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

2023

						CIVID 140. 10 10	007 1	J, DO		to or otapio iii tino opaco.	
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding _		, 20	See	e sep	arate instructions.	
Your first name	and m	niddle initial	Last name					You	Your social security number		
VIJAY AI	VIJAY ANANTH CHANDRASEKAR						0.3	11	79 6616		
If joint return, spouse's first name and middle initial Last name						Spo	use's	social security number			
VINOTHI	VINOTHINI ATHITHYA VIJAY ANANTH						A)	PP	LI ED F		
Home address	(numb	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Pre	siden	tial Election Campaign	
_1233 MEI								ere if you, or your			
		ice. If you have a foreign address, also co	mplete	pplete spaces below. State Z			ZIP code			f filing jointly, want \$3 this fund. Checking a	
MORRISV			NC NC							w will not change	
Foreign country name			Foreign province/sta		/county		Foreign postal co	oreign postal code your to		or refund.  You Spouse	
		Oin all					 ousehold (HOH			rou spouse	
Filing Status	s ∟ ⊠	」Single  ✓ Marriad filing identity (aven if only o									
Check only		<ul><li>Married filing jointly (even if only or Married filing separately (MFS)</li></ul>	3)								
one box.	lf ·	you checked the MFS box, enter the	name	of your spouse. If you	u che		surviving spou or QSS box. e			d's name if the	
		ualifying person is a child but not you			u 0110		. o. Qoo box, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011110		
			• ,					(1.)			
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi							sell,	☐ Yes	
	-	neone can claim: You as a de					st): (See mstruc	tions.)		res res	
Standard Deduction		Spouse itemizes on a separate return	•	•		•					
					anci						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse	: U Was bor	n before Janua			☐ Is blind	
Dependent	•	•		(2) Social security		(3) Relationsh	iib I.,			es for (see instructions): Credit for other dependents	
If more	(1) 1	First name Last name		number		to you	Child tax cre		_		
than four dependents,							<u> </u>	<u> </u>	-		
see instruction	s							<u>-</u> 7	_		
and check here	1							<del>-</del>	-+		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions) .					1a	84,449.	
	b	Household employee wages not re	•	•					1b	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	ι (see in	structions)				[	1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e		
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 .							1g		
W-2, see	h	Other earned income (see instructi	,						1h	0.	
instructions.	ı	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>			4	84,449.	
Attach Sch. B if required.	z 2a	Add lines 1a through 1h  Tax-exempt interest	2a	· · · · · i	 ьт	axable interest			1z 2b	04,449.	
	2a 3a	'	3a			axable interest Ordinary divider		• •	3b		
	4a		4a			axable amount			4b		
Standard	5a		5a			axable amoun			5b		
Deduction for— Single or	6a		6a		b T	axable amount	t		6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)									
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
Married filing jointly or	8	Additional income from Schedule						[	8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	84,449.	
\$27,700 Head of	10	Adjustments to income from Sche							10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-						11	84,449.	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)						12	27,700.		
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	07.700	
Deduction, see instructions.	14	Add lines 12 and 13							14	27,700. 56,749.	
	15	Subtract line 14 from line 11. If zer	o or ies	ss, enter -u This is y	our '	taxable incom	I <del>U</del>		15	1 50,749.	

Form 1040 (202)	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	6,367.		
Credits	17	Amount from Schedule 2, lir	ne3					17			
	18	Add lines 16 and 17						18	6,367.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	6,367.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	6,367.		
<b>Payments</b>	25	Federal income tax withheld	I from:								
-	а	Form(s) W-2				<b>25a</b> 10	,839.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	10,839.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8 .     .		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	10,839.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	4,472.		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here							4,472.		
Direct deposit?	b	Routing number 0 5 3			,	Checking	Savings				
See instructions.	d	Account number 2 3 7 0 4 8 7 7 7 4 9 8									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		,	•			_	omplete	below.	<b>⋉</b> No		
		esignee's		Phone		onal ident	ification				
		me		no.			ber (PIN)				
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,		,		,		
Here			,	Date	Your occupation				, ,		
	10	Your signature		Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?			SENIOR DATA SCIENTIST			1 /	(see inst.)				
See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation				f the IRS sent your spouse an			
Keep a copy for your records.					HOME MAKED				dentity Protection PIN, enter it here see inst.)		
		one no. (984)312-111	HOME MAKER (St Email address VIJAYANANTHAUG@GMAIL.COM								
		eparer's name	Preparer's signat		V TUATAMAMIA	Date	PTIN		Check if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	1 .		מווסיים ייאד.ד.אאו	01/28/2024	P0208	2703	Self-employed		
Preparer			1	אאטאט ויוהאי	OUTIA TAULIAM	01/20/2024			(678)965-9522		
<b>Use Only</b>								ne no.( n's EIN			
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								84-3171965		