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



£1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not w	vrite or staple in th	nis space.
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning	, 2023, ending , 20				See separate instructions.					
Your first name and middle initial Last r					name					Your social security number		
NISSI P	ANTH	ATI					303   85   9619					
If joint return, spouse's first name and middle initial Last name									Spouse's social security number			
MOUNISH	A		CHANGI						983   94   2232			
		er and street). If you have a P.O. box, see						A	Apt. no.		ential Election	
32575 L	AKE	BRIDGEPORT ST								ł	here if you, or	
		ice. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	ZIP c	ode		if filing jointly,	
FREMONT						CA	A	945	555		o this fund. Ch low will not ch	
Foreign country name				Foreign province/state/county			ty	Foreign postal code		1	x or refund.	ungo
											You	Spouse
Filing Status	s [	Single					☐ Head of ho	useh	old (HOH)			
Check only	_	Married filing jointly (even if only o	ne had	income)					, ,			
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spouse	(QSS)		
	lf :	you checked the MFS box, enter the	name o	of your s	pouse. If you	che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if t	the
		ualifying person is a child but not you			,							
	^+ -		-: /					<b>L</b>		/l=\\ = = II		
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig						•		. ,	Yes	⊠ No
		neone can claim: You as a de					a dependent	.): (00		113.)		
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•					
Deduction		Spouse iternizes on a separate retur	ii or you	u were a	dual-Status d	allell	<u> </u>					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	lind <b>Spo</b>	use	: Was borr		ore January 2		Is blind	
Dependent	<b>:s</b> (see	instructions):		(2)	Social security		(3) Relationship	p (4			ifies for (see ins	
If more	<b>(1)</b> F	1) First name Last name			number to you				Child tax c	redit	Credit for other	dependents
than four												
dependents, see instruction	ıs ——											
and check	. —											
here L												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)					. 1a	103	<u>,545.</u>
Attach Form(s)	b	Household employee wages not re	•		. ,					. 1b	)	
W-2 here. Also		Tip income not reported on line 1a (see instructions)							. 10	;		
attach Forms W-2G and	d								. 10	t k		
1099-R if tax	е	Taxable dependent care benefits f			•					. 1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								. <u>1f</u>	f	
If you did not get a Form	g	Wages from Form 8919, line 6.								. 10	3	
W-2, see	h	Other earned income (see instruct	,					 i		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	<u>li</u>				100	E 4 E
		Add lines 1a through 1h			· · · ·					. 1z		<u>,</u> 545.
Attach Sch. B if required.	2a	' –	2a				axable interest			. 2b		
ii required.	3a_	· · ·	3a				ordinary dividen					
Standard	4a	<del>-</del>	4a				axable amount			. 4b		
Deduction for—	5a	<del>-</del>	5a				axable amount			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a				axable amount			. 6b	)	
separately,	C	If you elect to use the lump-sum election method, check here (see instructions)										
\$13,850  Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
jointly or Qualifying	8	· · · · · · · · · · · · · · · · · · ·								0.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>										
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26										
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11		<u>,545.</u>
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized deductions (from Schedule A)									,700.	
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								700		
Deduction, see instructions.	14	Add lines 12 and 13								. 14		,700. 845
	/ 1h	SUBTROOT UNG 1/1 tropp ling 11 It zon	CO OF IOC	C Ontor	II INC IC W	OLIV 1	ravania inaami	_		1 46	- 1 / 5	× // 5

Form 1040 (202)	3)								Page Z		
Tax and Credits	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	8,659.		
	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17							8,659.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	8,659.		
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	8,659.		
Payments  If you have a	25	Federal income tax withheld									
	а	Form(s) W-2									
	b	Form(s) 1099									
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	15,085.		
	26	2023 estimated tax payments and amount applied from 2022 return									
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
	28	Additional child tax credit from Schedule 8812									
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments							15,085.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							6,426.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							6,426.		
Direct deposit? See instructions.	b	3									
	d	Account number 3 2 5 0 8 9 4 0 5 1 5 2									
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions									
You Owe	20	Estimated tax penalty (see instructions)						37			
The level December	38										
Third Party Designee		you want to allow another structions	•		rn with the IRS?	_	omplete	helow	⊠ No		
Designee		signee's		Phone			onal iden				
		me		no.			ber (PIN)				
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Υn	Your signature		Date	Your occupation		l If th	ne IRS se	nt you an Identity		
		Tour digitation		Bato	Tour occupation		Protection PIN, enter it here (see inst.)				
Joint return?				EMPLOYEE	EMPLOYEE						
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, <b>both</b> must sign.			Date Spouse's occupation  HOHE MAKER			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	——Ph	Phone no. (510) 458-1817 Email address NISSI.PRASHANTH@GMAIL.COM						•			
Paid		eparer's name	Preparer's signat		1,1001.11010H	Date	PTIN		Check if:		
		M PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TAI.I.AM	01/30/2024	P0208	32703	Self-employed		
Preparer									(678) 965-9522		
Use Only									84-3171965		
		10106					1	n's EIN	4040		