<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545-	0074	IRS Use O	nly—Do not	write or stap	ole in this spa	ce.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending ,					See separate instructions.			
Your first name and middle initial Last na										Yours	Your social security number		
GANESH SIV				VAKUMAR						613	75	0953	
If joint return, spouse's first name and middle initial Last na					name							security nur	mber
ABIRAMI THAN					NIGAIMALAI						LI	ED F	
	er and street). If you have a P.O. box, see						pt. no.		- · · ·	ction Camp	baign		
521, WAT	ERFC	DRD DR										ou, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces bel	low.	Sta	te	ZIP co	ode			ointly, want d. Checking	
EDISON					NJ			088	17			ot change	
Foreign country	/ name	name			rovince/state/o	ounty		Foreig	reign postal code y		ax or refu		
											Yo	u Spo	ouse
Filing Status		Single					Head of ho	ouseho	old (HOH)				
Check only	X	X Married filing jointly (even if only one had income)											
one box.		Married filing separately (MFS)       Qualifying surviving spouse (QS)											
	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the chi											ne if the	
	qua	alifying person is a child but not you	ir depe	endent:									
Digital	At an	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	nent for proper	ty or s	services);	o <mark>r (b) sell</mark>	,		
Assets	exch	ange, or otherwise dispose of a digi	ital ass	set (or a fir	nancial intere	est ir	n a digital asset	t)? (Se	e instruct	ions.)	Ve Ye	s 🛛 🛛 No	,
Standard		eone can claim: 🗌 You as a de			•		a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien							
Age/Blindness	s You:	Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was borr	n befo	re Januar	y 2, 1959	🗌 Is	blind	
Dependents	s (see	instructions):		(2) S	Social security	r.	(3) Relationshi	p (4	Check the	box if qua	lifies for (s	ee instructio	ons):
If more	<b>(1)</b> Fi	irst name Last name			number		to you		Child tax	credit	Credit for	other depen	dents
than four													
dependents, see instructions	s ——			-								<u> </u>	
and check				-				_				<u> </u>	
here		<b>T</b>				_							0
Income	1a	Total amount from Form(s) W-2, be				• •	· · · ·	• •	· · ·	. 1		86,50	8.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not		<b>b</b> Household employee wages not reported on Form(s) W-2									b c		
	d	<b>c</b> Tip income not reported on line 1a (see instructions)								. 1			
	e										e		
	f	Employer-provided adoption bene				• •		· ·			f		
	a	Wages from Form 8919, line 6 .								. 1			
get a Form	h	Other earned income (see instructi	ions)							. 1	-		0.
W-2, see instructions.	i	Nontaxable combat pay election (s		structions)			11	ΪÎ.					
	z	Add lines 1a through 1h								. 1	z	86,50	8.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			bТ	axable interest			. 2	b		
	3a	Qualified dividends	3a			bC	ordinary dividen	nds .		. 3	b		
	4a	IRA distributions	4a			bТ	axable amount			. 4	b		
Standard Deduction for— • Single or Married filing separately,	5a	Pensions and annuities	5a			bΤ	axable amount			. 5	b		
	6a	Social security benefits		<b>b</b> Taxable amount				. 6	b				
	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									7		
jointly or	8	Additional income from Schedule						. 8	3				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	3. This is y	our total inc	come	ə	п.,		. 9	•	86,50	8.
\$27,700 • Head of	10	10 Adjustments to income from Schedule 1, line 26									0		
household,	11	11         Subtract line 10 from line 9. This is your adjusted gross income         .<								. 1	1	86,50	
<ul> <li>\$20,800</li> <li>If you checked Γ</li> </ul>	12 Standard deduction or itemized deductions (from Schedule A)										2	27,70	0.
any box under Standard	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A										3		
Deduction, see instructions.	14	Add lines 12 and 13							4	27,70			
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -	-0 This is y	our	taxable incom	е.		. 1	5	58,80	8.

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

Form 1040 (2023)

Form 1040 (2023	)		Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	<b>16</b> 6,619.		
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	<b>18</b> 6,619.		
	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	<b>22</b> 6,619.		
	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	<b>24</b> 6,619.		
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	<b>25d</b> 14,486.		
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 total payments	<b>33</b> 14,486.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	<b>34</b> 7,867.		
neruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	<b>35a</b> 7,867.		
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings			
See instructions.	d	Account number X X X X X X X X X X X X X X X 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 <b>amount you owe</b> .			
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	below. 🗙 No		
-		signee's Phone Personal identi			
	nar				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t ief, they are true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of whicl			
Here			e IRS sent you an Identity		
	10	5	ection PIN, enter it here		
Joint return? See instructions.		SOFTWARE ENGINEER (see	(see inst.)		
	Sp		If the IRS sent your spouse an		
Keep a copy for your records.			ntity Protection PIN, enter it here e inst.)		
you roooraor		HOME MAKER			
		one no. (732) 692-7281 Email address GANESH162004@GMAIL.COM	Obsel '		
Paid Preparer		Preparer's name Preparer's signature Date PTIN	Check if:		
		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2024 P0208			
Use Only			ne no. (678)965-9522		
	_		i's EIN 84-3171965		
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/12/24 PRO	Form <b>1040</b> (2023)		

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