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



1040		artment of the Treasury-Internal Revenue Servi		ırn 🥳	20 2 ;	3	OMB No. 1545-	0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai		, 2023, ending , 20						See separate instructions.					
Your first name	Last nar	name							Your social security number				
PRAVEEN	KUM	AR REDDY	CHIG	ICHERL	A						887	63	2005
		s first name and middle initial	Last nar									•	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.		Preside	ntial Ele	ection Campaign
3815 MEI	MORI.	AL PKWY							207				ou, or your
		ice. If you have a foreign address, also co	omplete sp	paces below	<i>1</i> .	State	е	ZIP co					jointly, want \$3
CHARLOT'	ΤE			NC 28				282	00017				nd. Checking a not change
Foreign countr	y name		F	oreign provi	ince/state/c	ounty	′	Foreig	n postal c	ode	your tax		ınd.
Filing Status Check only one box.	□ □ If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	e name o	f your spo			Head of ho	surviv or QS	ing spoi	use (0 enter	the chi	ld's na	me if the
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										□ Y	es 🗵 No
Standard Deduction	_	neone can claim:	•		•		dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spor	use:	Was borr						s blind
Dependent		(see instructions):		1 ''		(3) Relationshi							
If more	(1) F	First name Last name		number to you		to you		Child t	ax cre	edit	Credit to	or other dependents	
than four dependents,										<u> </u>			
see instruction	ıs												
and check here [ı —												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructio	ns)					<u></u>	1a		69,246.
	b	Household employee wages not re	eported (on Form(s)	W-2						1b		
Attach Form(s) W-2 here. Also	С									10			
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 f									1e		
was withheld.	f	Employer-provided adoption bene									1f		
If you did not	g	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	•	uctions) .			1i	1					
	z	Add lines 1a through 1h									1z		69,246.
Attach Sch. B			2a			b Ta	xable interest				2b		
if required.	3a	· –	3a				dinary dividen						
	4a	_	4a				xable amount						
Standard Deduction for—	5a	_	5a				xable amount						
Single or	6a	_	6a				xable amount				6b		
Married filing separately,	С	If you elect to use the lump-sum e		nethod, ch						. [
\$13,850	7	Capital gain or (loss). Attach Sche		•	`		,			. [7		
 Married filing jointly or 	8 Additional income from Schedule 1, line 10									8		-9,390.	
Qualifying surviving spouse,	9		es 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9		59,856.		
\$27,700	10	Adjustments to income from Sche									10		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11		59,856.		
\$20,800	12	Standard deduction or itemized	•	-							12		13,850.
If you checked any box under	13	Qualified business income deduct									13		- ,
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer						_			15		16 006

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 \square 881	4 2 🗌 4972	з 🗌		16	5,433.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	5,433.
	19	Child tax credit or credit for ot	her 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. In	f zero or less, e	enter -0				22	5,433.
	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	5,433.
Payments	25	Federal income tax withheld fr	om:						
-	а	Form(s) W-2				25a 10	,919.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	10,919.
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 fro	om 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. T	hese are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				33	10,919.
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	5,486.
	35a	Amount of line 34 you want re	funded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	5,486.
Direct deposit?	b	Routing number 1 2 1 0				Checking	Savings		
See instructions.	d	Account number 3 2 5 1	1 8 2 4	9 8 7 9	9 4				
	36	Amount of line 34 you want ap	plied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. T							
You Owe		For details on how to pay, go to	to www.irs.gov	//Payments or	see instructions.			37	
	38	Estimated tax penalty (see inst	tructions) .			38			
Third Party		you want to allow another p							
Designee		structions					•		⊠ No
		signee's me		Phone no.			onal ident ber (PIN)	itication	
Sign	Un	der penalties of perjury, I declare that	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 comple	ete. 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				nt you an Identity	
					1	tection P inst.)	IN, enter it here		
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign.		Data	SOFTWARE E				
Keep a copy for your records.				Date	Spouse's occupan	Ider	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
		one no. (916) 695-7651		Email address	PRAVEENK43	550CMATT CO		,	
		(310)030 7001	Preparer's signat		CENNIGOAUT	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM S			СПРТА ТАТ.Т.АМ	03/05/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TAXE			JUL 111 1111111111	100,00,2024	<u> </u>		(678) 965-9522
Use Only		m's address 245 ROONEY		NSWICK N.	т 08816			n's EIN	84-3171965
<u> </u>		1010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 00010		1		- 4040

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 PRAVEEN KUMAR REDDY CHIGICHERLA

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
887-63	-2005

	t Additional Income			
	Taxable refunds, credits, or offsets of state and local income taxes		1	
	Alimony received		 2a	
b	Date of original divorce or separation agreement (see instructions):			
	Business income or (loss). Attach Schedule C		3	
	Other gains or (losses). Attach Form 4797		4	
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-9 , 390
	Farm income or (loss). Attach Schedule F		6	
1	Unemployment compensation		 7	
}	Other income:			
а	Net operating loss	8a (<u>)</u>	
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		
a a	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 ()	
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:			
_		8z		
)	Total other income. Add lines 8a through 8z		9	

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	-basis	government		
	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		_	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
	discrimination claims (see instructions)	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		23/24 PRO		le 1 (Form 1040) 2023
	BAA	1\L'V UZ/	LUIZA FINO		

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.

Your social security number

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

OMB No. 1545-0074

PRAV	VEEN KUMAR REDDY CHIGICHERLA					887-6	3-2005					
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you a	are an ind	ividual, rep	ort farm			
Α	Did you make any payments in 2023 that would require you	to file F	orm(s) 1	099? S	See ins	structions .		. \(\text{Ye}	s 🗵 No	_		
1a	Physical address of each property (street, city, state, ZIF											
Α	1/5, KURUGUNTA ANANTAPUR ANDHRA PRADES	SH IN	51575	1						_		
В										-		
С										_		
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental a	al and Days				Perso D:	QJV				
Α	personal use days. Check the Q			Α		365		0				
В	if you meet the requirements to f qualified joint venture. See instru			В								
С	quained joint venture. See institu	otions.		С								
1	Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)											
				•		Propert	ies:			_		
Incon				A	24.	В			С	_		
3	Rents received	3 4			24.					_		
4 ====================================	Royalties received	4								_		
Expe		5										
5	Advertising	6								_		
6 7	Auto and travel (see instructions)	7		1,4	E 2					_		
8	Cleaning and maintenance	8		1,4	52.					_		
9		9								-		
10	Insurance	10								_		
11	Management fees	11		1,3	F 2					_		
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,3	52.					_		
13	Other interest	13								_		
14	Repairs	14		2,6	5.0					_		
15	Supplies	15			10.					-		
16	Taxes	16		2,0	10.					-		
17	Utilities	17		2,4	5.0					-		
18	Depreciation expense or depletion	18		2,1	.					-		
19	Other (list)	19								-		
20	Total expenses. Add lines 5 through 19	20		9,9	1 4					-		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									-		
	result is a (loss), see instructions to find out if you must file Form 6198	21		-9, 3	90.							
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,39	0.)	()()		
23a	Total of all amounts reported on line 3 for all rental prope				23a		524.					
b	Total of all amounts reported on line 4 for all royalty prop				23b							
С	Total of all amounts reported on line 12 for all properties				23c							
d	Total of all amounts reported on line 18 for all properties				23d							
е	Total of all amounts reported on line 20 for all properties				23e	9	9,914.					
24	Income. Add positive amounts shown on line 21. Do not		•				. 24			_		
25	Losses. Add royalty losses from line 21 and rental real estate							(9,390.)		
26	Total rental real estate and royalty income or (loss).											
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at						on 26		-9.390			