For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 S												tructions.	
Your first name and middle initial				ast name							Your social security number		
				KADIYALA						*** ** 6075			
				Last name						Spouse's social security number			
Home address	(numbe	r and street). If you have a P.O. box, see	e instruc	tions.				Apt.	no.	Preside	ntial Elect	ion Campaigr	
1455 CHASE LAN									Check here		-		
City, town, or post office. If you have a foreign address, also compl				plete spaces below. State ZI				ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a		
PLANO				TX 75					3	box below will not change			
Foreign country name			Foreign province/state/county Foreign p					oostal code					
							1				You	Spouse	
Filing Status	; 🗠	Single	no hoo	l incomo)			Head of ho	usehold	(HOH)				
Check only		Married filing jointly (even if only o Married filing separately (MFS)	ne nac	i income)			Qualifying	ourvivin		(099)			
one box.	lf v	rou checked the MFS box, enter the	name		ouse If you						ild's name	if the	
		alifying person is a child but not you		15.		oncon		01 000	box, chi				
										<u> </u>			
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig						-			Yes	No	
Standard		eone can claim: You as a de			Your spouse				Instructio	113.)			
Deduction	_	Spouse itemizes on a separate retur					aoponaom						
Ago/Plindness								hafara	lonuon	0 1050	Is b	lind	
		Were born before January 2, 1	909	Are bl		use:	Was bor	100				e instructions):	
Dependent		irst name Last name		(2) 5	Social security number		(3) Relationshi to you		Child tax c			ther dependents	
If more than four													
dependents,	-												
see instructions and check	s ——												
here							~						
Income	1 a	Total amount from Form(s) W-2, b					e ne ne		• •	. 1a	()	39,257.	
Attach Form(s)	b	Household employee wages not re				•			• •	. 1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstructi	ions)		i. i. i	. 1d	-		
1099-R if tax	e	Taxable dependent care benefits f						• • •	• •	. 1e			
was withheld. If you did not	f	Employer-provided adoption bene Wages from Form 8919, line 6	ents tro	om Form 8	839, line 29	12		0 0 0		. 1f	-		
get a Form	g h	Other earned income (see instruct	· · ·		• • • •	•	11 IA 11	••••		. <u>1g</u> . 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (structions)		• •	1i		• •				
	z	Add lines 1a through 1h					· · <u> · ·</u>			. 1z		39,257.	
Attach Sch. B	2a		2a	• • •		b Tax	able interest			. 2b			
if required.	3a		3a				linary dividen			. 3b	0		
	4a	IRA distributions	4a		1	b Tax	able amount			. 4b	0		
Standard Deduction for—	5a	Pensions and annuities	5a		1	b Tax	able amount			. 5b	0		
Single or	6a	Social security benefits	6a			b Tax	able amount			. 6b	1		
Married filing separately,	С	If you elect to use the lump-sum e	election	n method,	check here (see ins	structions)		[
\$13,850 Married filing	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
jointly or Qualifying	8	Additional income from Schedule								. 8		-7,359.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		<u>31,898.</u>	
\$27,700 Head of	10	Adjustments to income from Sche			·		<u></u> .			. 10		01 0 0 0	
household, \$20,800	11	Subtract line 10 from line 9. This is			•			• • •		. 11		31,898.	
If you checked	12	Standard deduction or itemized							•••	. 12		13,850.	
any box under Standard	13	Qualified business income deduct			aad or form	0992-1	Α		• •	. 13		13 050	
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 -0- This is w	 	 ahle incom	 A	• •	. <u>14</u> . 15		13,850. 18,048.	
	10			ss, enter	inis is yo	Jui lax	able incom	.	• •	. 15		10,040.	

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

Form **1040** (2023)

Form 1040 (2023	3)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16	1,943.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	1,943.	
	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	1,943.	
	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	1,943.	
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	4,898.	
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)	\mathbf{D}		
	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	4,898.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,955.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,955.	
Direct deposit? See instructions.	b	Routing number * * * * * X X X X C Type: Checking Savings			
	d	Account number * * * * * * * * * * * * * * * * * * X X X X			
	36	Amount of line 34 you want applied to your 2024 estimated 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 <i>www.irs.gov/Payments</i> or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	helow	× No	
Designee		signee's Phone Personal ident			
	nar				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to			
Here	bei	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic			
	Yo		e IRS sent you an Identity ection PIN, enter it here		
Joint return?			(see inst.)		
See instructions.	Sp		e IRS ser	nt your spouse an	
Keep a copy for your records.		Iden		ection PIN, enter it here	
your records.			e inst.)		
		one no. (929) 667-0430 Email address JASWANTH12061998@GMAIL.COM			
Paid		eparer's name Preparer's signature Date PTIN	0.0.00	Check if:	
Preparer	-	1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/30/2024 *****		Self-employed	
Use Only	-		ne no. (678)965-9522		
	0.202		n's EIN	**-**1965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/21/24 PRO		Form 1040 (2023)	

rs.gov/Form1040 for instructions and the