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	202	3	OMB No. 1545	-0074	IRS Use	Only—[Oo not w	rite or sta	ple in this spa	ace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					S	See separate instructions.			
Your first name and middle initial Last na				name					Y	Your social security number			er	
TIRTHANKAR PARI				RIJA						052 93 0604				
If joint return, spouse's first name and middle initial Last name					name					s	Spouse's social security number			mber
TEJASVI			TATA								894	47	1830	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	P	reside	ntial Ele	ction Camp	paign
_12320 A	LAME	DA TRACE CIRCLE							105				ou, or your	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	oaces bel	low.	Sta	te	ZIP co	ode				ointly, wan d. Checkin	
AUSTIN						TX	ζ	787	27		-		not change	•
Foreign country name				Foreign province/state/county Foreign				n postal c	ode y	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)	Married filing separately (MFS)											
	lf y	ou checked the MFS box, enter the	name o	f your sp	pouse. If you	ı che	ecked the HOF	d or Q	SS box,	enter t	he chi	ld's nar	ne if the	
	qu	alifying person is a child but not you	ır depen	dent:					ΔA					
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as a	a reward	d, award, or	pavn	ment for prope	rtv or	services); or (b) sell.			
Assets		nange, or otherwise dispose of a digi						_			-	☐ Ye	s X No)
Standard		neone can claim: You as a de					a dependent					100		
Deduction		Spouse itemizes on a separate return	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Spc	use	: Was bor	rn befo	ore Janua	ary 2	1959		blind	
Dependent								14		-			see instructi	ions):
-		(1) First name Last name			(2) Social security number		(3) Relationship		Child tax cr		1		r other depen	
If more than four	-	ISHIKA PARIJA		987	-95-546	5	Daughter		[X	
dependents,							5]					
see instruction and check	ıs								[
here]								[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruc	tions) .						1a		188,18	6.
	b	Household employee wages not re	eported o	on Form	(s) W-2 .						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	struction	s)			<u> </u>			1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s	s) W-2 (see in	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29	٠					1f			
If you did not	g	Wages from Form 8919, line 6.									1g			
get a Form W-2, see	h	Other earned income (see instruction		. /-				y ×		•	1h	-		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1i</u>							
		Add lines 1a through 1h	12		· · ·					• •	1z	1	188,18	
Attach Sch. B	2a		2a				axable interes				2b)	1,19	0.
if required.	<u>3a</u>		3a				ordinary divide				3b	1	——	
Standard	4a		4a				axable amoun		• •		4b	+		
Deduction for—	5a	The state of the s	5a				axable amoun			•	5b	1		
Single or Married filing	6a		6a	I			axable amoun	τ			6b			
separately, \$13,850	C	If you elect to use the lump-sum e					•			.	-			
Married filing	7 Capital gain or (loss). Attach Schedule D if required. If not required, check her									. Ц	7	+		
jointly or Qualifying Add lines 17, 2h, 2h, 4h, 5h, 6h, 7, and 8. This is your total											9	+	189,37	16
surviving spouse, \$27,700	urviving spouse, and lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									10		109,31	Ο.	
Head of	10	Subtract line 10 from line 9. This is							• •				190 27	16
household, \$20,800	11	Standard deduction or itemized							•	•	11		189,37	
If you checked any box under	12	Qualified business income deduction		100		,	 5-Δ				13	+	27,70	· U •
Standard	14										14	+	27,70	10
Deduction, see instructions.	15	Subtract line 1/1 from line 11. If zer									15	+	161 67	

Form 1040 (2023	3)			Page 2								
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	26,184.								
Credits	17	Amount from Schedule 2, line 3	17									
	18	Add lines 16 and 17	18	26,184.								
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.								
	20	Amount from Schedule 3, line 8	20									
	21	Add lines 19 and 20	21	500.								
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	25,684.								
	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	25,684.								
Payments	25	Federal income tax withheld from:										
	а	Form(s) W-2										
	b	Form(s) 1099										
	C	Other forms (see instructions)										
	d	Add lines 25a through 25c	25d	25,900.								
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26									
qualifying child,	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	7									
	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	33	25,900.								
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	216.								
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	216.								
Direct deposit?	b	Routing number X X X X X X X X X										
See instructions.	d	Account number X X X X 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									
	38	Estimated tax penalty (see instructions)										
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See										
	ins	structions	selow.	⋈ No								
_		signee's Phone Personal identi me no. number (PIN)	fication									
Cian		name no. number (PIN) 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										
Sign	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	Yo	ur signature Date Your occupation If the	e IRS sent you an Identity									
		Prot		IN, enter it here								
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEERING	inst.)									
			he IRS sent your spouse an entity Protection PIN, enter it here									
			inst.)	ection in, enter it here								
	Ph	one no. (858)305-1141 Email address PARIJA.TIRTHANKAR@GMAIL.COM										
		eparer's name Preparer's signature Date PTIN		Check if:								
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2024 P0208	2703	Self-employed								
Preparer			Phone no. (678) 965-9522									
Use Only		A STATE SEC. NO. SECOND COMP. THE STATE SECOND COMPANY PROPERTY AND ADDRESS OF THE SECOND COMPANY OF THE SECON	Firm's FIN 84-3171965									