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

| <b>1040</b>   |  | artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Ta</b>                |          | turn      | 202                               | 23     | OMB No. 1545-                  | 0074     | IRS Use Onl                     | y—Do not v                  | vrite or sta  | aple in this space. |  |
|---|--|---|----------|-----------|-----------------------------------|--------|--------------------------------|----------|---------------------------------|-----------------------------|---|---------------------|--|
| 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 Last na                                  |  |   |          | ame       |                                   |        |                                |          |                                 | Your social security number |   |                     |  |
| AAYUSHI JAIN  |  |   |          | IN        |                                   |        |                                |          | ***   **   0611                 |                             |   |                     |  |
| If joint return, spouse's first name and middle initial Last name           |  |   |          | ame       |                                   |        |                                |          | Spouse's social security number |                             |   |                     |  |
| Home address  | (numbe   | er and street). If you have a P.O. box, see   | instruc  | tions.    |                                   |        |                                | Α        | pt. no.                         | Preside                     | ntial Ele   | ection Campaign     |  |
| 1564 PRO  | VIN  | CETOWN DR   |          |           |                                   |        |                                |          |                                 |                             |   | ou, or your         |  |
| City, town, or post office. If you have a foreign address, also complete sp |  |   |          | spaces be | paces below. State                |        |                                |          |                                 |                             | spouse if filing jointly, want \$3 to go to this fund. Checking a |                     |  |
| SAN JOSE  |  |   |          |           | CA                                |        |                                | 95129 bd |                                 | box be                      | box below will not change   |                     |  |
| Foreign country   | name   |   |          | Foreign p | rovince/state                     | /coun  | ty                             | Foreig   | n postal code                   | your ta                     | x or refu   |                     |  |
| Filing Status   | X  | Single  |          |           |                                   |        | Head of ho                     | useh     | old (HOH)                       |                             |   |                     |  |
| Check only  |  | Married filing jointly (even if only o  |          |           |                                   |        |                                |          |                                 |                             |   |                     |  |
| one box.  |  | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)                       |          |           |                                   |        |                                |          |                                 |                             |   |                     |  |
|   |  | ou checked the MFS box, enter the   |          |           | pouse. If yo                      | ou che | ecked the HOH                  | or Q     | SS box, ent                     | er the ch                   | ild's na  | me if the           |  |
|   | qu   | alifying person is a child but not you  | ır depe  | ndent:    |                                   |        |                                |          |                                 |                             |   |                     |  |
| Digital   | At ar  | ny time during 2023, did you: (a) rec   | eive (as | s a rewar | d, award, o                       | r payr | ment for proper                | ty or :  | services); o                    | r (b) sell,                 |   |                     |  |
| Assets  |  | nange, or otherwise dispose of a dig  |          |           |                                   |        |                                |          |                                 |                             | Ye  | es 🛛 No             |  |
| Standard  | Som  | eone can claim:   | pende    | nt 🗌      | Your spous                        | se as  | a dependent                    |          |                                 |                             |   |                     |  |
| Deduction   |  | Spouse itemizes on a separate retur   | n or yo  | u were a  | dual-status                       | alien  |                                |          |                                 |                             |   |                     |  |
| Ago/Blindness   | Vou  | : Were born before January 2, 1   | 050      | Are b     | lind <b>Cn</b>                    | ouse   | w D Was born                   | hofo     | ore January                     | 2 1050                      |   | s blind             |  |
|   |  |   | 303      | T         |                                   |        |                                | 14       |                                 |                             |   | see instructions):  |  |
| -   | s (see instructions):  (1) First name  Last name |   |          | (2)       | (2) Social security number to you |        |                                | p (,     | Child tax                       |                             | ı   | r other dependents  |  |
| If more<br>than four  | (.,  | (1) Hot hame  |          |           |                                   |        |                                |          |                                 |                             | 31 1 200 111 110  |                     |  |
| dependents,   |  |   |          |           |                                   |        |                                | $\top$   |                                 |                             |   |                     |  |
| see instructions  | s —  |   |          |           |                                   |        | <b>V</b>                       |          | 一一                              |                             |   |                     |  |
| and check here $\square$  |  |   |          |           |                                   |        |                                |          |                                 |                             |   |                     |  |
| Income  | 1a   | Total amount from Form(s) W-2, b  | ox 1 (s  | ee instru | ctions) .                         |        |                                |          |                                 | . 1a                        |   | 16,130.             |  |
|   | b  | Household employee wages not re   | eported  | on Forn   | n(s) W-2 .                        |        |                                |          |                                 | . 1k                        | ,   |                     |  |
| Attach Form(s)<br>W-2 here. Also  | C  | Tip income not reported on line 1a (see instructions)                                       |          |           |                                   |        |                                |          |                                 | . 10                        | :   |                     |  |
| attach Forms  | d  | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                     |          |           |                                   |        |                                |          | . 10                            | ı                           |   |                     |  |
| W-2G and<br>1099-R if tax   | е  | Taxable dependent care benefits f   | rom Fo   | orm 2441  | , line 26                         |        |                                |          |                                 | . 16                        | )   |                     |  |
| was withheld.   | f  | Employer-provided adoption bene   | fits fro | m Form 8  | 3839, line 29                     | 9.     |                                |          |                                 | . 11                        |   |                     |  |
| If you did not  | g  | Wages from Form 8919, line 6 .  |          |           |                                   |        |                                |          | 30 (30)                         | . 10                        | 1   |                     |  |
| get a Form<br>W-2, see  | h  | Other earned income (see instruct   |          | 1.        |                                   |        |                                |          |                                 | . <u>1</u>                  | 1   | 0.                  |  |
| instructions.   | i  | Nontaxable combat pay election (s   | see ins  | tructions | )                                 |        | <u>1i</u>                      |          |                                 |                             |   | 4644                |  |
|   |  | Add lines 1a through 1h   | . 1      | , · ·     | • • •                             |        |                                |          |                                 | . 1z                        |   | 16,130.             |  |
| Attach Sch. B if required.  | 2a   |   | 2a       |           | 582.                              |        | axable interest                |          |                                 | . 2t                        | _   | 21.                 |  |
| ii required.<br>  | 3a   |   | 3a       |           | 302.                              |        | Ordinary dividen               |          | * * *                           |                             |   | 1,165.              |  |
| Standard  | 4a   |   | 4a       |           |                                   |        | axable amount                  |          |                                 | . 4b                        |   |                     |  |
| Deduction for-  | 5a<br>6a   |   | 5a<br>6a |           |                                   |        | axable amount<br>axable amount |          |                                 | . 5b                        |   |                     |  |
| Single or<br>Married filing   | C  |   |          | method    | check here                        |        |                                |          |                                 |                             | ,   |                     |  |
| separately,<br>\$13,850   | 7  | If you elect to use the lump-sum election method, check here (see instructions)             |          |           |                                   |        |                                |          |                                 |                             |   | 30,488.             |  |
| Married filing  | 8  | Additional income from Schedule 1, line 10  |          |           |                                   |        |                                |          |                                 | . 8                         |   | 1,000.              |  |
| jointly or<br>Qualifying<br>surviving spouse,<br>\$27,700                   | 9  | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                |          |           |                                   |        |                                |          |                                 |                             | _   | 48,804.             |  |
|   | 10   | Add lines 12, 25, 35, 45, 35, 65, 7, and 8. This is your total income :                     |          |           |                                   |        |                                |          |                                 | . 9                         |   | 6,500.              |  |
| Head of household,  | 11   | Subtract line 10 from line 9. This is   |          |           |                                   | . 11   |                                | 42,304.  |                                 |                             |   |                     |  |
| \$20,800  | 12   | Standard deduction or itemized  |          |           |                                   |        |                                |          |                                 | . 12                        | _   | 13,850.             |  |
| If you checked any box under  | 13   | Qualified business income deduct  |          |           |                                   |        | )5-A                           |          |                                 | . 13                        |   | 4.                  |  |
| Standard<br>Deduction,  | 14   | Add lines 12 and 13   |          |           |                                   |        |                                |          | . 14                            |                             | 13,854.   |                     |  |
| see instructions.   | 15   | Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b> |          |           |                                   |        |                                |          |                                 |                             | 5   | 28,450.             |  |

| 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                  | 3,125.  |  |  |  |  |  |  |
| Credits   | 17  | Amount from Schedule 2, line 3   | . 17                  |   |  |  |  |  |  |  |
|   | 18  | Add lines 16 and 17  | . 18                  | 3,125.  |  |  |  |  |  |  |
|   | 19  | Child tax credit or credit for other dependents from Schedule 8812   | . 19                  |   |  |  |  |  |  |  |
|   | 20  | Amount from Schedule 3, line 8   | . 20                  | 1,595.  |  |  |  |  |  |  |
|   | 21  | Add lines 19 and 20  | . 21                  | 1,595.  |  |  |  |  |  |  |
|   | 22  | Subtract line 21 from line 18. If zero or less, enter -0   | . 22                  | 1,530.  |  |  |  |  |  |  |
|   | 23  | Other taxes, including self-employment tax, from Schedule 2, line 21   | . 23                  | 0.  |  |  |  |  |  |  |
|   | 24  | Add lines 22 and 23. This is your <b>total tax</b>   | . 24                  | 1,530.  |  |  |  |  |  |  |
| Payments  | 25  | Federal income tax withheld from:  |                       |   |  |  |  |  |  |  |
|   | а   | Form(s) W-2  | 52.                   |   |  |  |  |  |  |  |
|   | b   | Form(s) 1099   |                       |   |  |  |  |  |  |  |
|   | C   | Other forms (see instructions)   |                       |   |  |  |  |  |  |  |
|   | d   | Add lines 25a through 25c  | . 25d                 | 1,962.  |  |  |  |  |  |  |
| If you have a qualifying child,                       | 26  | 2023 estimated tax payments and amount applied from 2022 return  | . 26                  |   |  |  |  |  |  |  |
|   | 27  | Earned income credit (EIC)   |                       |   |  |  |  |  |  |  |
| attach Sch. 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                  | 1,962.  |  |  |  |  |  |  |
| 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                  | 432.  |  |  |  |  |  |  |
|   | 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here   | 35a                   | 432.  |  |  |  |  |  |  |
| Direct deposit?<br>See instructions.                  | b   | Routing number   *   *   *   *   *   X   X   X   X   C Type: Checking Savir  | ngs                   |   |  |  |  |  |  |  |
|   | d   | Account number * * * * * * * * * * * * * * X X X   |                       |   |  |  |  |  |  |  |
|   | 36  | Amount of line 34 you want applied to your 2024 estimated tax  |                       |   |  |  |  |  |  |  |
| Amount<br>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 www.irs.gov/Payments or see instructions  | . 37                  |   |  |  |  |  |  |  |
|   | 38  | Estimated tax penalty (see instructions)   | . 31                  |   |  |  |  |  |  |  |
| <del></del>   |     |  |                       |   |  |  |  |  |  |  |
| Third Party<br>Designee                               |     | Do you want to allow another person to discuss this return with the IRS? See instructions  |                       |   |  |  |  |  |  |  |
|   | De  |  | dentification<br>PIN) |   |  |  |  |  |  |  |
| Sign<br>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. |                       |   |  |  |  |  |  |  |
|   | You |  |                       | e IRS sent you an Identity<br>ection PIN, enter it here         |  |  |  |  |  |  |
| Joint return?   |     | SOFTWARE ENGINEER  | (see inst.)           |   |  |  |  |  |  |  |
| See instructions.<br>Keep a copy for<br>your records. | Sp  |  |                       | IRS sent your spouse an ity Protection PIN, enter it here nst.) |  |  |  |  |  |  |

Email address

Self-Prepared

Preparer's signature

Phone no. (

Firm's name

Firm's address

**Paid** 

**Preparer** 

Use Only

(408) 391 - 9027

Date

PTIN

Phone no.

Firm's EIN

Self-employed

Check if: