E1040 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 | | urn | 202 | 3 | OMB No. 1545-0 | 074 | IRS Use Only | ∕—Do not v | write or staple i | n this space. |
|--|----------------|--|--|---------------------|-----------------|-------|-------------------|--------|-------------------------|----------------------------|--|---------------|
| For the year Jai | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, ending , 20 | | | | | , 20 | See separate instructions. | | |
| Your first name | e and m | iddle initial | Last na | ame | | | | | | Your so | ocial security | y number |
| HARSHA ' | VARD: | HAN | PODI | SHETT | ΓI | | | | | 777 | 24 13 | 144 |
| | | s first name and middle initial | Last na | | | | | | | | 's social sec | |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ions. | | | | Α | pt. no. | Preside | ential Election | n Campaigr |
| 668 GAI | L AV | ENUE | | | | | | 4 | | Check | here if you, | or your |
| | | ice. If you have a foreign address, also co | mplete s | spaces be | elow. | Sta | te 2 | ZIP co | ode | | if filing join | |
| SUNNYVA | LE | | | | | CF | A | 940 | 86 | | o this fund. (low will not | • |
| Foreign countr | | | | Foreign p | rovince/state/o | | | | n postal code | | x or refund. | Silarigo |
| | | | | | | | | | | | You | Spouse |
| Filing Status | s 🗵 | Single | | | | | Head of hou | useho | old (HOH) | • | | |
| Check only | | Married filing jointly (even if only o | ne had | income) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying s | urviv | ing spouse | (QSS) | | |
| | lf y | you checked the MFS box, enter the | name o | of your s | pouse. If you | che | ecked the HOH | or QS | SS box, ente | er the ch | ild's name | if the |
| | qu | ıalifying person is a child but not you | ır depei | ndent: | | | | | | | | |
| Digital | Δt au | ny time during 2023, did you: (a) rec | oivo (ac | a rewar | d award or i | navr | ment for propert | vor | services): or | (h) call | | |
| Digital Assets | | nange, or otherwise dispose of a dig | | | | | • | - | , | . , | Yes | ⊠ No |
| Standard | | neone can claim: You as a de | | | | | a dependent | . (0.0 | | , | | |
| Deduction | | Spouse itemizes on a separate retur | • | | • | | • | | | | | |
| | | | | | | | | | | | | |
| | | : Were born before January 2, 1 | 959 [| Are b | lind Spo | use | : U Was born | | re January 2 | | ∐ Is bli | |
| Dependent | | ee instructions): | | (2) Social security | | | (3) Relationship | | (4) Check the box if qu | | 1 | |
| If more | (1) 1 | First name Last name | | number | | | to you | | Child tax c | reall | Credit for oth | er dependents |
| than four dependents, | | | | | | | | | | | L | |
| see instruction | ıs | | | | | | | | | | L | |
| and check | ₁ — | | | | | | | | | | L | ┪ |
| here L | 4 | Total amount from Farm(a) M. O. b. | ov 1 /os | l inates | ationa) | | | | | 1. | <u> </u> | <u> </u> |
| Income | 1a | Total amount from Form(s) W-2, b | ` | | , | | | | | | | 2,185. |
| Attach Form(s) | | Household employee wages not re | | | . , | | | | | | | |
| W-2 here. Also attach Forms | C C | Tip income not reported on line 1a | ine 1a (see instructions) ot reported on Form(s) W-2 (see instructions) | | | | | | | . 10 | | |
| W-2G and | d | Taxable dependent care benefits for | | | | ISUU | ictions) | | | . 16 | | |
| 1099-R if tax was withheld. | e f | • | | | - | • | | | | . 11 | | |
| If you did not | ' | Employer-provided adoption benefits from Form 8839, line 29 | | | | | | . 10 | | | | |
| get a Form | g h | , , | | | | • | | | | · '\ | | 0. |
| W-2, see instructions. | i | Other earned income (see instruct Nontaxable combat pay election (s | , | | \ | • | | | | . 11 | | |
| iristructions. | z | Add lines 1a through 1h | 300 11131 | i detions) | , | • | | | | . 12 | , 7 | 2,185. |
| Attach Sch. B | <u></u> 2a | | 2a | | · · i · | Ь Т | axable interest | | | . 12 | | |
| if required. | 3a | · – | 3a | | | | ordinary dividend | ds | | | | |
| | 4a | | 4a | | | | axable amount | | | | | |
| Standard | 5a | _ | 5a | | | | axable amount | | | . 5k | | |
| • Single or | 6a | _ | 6a | | | | axable amount | | | . 6k | | |
| Married filing separately, | C | , | to use the lump-sum election method, check here (see instructions) | | | | | | [| | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Sche | | | ` | ` | , | | [| 7 | | |
| Married filing jointly or | 8 | | I income from Schedule 1, line 10 | | | | | | . 8 | _ | 3,332. | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | . 9 | | 8,853. | |
| \$27,700 | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | . 10 | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | | . 11 | 1 5 | 8,853. |
| \$20,800 | 12 | Standard deduction or itemized | - | | | | | | | . 12 | | 3,850. |
| If you checked any box under | 13 | Qualified business income deduct | | ` | | , | 5-A | | | . 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | . 14 | 1 1 | 3,850. |
| see instructions. | 15 | Subtract line 1/1 from line 11. If zer | ro or los | o ontor | O This is w | our t | tavabla inaama | | | 15 | | 5 003 |

| Form 1040 (202) | 3) | | | | | | | | Page Z | |
|------------------------------------|-----------|--|------------------------|--------------------------|------------------------|------------------------|-------------------------|---|-----------------------|--|
| Tax and | 16 | Tax (see instructions). Check if | any from Form | (s): 1 881 | 4 2 🗌 4972 | з 🗌 | | 16 | 5,213. | |
| Credits | 17 | Amount from Schedule 2, line | 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 5,213. | |
| | 19 | Child tax credit or credit for of | ther dependent | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, line | 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. I | If zero or less, | enter -0 | | | | 22 | 5,213. | |
| | 23 | Other taxes, including self-em | ployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is yo | our total tax | | | | | 24 | 5,213. | |
| Payments | 25 | Federal income tax withheld for | rom: | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 10 | 871. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 10,871. | |
| If you have a | 26 | 2023 estimated tax payments | and amount a | pplied from 20 | 22 return | | | 26 | | |
| qualifying child, | 27 | Earned income credit (EIC) . | | | No . | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit fr | rom Form 8863 | 8, 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. The | ese are your to | tal payments | | | | 33 | 10,871. | |
| Refund | 34 | If line 33 is more than line 24, | subtract line 24 | 4 from line 33. | This is the amour | nt you overpaid | | 34 | 5,658. | |
| | 35a | Amount of line 34 you want re | efunded to you | ı. If Form 8888 | is attached, chec | k here | 🗆 | 35a | 5,658. | |
| Direct deposit? | b | Routing number 1 1 1 | | | c Type: | Checking | Savings | | | |
| See instructions. | d | Account number 9 2 5 | 5 7 6 7 | 7 6 | | | | | | |
| | 36 | Amount of line 34 you want ar | oplied to your | 2024 estimate | ed tax | 36 | | | | |
| 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 ins | structions) . | | | 38 | | | | |
| Third Party | | you want to allow another p | | | | | | | | |
| Designee | | structions | | | | | • | | ⊠ No | |
| | | signee's me | | Phone no. | | | onal ident ber (PIN) | lification | | |
| Sign | Un | der penalties of perjury, I declare tha | t I have examined | d this return and | accompanying sche | dules and statemer | ts, and to | the best | of my knowledge and | |
| Here | be | lief, they are true, correct, and compl | lete. Declaration of | of preparer (other | r than taxpayer) is ba | sed on all informati | on of whic | h prepar | er has any knowledge. | |
| Here | Yo | Your signature | | Date Your occupation | | | | If the IRS sent you an Identity | | |
| | | | | | | tection P e inst.) | IN, enter it here | | | |
| Joint return? See instructions. | | Spouse's signature. If a joint return, both must sign. | | Data | SOFTWARE I | | | | et vour apoure ap | |
| Keep a copy for your records. | | | | Date Spouse's occupation | | | | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | |
| | | one no. (408) 900-9434 | | Email address | HARSHAVARDHA1 | I 6070CMATI C | ` | | | |
| | | (100/300 3101 | Preparer's signat | l | HALLOHAV AVDUAL | Date | PTIN | | Check if: | |
| Paid | | 1 PRIYA RAM SAGAR GUPTA TALLAM S | | | CΙΙΡΤΆ ΤΆΤ.Τ.ΔΜ | 01/17/2024 | P0208 | 2703 | Self-employed | |
| Preparer | | m's name GLOBAL TAX | | IVIII DUGUL | OOLIN TAHLAM | 01/1//2024 | | Phone no. (678) 965-9522 | | |
| Use Only | | m's address 245 ROONEY | | NSWICK N. | т 08816 | | | Firm's EIN 84-3171965 | | |
| <u> </u> | <u>'-</u> | 4040 f | . t | TANATOI IN | 3 00010 | | | II S LIIN | - 1010 | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

HARSHA VARDHAN PODISHETTI

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

| | Sequence No. 01 |
|----------|------------------------|
| Your soc | ial security number |
| 777-24 | -1144 |

| Par | t I Additional Income | | | |
|---------|--|------------------|----|-------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ach Schedule E . | 5 | -13,332. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| ı | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | _ | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| _ | 1040, line 1a or 1d | 8s (| 4 | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u - | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | 0_ | | |
| 0 | Total other income. Add lines to through to | 8z | | |
| 9 10 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | nere and on Form | 10 | -13 , 332. |
| | 10-10, 10-10 OII, OI 10-10 III III III O | | IU | 1 10,004. |

Page **2** Schedule 1 (Form 1040) 2023

| Par | t II Adjustments to Income | | | |
|------------|---|------|---------|-----------------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | , , , , , | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | , | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | | 24c | | |
| d | | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | - | |
| g | • | 24g | - | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 046 | | |
| | · , | 24h | - | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | 24i | | |
| | Housing deduction from Form 2555 | 24j | | |
| J k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 27) | - | |
| ĸ | | 24k | | |
| z | Other adjustments. List type and amount: | Z-TK | | |
| _ | onor adjustments. List type and amount. | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| <u> 26</u> | Add lines 11 through 23 and 25. These are your adjustments to income | | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | BAA | | | le 1 (Form 1040) 2023 |
| | —————————————————————————————————————— | | | |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

Your social security number

| HARS | SHA VARDHAN PODISHETTI | | | | | | 777- | 24-1144 | Į. |
|----------|--|---|--------------|------------------|---------|-----------------|------------|---------------|----------------|
| Par | Income or Loss From Rental Real Estate a | nd Ro | yalties | | | | | | |
| | Note: If you are in the business of renting personal prop | erty, use | Schedul | e C . See | instruc | tions. If you a | are an inc | dividual, rep | ort farm |
| _ | rental income or loss from Form 4835 on page 2, line 40 | | F (-) | 10000 0 | | | | | - V N - |
| | Did you make any payments in 2023 that would require yo | | | | | | | | |
| | If "Yes," did you or will you file required Form(s) 1099? | | | | | <u> </u> | | . L Y | 25 NO |
| 1a | Physical address of each property (street, city, state, 2 | ZIP code | e) | | | | | | |
| A | GAYATRI NAGAR, BORABANDA HYDERABAD TE | ELANGA | ANA IN | 50001 | 18 | | | | |
| В | | | | | | | | | |
| C | | | | | | | | | |
| 1b | | above, report the number of fair rental | | | | r Rental | | nal Use | QJV |
| | | | | | | Days | D | ays | |
| <u>A</u> | g personal use days. Check the 0 if you meet the requirements to | | | Α | | 365 | | 0 | |
| B | qualified joint venture. See inst | | | В | | | | | |
| <u>C</u> | | | | С | | | | | |
| | of Property: | | | | _ | | | | |
| | Single Family Residence 3 Vacation/Short-Term Re | ental | 5 Land | | - | Self-Rental | ., . | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roy | alties | 8 | Other (desc | ribe) | | |
| | | | | | | Propert | ies: | | |
| Incon | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 5 | 20. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 2,3 | 62. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 2,5 | 40. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | 2 7 | 00 | | | | |
| 14 | Repairs | 14 15 | | 3,7 | | | | | |
| 15 16 | Supplies | 16 | | 2,0 | 30. | | | | |
| 17 | Taxes | 17 | | 3,1 | 10 | | | | |
| 18 | Depreciation expense or depletion | 18 | | J, 1 | 10. | | | | |
| 19 | · | _ | | | | | | | |
| 20 | Other (list) Total expenses. Add lines 5 through 19 | 20 | | 13,8 | 52 | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). I | | | 10/0 | - | | | | |
| | result is a (loss), see instructions to find out if you mus | | | | | | | | |
| | file Form 6198 | 21 | | -13, 3 | 32. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any | | | · · | | | | 1 | |
| | on Form 8582 (see instructions) | 22 | (| 13,33 | 2.)(| | |)(|) |
| 23a | Total of all amounts reported on line 3 for all rental prop | perties | | | 23a | | 520. | | |
| b | Total of all amounts reported on line 4 for all royalty pro | | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all propertie | | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all propertie | s | | | 23d | | | | |
| е | Total of all amounts reported on line 20 for all propertie | | | | 23e | 13 | 8,852. | | |
| 24 | Income. Add positive amounts shown on line 21. Do n | | - | | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real esta | | | | | | | (| 13,332. |
| 26 | Total rental real estate and royalty income or (loss) | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do r | | | | | | I | | 10 222 |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this | amount | in the to | itai on lii | ne 41 | on page 2 | . 26 | 1 | -13,332. |