1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do not w	vrite or stap	ble in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate in	nstructions.
Your first name	and m	iddle initial	Last n	ame						Your so	cial secu	urity number
VIJAYA N	/ENK/	ATA SRI R	KAM	IREDDY	7					804	94	7986
		s first name and middle initial	Last n									security number
HARANI			мат	HUKU						194	81	4875
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign
1211 LUI	PINE	RD										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode	· · ·		pintly, want \$3
PROSPER					TX			750	78			d. Checking a ot change
Foreign country		Foreigi		province/state/county			Foreign postal code			k or refun	0	
							-				🗌 Υοι	_
Filing Status] Single					Head of he	ouseho	old (HOH)			
-		Married filing jointly (even if only o	ne had	l income)					- (-)			
Check only one box.] Married filing separately (MFS)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				surviv	ina spous	e (QSS)		
one box.	lf v	Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the										
		alifying person is a child but not you			, ,				, .			
Digital		ny time during 2023, did you: (a) rec						-				
Assets		hange, or otherwise dispose of a dig						t)? (Se	e instruct	ions.)	Yes	s 🛛 No
Standard	_	neone can claim: 🗌 You as a de	•				a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a	dual-status	alien	1					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	re Januar	y 2, 1959	🗌 Is	blind
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4	Check the	box if qual	ifies for (s	ee instructions):
If more		(1) First name Last name			number to you				Child tax	credit	Credit for	other dependents
than four												
dependents,												
see instructions and check	s ——]		
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	1 2	252,000.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	•	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)								. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 1d	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 1g	I	
get a Form W-2, see	h	Other earned income (see instruct	ions)							. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			1i					
	z	Add lines 1a through 1h .	• •							. 1z	: 2	252,000.
Attach Sch. B if required.	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		
	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b		
Single or	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	method,	nethod, check here (see instructions)								
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
 Married filing jointly or 	8	Additional income from Schedule 1, line 10							. 8		-47,594.	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is y	our total ind	com	e			. 9		204,406.
\$27,700	¹⁰ Add lines 12, 20, 30, 40, ⁰⁰ 10 Adjustments to income f			-						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is	act line 10 from line 9. This is your adjusted gross income									
\$20,800	⁸⁰⁰ 12 Standard deduction or itemized deductions (from Schedule A)							27,700.				
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13	;	
Standard Deduction,	14	Add lines 12 and 13								. 14	+	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	ourt	taxable incom	ie .				176 , 706.

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	3 29,490.		
Credits	17	Amount from Schedule 2, lin	ie 3					17	7		
	18	Add lines 16 and 17 .							3 29,490.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	9		
	20	Amount from Schedule 3, lin	e8					20)		
	21	Add lines 19 and 20						2	1		
	22	Subtract line 21 from line 18						22	2 29,490.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	3 18.		
	24	Add lines 22 and 23. This is	your total tax					24			
Payments	25	Federal income tax withheld									
i uyinonto	а	Form(s) W-2				25a	25,	397.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions				25c		0.			
	d	Add lines 25a through 25c	,			L		25	d 25,397.		
f	26	2023 estimated tax payment						20			
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27, 28, 29, and 31				-	credits	32	2		
	33	Add lines 25d, 26, and 32. T	,	•	•						
Refund	34							34			
neiuliu	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Amount of line 34 you want refunded to you . If Form 8888 is attached, check here 35a									
Direct deposit?	b			a							
See instructions.	d	Routing number X X X X X X X X C Type: Checking Savings Account number X									
	36	Amount of line 34 you want a				36					
Amount						50					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	37	4,111.							
	38	Estimated tax penalty (see in				38					
			,								
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See instructions									
									identification		
	nar			no.			number				
Sign		der penalties of perjury, I declare th									
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w							barer has any knowledge.		
	Yo	Your signature		Date Your occupation					If the IRS sent you an Identity		
									Protection PIN, enter it here (see inst.)		
Joint return? See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.			SOFTWARE ENGINEER				. ,	If the IRS sent your spouse an		
	Sp	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation				Identity Protection PIN, enter it here		
your records.					SOFTWARE	(see inst.)					
	Ph	Phone no. (469) 768-4132			BHASKAR.KAMI						
Paid Preparer	Pre	parer's name	Preparer's signat	ure		TIN Check if:					
	LA	JANYA	LAVANYA)3171188 Self-employed						
	LAVANYA LAVANYA 01/27/2024 PO Firm's name GLOBAL TAXES LLC								Phone no. (646) 727-7157		
Use Only		n's address 2.4.5 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm's FIN	J 30−1017196		