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



1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		ırn	20 2 :	3	OMB No. 1545	-0074	IRS Use	Only—E	Oo not w	rite or stap	ple in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				, 20	s	ee sep	oarate ii	nstructions.
Your first name and middle initial Last na				name					Y	Your social security number			
BALU	ALU MUTHU PANDU								199 81 8734				
If joint return, s	s first name and middle initial	name						Spouse's social security numbe					
SEETHA	ETHA KOLASI DAYALAN							APP	LI	ED F			
Home address	(numbe	er and street). If you have a P.O. box, see	•					1	Apt. no.	P	reside	ntial Ele	ction Campaig
521 WAT	ERFO:	RD DRIVE											ou, or your
City, town, or p	post offi	ce. If you have a foreign address, also co	mplete sp	oaces belc	w.	Sta	te	ZIP c	ode	1000	•		ointly, want \$3
EDISON						NJ	J	088	17		_		nd. Checking a not change
Foreign countr	y name		E	oreign pro	ovince/state/c	count	ty	Foreig	ign postal code your tax or refund.				
										You Spouse			
Filing Status	s \square	Single					☐ Head of h	ouseh	old (HOF	1)			
Check only		Married filing jointly (even if only or	ne had ir	ncome)									
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (Q	SS)		
	lf y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	che	ecked the HOF	d or Q	SS box,	enter t	he chi	ld's nar	ne if the
	qu	ialifying person is a child but not you	ır depen	dent:							<u></u>		
Digital	Δt a	ny time during 2023, did you: (a) rec	eive (as a	a reward	award or i	navr	ment for prope	rty or	services	or (b) sell		
Assets		nange, or otherwise dispose of a dig				_						☐ Ye	s X No
Standard		neone can claim: You as a de					a dependent						
Deduction		Spouse itemizes on a separate retur				- 1							
									Interes	0	1050		Tellie at
		: Were born before January 2, 1	959 _	Are blir	nd Spo	use		11	ore Janua				blind
Dependent		(see instructions): (1) First name Last name			(2) Social security number		(3) Relationship to you	ip (4	•	ne box ax cred	1		see instructions) r other dependent
If more	(1)				Hamber to y							Orcait for	
than four dependents,								-	l	=			
see instruction	ıs							-	l	=			
and check here [ı									=			-
-	 1a	Total amount from Form(s) W-2, b	ov 1 (see	instruct	ionel				L		1a		38,476.
Income	b	Household employee wages not re									1b		<u> </u>
Attach Form(s)		Tip income not reported on line 1a (see instructions)									1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			·	nstru	ictions)				1d		
W-2G and	e	Taxable dependent care benefits f				iotro					1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f		
If you did not	a	Wages from Form 8919, line 6.				·					1g		
get a Form	h	Other earned income (see instruct	ions)								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s					1	ıÌ.					
	Z	Add lines 1a through 1h									1z		38,476.
Attach Sch. B	2a		2a			b T	axable interes	t .			2b		
if required.	3a		3a				ordinary divide				3b		
	4a		4a				axable amoun				4b		
Standard	5a	Pensions and annuities	5a			b T	axable amoun	t			5b		
Deduction for— Single or	6a	Social security benefits	6a		А	b T	axable amoun	t			6b	/	
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, c						. 🗆			
\$13,850	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here												
Married filing jointly or Qualifying surviving spouse, surviving s											8		
											9		38,476.
\$27,700	10	Adjustments to income from Schedule 1, line 26									10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your ad	ljusted g	ross incon	ne					11		38,476.
\$20,800	12	Standard deduction or itemized	deducti	ons (fron	n Schedule	A)					12		27,700.
If you checked any box under	13	Qualified business income deducti	ion from	Form 89	95 or Form	899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		27,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or less	ontor (This is w	our t	tavabla incom				15		10 776

Form 1040 (2023	3)							Page 2				
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	1,078.				
Credits	17	Amount from Schedule 2, line 3	17									
	18	Add lines 16 and 17	18	1,078.								
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			19					
	20	Amount from Schedule 3, line 8					20	617.				
	21	Add lines 19 and 20					21	617.				
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	461.				
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.				
	24	Add lines 22 and 23. This is your total tax					24	461.				
Payments	25	Federal income tax withheld from:										
	a	Form(s) W-2			25a 5	,129						
	b	Form(s) 1099			25b							
	С	Other forms (see instructions)			25c							
	d	Add lines 25a through 25c					25d	5,129.				
	26	2023 estimated tax payments and amount a	applied from 20	22 return			26					
qualifying child,	27	Earned income credit (EIC)			27							
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28							
	29	American opportunity credit from Form 886	3, 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 you	r total other pa	ayments and refu	ndable credits		32					
	33	Add lines 25d, 26, and 32. These are your to	otal payments			٠	33	5,129.				
Refund	34	If line 33 is more than line 24, subtract line 2					34	4,668.				
	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	is attached, chec	k here	. [35a	4,668.				
Direct deposit?	b	Routing number X X X X X X X	XX	c Type:	Checking :	Savings	3					
See instructions.	d	Account number X X X X X X X X										
	36	Amount of line 34 you want applied to your										
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>	37									
	38	Estimated tax penalty (see instructions) .			38							
Third Party	Do	you want to allow another person to dis	cuss this retui	n with the IRS?	See		•					
Designee	ins	tructions	e below.	⋉ No								
		signee's					dentification					
		name no. number (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		ur signature	Date	Your occupation		1		e IRS sent you an Identity				
	10	ar signature	Date	Tour occupation				IN, enter it here				
Joint return? See instructions.				IT PROFESS	IONAL	(se	ee inst.)					
	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on		he IRS sent your spouse an					
Keep a copy for your records.			HOME MAKED				Identity Protection PIN, enter it here (see inst.)					
,	HOTE PAREN											
	Phone no. (640) 250-1043 Email address BALU030691@GMAIL.COM Preparer's name Preparer's signature Date PTIN							Check if:				
Paid								Self-employed				
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/24/2024 P0208										
Use Only		n's name GLOBAL TAXES LLC		Phone no. (678) 965-9522 Firm's FIN 84-3171965								
-	- Iri	n s address (74.) KUUNET (1 P. PKI	TIME OF THE PROPERTY OF THE	1 110010		-Ir	III S HIN	74-31/1465				