</sup>	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) Social se	curity	(3) Relationsh	ip (4	) Check t	he box	if qualifi	es for (s	see instructions	<u>-</u> s):
If more		First name Last name		number to you				Child t	ax cred	lit C	Credit for	other dependen	ıts
than four								[					
dependents, see instruction	. —							[					
and check _	. —												_
here L					<u> </u>			[					_
Income	1a	Total amount from Form(s) W-2, b	` .							1a		152,871.	
Attach Form(s)	b	Household employee wages not re								1b			_
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							1c			_	
attach Forms W-2G and	d	Medicaid waiver payments not rep				ictions)				1d			_
1099-R if tax	e	Taxable dependent care benefits f								1e			_
was withheld.	f	Employer-provided adoption bene	etits from	Form 8839, lin	e 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 instruct		otions)			i ·			1h		0.	_
instructions.	i	Nontaxable combat pay election (s	see msuu	ictions)		11				1z		152,871.	
Attach Sch. B	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	465.		axable interest				2b			-
if required.	3a		3a	1,115.		axable interest Irdinary divider				3b		1,291.	_
	4a		4a		-	axable amount				4b			-
Standard	5a		5a			axable amount				5b			_
Deduction for— Single or	6a		6a		-	axable amount				6b			_
Married filing	C	If you elect to use the lump-sum e		ethod, check h	_				. n				_
separately, \$13,850	7		Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		60.	
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•	•				8		-13,110.	_
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		141,112.	
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26									1	<u> </u>	
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income									1	141,112.	_
\$20,800	12	Standard deduction or itemized								11		13,850.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		6.	
Standard Deduction,	14	Add lines 12 and 13						14		13,856.			
see instructions.	15	Subtract line 14 from line 11 If zer	n or less	ontor O This	o io vour t	tavabla incom	_			15		127 256	_

Form 1040 (2023	3)			Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🔲 4972 3 🔲	16	23,835.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	23,835.		
	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	23,835.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	369.		
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	24,204.		
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	22,147.		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26			
qualifying child, attach Sch. EIC.	27	Earned income credit (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 <b>total payments</b>	33	22,147.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34			
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a			
Direct deposit?	b	Routing number * * * * * * * X X X X X C Type: Checking Savings				
See instructions.	d	Account number   *   *   *   *   *   *   *   *   *				
	36	Amount of line 34 you want applied to your 2024 estimated tax				
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .				
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	2,057.		
	38	Estimated tax penalty (see instructions)				
<b>Third Party</b>		you want to allow another person to discuss this return with the IRS? See				
Designee	ins	tructions		⊠ No		
	De nai	signee's Phone Personal ident me no. number (PIN)				
Cian		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the hest	of my knowledge and		
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whice				
Here	Yo	ur signature Date Your occupation If the	e IRS se	nt you an Identity		
		Pro		IN, enter it here		
Joint return?		SOFTWAKE ENGINEER .	e inst.)			
See instructions. Keep a copy for			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
your records.						
	——Ph	one no. (614)949-3302 Email address MAIL2PRAMODH@GMAIL.COM				
		eparer's name Preparer's signature Date PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/31/2024 *****	2703	Self-employed		
Preparer			Phone no. (678)965-9522			
Use Only			Firm's EIN **-**1965			
		Cadalote Lib Italian of L Ditolibilitate No Coole	s Elly ~ - ^ ^ 1965			