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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending				, 20	See s	See separate instructions.		
Your first name and middle initial Last name				ame					Your	social sec	curity number	
PRAMODH			NARZ	AYANAN					***	* * *	3147	
If joint return, spouse's first name and middle initial Last national L									Spous		l security number	
Home address (numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	Presid	dential Ele	ection Campaign	
9793 SCH	NER DR							Check here if you, or your				
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete s	paces below. State							jointly, want \$3	
HUNTLEY				IL			60				nd. Checking a not change	
Foreign country name				Foreign province/state/county			Fore	Foreign postal code yo		ax or refu		
										Y	ou Spouse	
Filing Status		Single				X Head of ho	ousel	nold (HOH)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)	(QSS)									
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	ı che	ecked the HOH	or C	QSS box, ent	er the c	hild's na	ıme if the	
	qu	alifying person is a child but not you	ır depe	ndent:								
Digital	Δt ar	ny time during 2023, did you: (a) rece	aiva (as	a reward award or	navn	ment for proper	rty or	services); o	r (h) sall			
Digital Assets		ange, or otherwise dispose of a digi								', □Ye	es 🗵 No	
Standard		eone can claim: You as a de					-,- (-	00 11 10 11 10 11 11	,			
Deduction	_	Spouse itemizes on a separate return	•	-								
		· · · · · · · · · · · · · · · · · · ·	•		unon							
Age/Blindness	You:	: Were born before January 2, 19	959	Are blind Spo	ouse	: Was bor	n bet	ore January	2, 1959	<u> </u>	s blind	
Dependents	(see	instructions):		(2) Social security		(3) Relationsh	ip (1	(see instructions):	
If more	(1) F	(1) First name Last name		number to you		to you	,	Child tax o	credit	Credit fo	or other dependents	
than four	HAF	ARSHINI NARAYANAN		***-**-4056 Daughter				<u>×</u>			<u> </u>	
dependents, see instructions	HAF	RINI NARAYANAN		***-**-677	2	Daughter		<u>×</u>			<u> </u>	
and check										+		
here \square									-	Ц		
Income	1a	Total amount from Form(s) W-2, bo	` ,				•			la	132,286.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								lb		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								lc		
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	ictions)	•			ld		
1099-R if tax	е	Taxable dependent care benefits f								le		
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29	•		•			1f		
If you did not get a Form	g	Wages from Form 8919, line 6					•			lg 		
W-2, see	h	Other earned income (see instructi					i		. 1	lh	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>					122 206	
		Add lines 1a through 1h								1z	132,286.	
Attach Sch. B if required.	2a		2a			axable interest				2b		
	3a_		3a			ordinary divider				3b		
Standard	4a		4a	26,165.		axable amount		ROLLO	77770	lb	0.	
Deduction for-	5a		5a			axable amount			· -	5b		
Single or Married filing	6a	Social security benefits	6a			axable amount	ι.		∴ ⊢ °	Sb		
separately, \$13,850	C			,	`	,	•		H F.	_		
Married filing	rried filing						•			7 8	-12,047.	
jointly or Qualifying	8	Additional income from Schedule 1, line 10										
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									120,239.	
Head of							•			10	120 220	
household, \$20,800	11	Standard deduction or itemized	-				•			11	120,239.	
If you checked any box under	12 13	Qualified business income deducti		•	,	 5_Δ	•			12 13	20,800.	
Standard	14	Add lines 12 and 13	011 11 011	OIIII 0333 01 F01111	033	υ·Λ	•			14	20,800.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	 o or les	ss enter -N- This is w	 Our t	 taxable incom	e			15	99.439.	

Form 1040 (2023	3)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	15,656.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	15,656.	
	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	11,656.	
	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	11,656.	
Payments	25	Federal income tax withheld from:			
. ayee	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	19,764.	
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)	T		
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	7		
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15	1		
	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	19,764.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,108.	
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	8,108.	
Direct deposit?	b	Routing number * * * * * 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 amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party		by you want to allow another person to discuss this return with the IRS? See structions	oolow	X No	
Designee		signee's Phone Personal identi		<u>∧</u> NO	
		me no. reisonal identi	ication		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t	he best	of my knowledge and	
Here	be	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ı prepar	er has any knowledge.	
TICIC	Yo		e IRS sent you an Identity		
			ection P inst.)	IN, enter it here	
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER	e IRS sent your spouse an		
		Iden	ity Protection PIN, enter it here inst.)		
	——Ph	one no. (614)949-3302 Email address MAIL2PRAMODH@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/31/2024 *****	2703	Self-employed	
Preparer			one no. (678) 965-9522		
Use Only			Firm's FIN **-**1965		