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



1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only—[Do not w	rite or sta	ple in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				, 20	S	See separate instructions.		
Your first name and middle initial Last na				name					Y	Your social security number			
UDAYA CHAND PRAD					ADHAN						323 97 2036		
If joint return, s	s first name and middle initial	name					s	Spouse's social security numbe					
JAYANTI PRAD					ADHAN					APP	LI	ED F	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.				F	Apt. no.	P	reside	ntial Ele	ction Campaign
12201,	DESS	AU RD							7304				ou, or your
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP c	ode				jointly, want \$3 nd. Checking a
AUSTIN				TX			787	78754				not change	
Foreign countr	y name		Foreign province/state/county			ty	Foreig	n postal c	ode y	our tax	or refu		
Filing Status	s	Single					☐ Head of h	ouseh	old (HOF	H)			
Check only		Married filing jointly (even if only of	ne had in	come)			_						
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (Q	SS)	7	
	lf y	ou checked the MFS box, enter the	name of	your sp	ouse. If you	che	ecked the HOF	or Q	SS box,	enter t	the chi	ld's nar	ne if the
	qu	alifying person is a child but not you	ır depend	dent:					ΔA				
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a	reward	award, or	pavn	ment for prope	rtv or	services); or (b) sell.		
Assets		nange, or otherwise dispose of a dig	The second second		a contract to the contract of							☐ Ye	es 🗵 No
Standard	Som	neone can claim: You as a de	pendent		Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you		-								
Ago/Blindnes	s Vou	: Were born before January 2, 1	050	Are bli	nd Sno	use	: Was bor	n hofe	ore Janus	an/ 2 ·	1050		s blind
			333 _	50 N A	•			14		-			see instructions):
-		s (see instructions): (1) First name Last name			(2) Social security number		(3) Relationsh to you	ip (Child tax		1		r other dependents
If more than four	1-7							+				111111111111111111111111111111111111111	
dependents,	_								i	=			Ti Ti
see instruction and check	s								Ī				
here \square]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruct	ions)						1a		39,538.
	b	Household employee wages not re	eported o	n Form(s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									1c		
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s)	W-2 (see in	nstru	ictions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forn	n 2441,	line 26 .						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct		. /-			* * m; *	7 -			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1i</u>						
	<u>z</u>	Add lines 1a through 1h								•	1z	-	39,538.
Attach Sch. B	2a		2a				axable interes				2b	_	
if required.	<u>3a</u> _		3a				ordinary divide				3b	_	
Standard	4a		4a				axable amoun		•	•	4b		
Deduction for—	5a	The late of the second	5a				axable amoun			100	5b		
Single or Married filing	6a		6a	nothed a			axable amoun				6b		
separately, \$13,850	C 7	If you elect to use the lump-sum e					•				7		
Married filing								. \Box	8				
Qualifying surviving spouse, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your to											9		39,538.
											10		
Head of	11	Subtract line 10 from line 9. This is									11		39,538.
household, \$20,800	12	Standard deduction or itemized							•	21	12		27,700.
If you checked any box under	13	Qualified business income deducti				,	 5-A				13		21,100.
Standard Deduction,	14										14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer									15		11 838

Form 1040 (2023	3)					Page 2					
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 49	72 3 🗌		16	1,183.					
Credits	17	Amount from Schedule 2, line 3			17						
	18	Add lines 16 and 17			18	1,183.					
	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			22	1,183.					
	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	1,183.					
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2									
	b	Form(s) 1099									
	C	Other forms (see instructions)	. 25c								
	d	Add lines 25a through 25c			25d	5,719.					
If you have a	26	2023 estimated tax payments and amount applied from 2022 return .			26						
qualifying child,	27	Earned income credit (EIC)	. 27								
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	. 28								
	29	American opportunity credit from Form 8863, 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 your total other payments and	refundable credits		32						
	33	Add lines 25d, 26, and 32. These are your total payments			33	5,719.					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the a	mount you overpaid		34	4,536.					
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached,	. \square	35a	4,536.						
Direct deposit?	b			Savings	;						
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 instructi	ons		37						
	38	Estimated tax penalty (see instructions)	. 38								
Third Party	Do	you want to allow another person to discuss this return with the	IRS? See								
Designee		structions	e below.	⋈ No							
•		signee's Phone		Personal identification							
		name 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 occupa	,	i .		ent you an Identity					
	10	ui signature Tour occupa	HOH			PIN, enter it here					
Joint return? See instructions.		SOFTWAR	RE ENGINEER	(se	e inst.)						
	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occ	cupation		ne IRS sent your spouse an						
Keep a copy for your records.		WOME W	T.E.D.	Identity Protection PIN, enter it here (see inst.)							
your records.			HOME MAKER								
		Annual Control of the	GGMAIL.COM		Chook if						
Paid			Date LAM 01/20/2024	PTIN	00700	Check if:					
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TAL		2082703 Self-employed							
Use Only	_	m's name GLOBAL TAXES LLC				(678) 965-9522					
- ,	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816		Fir	Firm's EIN 84-3171965						