

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial AAYUSHI	Last name JAIN	Your social security number *** ** 0611
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 1564 PROVINCETOWN DR		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. SAN JOSE		State CA	
Foreign country name		ZIP code 95129	
Foreign province/state/county		Foreign postal code	

Filing Status Single Head of household (HOH)

Check only one box. Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)

Married filing separately (MFS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien

Someone can claim: You as a dependent Your spouse as a dependent

Age/Blindness You: Were born before January 2, 1959 Are blind **Spouse:** Was born before January 2, 1959 Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	16,130.
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	0.
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	16,130.

Attach Sch. B if required.	2a Tax-exempt interest	2a		b Taxable interest	2b	21.
	3a Qualified dividends	3a	582.	b Ordinary dividends	3b	1,165.
	4a IRA distributions	4a		b Taxable amount	4b	
	5a Pensions and annuities	5a		b Taxable amount	5b	
	6a Social security benefits	6a		b Taxable amount	6b	

Standard Deduction for— <ul style="list-style-type: none"> • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions. 	c If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	7	75,315.
	8 Additional income from Schedule 1, line 10		8	1,000.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	93,631.
	10 Adjustments to income from Schedule 1, line 26		10	6,500.
	11 Subtract line 10 from line 9. This is your adjusted gross income		11	87,131.
	12 Standard deduction or itemized deductions (from Schedule A)		12	13,850.
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	4.	
14 Add lines 12 and 13		14	13,854.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	73,277.	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	11,383.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	11,383.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	458.
	21	Add lines 19 and 20	21	458.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,925.
	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	10,925.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	1,962.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	1,962.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	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	1,962.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number * * * * * X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number * * * * * * * * * * * * * * X X X X X		
	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 www.irs.gov/Payments or see instructions	37	8,963.
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here 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.

Your signature _____	Date _____	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (408) 391-9027	Email address		

Paid Preparer Use Only

Preparer's name _____	Preparer's signature Self-Prepared _____	Date _____	PTIN _____	Check if: <input type="checkbox"/> Self-employed
Firm's name _____	Firm's address _____			Phone no. _____
Firm's address _____	Firm's EIN _____			