1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	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				See se	See separate instructions.				
Your first name	and m	iddle initial	Last n	ame						Your so	cial sec	urity number		
PAVAN KI	AVAN KUMAR CHINTA						579	55	4503					
								Spouse'		security number				
RAVALI	-		PUT.	IPATI						APP	LI	ED F		
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaign		
525 ROUN	JDRO	CK WEST DRIVE						Z	190			ou, or your		
City, town, or post office. If you have a foreign address, also complete s					spaces below. State			ZIP c	ode			jointly, want \$3		
ROUND ROCK				r			'X 78		81			nd. Checking a not change		
Foreign country name				Foreign p	province/state/coun		iy Foreiç		n postal code	1	or refu	0		
											🗌 Yo	ou 🗌 Spouse		
Filing Status	; [Single	I				Head of he	ouseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne had	income)					. ,					
one box.		□ Married filing separately (MFS) □ Qualifying surviving spouse (QSS												
	lf y	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the										me if the		
	qu	alifying person is a child but not you	ır depe	ndent:										
Digital	At ar	ny time during 2023, did you: (a) rece	oivo (a		d award or	navr	ment for prope	rty or	services); or	(b) sell				
Digital Assets		ange, or otherwise dispose of a digi									ΠYe	es 🛛 No		
Standard		eone can claim: 🗌 You as a de		· _			a dependent	-)- (
Deduction	_	Spouse itemizes on a separate return	•		-									
Age/Blindness		: Were born before January 2, 1		Are bl		ouse		n befo	ore January 2	2. 1959		s blind		
Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (s	see instructions):		
If more		(1) First name Last name			number to you			· •	Child tax c	redit	Credit for	r other dependents		
than four														
dependents,	_													
see instructions and check	s —													
here]													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a		26,460.		
Attach Form(s)	b	b Household employee wages not reported on Form(s) W-2						. 1b						
W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)								. 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 benefits from Form 8839, line 29						. 1f						
If you did not	g	Wages from Form 8919, line 6 .								. 1 g				
get a Form W-2, see	h	Other earned income (see instructions)							. 1h		0.			
instructions.	i	Nontaxable combat pay election (see instructions)												
	Z	Add lines 1a through 1h	• •					• •		. 1z		26,460.		
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest			. 2 b				
if required.	3 a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b				
Standard	4a	IRA distributions	4a			bΤ	axable amount	t		. 4b				
Deduction for –	5a	-	5a			b⊤	axable amount	t		. 5b				
 Single or Married filing 	6a	Social security benefits 6a			b Taxable amount				. 6b					
separately,	С	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 Qualifying	8	3 Additional income from Schedule 1, line 10								. <u>8</u> . 9	_			
surviving spouse,	9	· · · · · · · · · ·										26,460.		
\$27,700 • Head of	10 Adjustments to income from Schedule 1, line 26							. 10						
household, \$20,800	I2 Standard deduction or itemized deductions (from Schedule A) .							. 11	-	26,460.				
• If you checked								. 12	-	27,700.				
any box under Standard	13	Final Association of the second se								. 13				
Deduction, see instructions.	14								. <u>14</u> . 15		<u>27,700.</u> 0.			
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-U This is y	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	0.	
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17	18	0.						
	19	Child tax credit or credit for other dependents from Schedule 8812								
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	0.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21							0.	
	24	Add lines 22 and 23. This is your total tax							0.	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				25a 3	3,351.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	25d	3,351.						
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC)								
attach Sch. EIC.	28	Additional child tax credit from		28		1				
	29	American opportunity credit from Form 8863, line 8						1		
	30	Reserved for future use								
	31	Amount from Schedule 3, lir	ne 15			31		1		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T						33	3,351.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,351.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							3,351.	
Direct deposit?	b	Routing number 1 1 1								
See instructions.	d	Account number 4 8 8								
	36	Amount of line 34 you want a								
Amount	37	Subtract line 33 from line 24								
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	Do you want to allow another person to discuss this return with the IRS? See								
Designee	ins	instructions						elow.	× No	
		Designee's Phone Personal ide name no. number (PIN						ication		
0:			nat I have examined		accompanying sche			na hast	of my knowledge and	
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	Yo	ur signature	Date	Your occupation	11		the IRS sent you an Identity			
		i our orginaturo			F				IN, enter it here	
Joint return?				SOFTWARE ENGINEER (Se			inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I					the IRS sent your spouse an			
your records.							-	ection PIN, enter it here		
	Dh	HOME MAREK X					`			
		one no. (806)853-404 eparer's name	U Preparer's signat		PAVANCHINT		PTIN	·	Check if:	
Paid								202	Self-employed	
Preparer		XAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/25/2024 002082 Firm's name GLOBAL TAXES LLC Phone								
Use Only		Firm's name GLOBAL TAXES LLC Phon Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							678)965-9522	
				TIGMICK IN				5 EIIN	84-3171965 Form 1040 (2023)	
GO IO WWW.Irs.go	JV/FOM	n1040 for instructions and the late	sumormation.		BAA	REV 01/12/24 PRO			Form 1040 (2023)	

REV 01/12/24 PRO