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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	s	ee separa	ate instructions.	
Your first name and middle initial Last				ame				Y	Your social security number		
ANANTHA RAMA RAO PO				JRI					661   39   0825		
				ame				s	Spouse's social security number		
TULASI				LA					APP LI ED F		
	(numbe	er and street). If you have a P.O. box, see	-				Apt. no.	Р		I Election Campaig	
961 SHII	NING	WIRE WAY						c	heck here	e if you, or your	
City, town, or post office. If you have a foreign address, also co				omplete spaces below. State			ZIP code			ling jointly, want \$3	
MORRISV	ILLE		NC 2			27560			s fund. Checking a will not change		
Foreign country name				Foreign province/state/o	county		Foreign postal c		our tax or	•	
										You Spous	
Filing Status	s [	Single			□ Не	ad of h	ousehold (HOF	H)			
Check only	_	Married filing jointly (even if only o	ne had	income)							
one box.		Married filing separately (MFS)			☐ Qı	alifying	surviving spou	use (Q	SS)		
	If y	you checked the MFS box, enter the	name	of your spouse. If you	ı checked t	he HOF	or QSS box,	enter t	he child's	name if the	
	qu	ualifying person is a child but not you	ur depei	ndent:							
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward award or	navment fo	r prope	rty or services	): or (b	) sell		
Assets		nange, or otherwise dispose of a dig	•		. ,		•	, .	, · <u> </u>	]Yes ⊠ No	
Standard		neone can claim:  You as a de		<u>_</u>			, (				
Deduction	_	Spouse itemizes on a separate retur		•							
	-	: Were born before January 2, 1	959	Are blind Spo	ouse: 🔲 \	/Vas bor	rn before Janua			_ Is blind	
Dependent	•	*		(2) Social security	1 ' '	elationsh	P	ne box ax cred	1	for (see instructions) dit for other dependent	
If more	(1) F	First name Last name		number		to you	Crilla t	ax cred	IL Crec	In lor other dependent	
than four dependents,											
see instruction	s —							<del>                                     </del>			
and check	1 —						<u> </u>				
here L	4.0	Total amount from Farm(a) W. O. b.	ov 1 (oc	a inaterrational			l		<del>     </del>	48,600.	
Income	1a b	Total amount from Form(s) W-2, b	•	•					1a 1b	40,000.	
Attach Form(s)	C	Household employee wages not reported on Form(s) W-2						1c			
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)  Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d		
W-2G and	e	Taxable dependent care benefits t		. ,	isti detions,	,			1e		
1099-R if tax 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							1h	0.	
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)									
motraotiono.	z	Add lines 1a through 1h							1z	48,600.	
Attach Sch. B	 2a	·	2a		<b>b</b> Taxable	interest	t		2b		
if required.	3a	' -	3a		<b>b</b> Ordinary				3b		
	4a	· —	4a		<b>b</b> Taxable				4b		
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> Taxable	amoun	t		5b		
Single or	6a	Social security benefits	6a		<b>b</b> Taxable				6b		
Married filing separately,	С	· -	p-sum election method, check here (see instructions)					. $\square$			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D i	if required. If not requ	iired, check	k here			7		
Married filing jointly or	8	Additional income from Schedule 1, line 10							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9	48,600.	
\$27,700	10	Adjustments to income from Schedule 1, line 26							10		
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>						11	48,600.		
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12	27,700.	
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		
Standard Deduction,	14	Add lines 12 and 13						14	27,700.		
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or loc	se enter -0- This is v	our tavable	. incom	10		15	20 900	

Form 1040 (202)	3)								Page Z
Tax and Credits	16	Tax (see instructions). Check	f any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	2,093.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	2,093.
	19	Child tax credit or credit for o	other dependen	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.	If zero or less,	enter -0				22	2,093.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	2,093.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	5,532		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	)			25c			
	d	Add lines 25a through 25c .						25d	5,532.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	)22 return			26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	e 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. Th	nese are your <b>to</b>	tal payments				33	5,532.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpai</b> c	١	34	3,439.
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	3 is attached, ched	ck here	[	35a	3,439.
Direct deposit?	b	Routing number 0 7 2	0 0 0 3	2 6	<b>c</b> Type: 🛛	Checking [	Saving	s	
See instructions.	d	Account number 5 3 3 7 6 5 8 1 7							
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37	
	38	Estimated tax penalty (see in	structions) .			38			
<b>Third Party</b>		you want to allow another	•			_			
Designee		structions					•	e below.	⊠ No
		signee's me		Phone no.			rsonal ide mber (PIN	ntification )	
Sign	Un	der penalties of perjury, I declare th	at I have examined	d this return and	accompanying sche	dules and stateme	ents, and t	o the best	of my knowledge and
Here	be	lief, they are true, correct, and comp	olete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informa	tion of wh	ich prepar	er has any knowledge.
Here	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity	
					SOFTWARE ENGINEER		1	otection P ee inst.)	PIN, enter it here
Joint return? See instructions.		On a second and a second secon		Dete					mt
Keep a copy for		Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupati	e's occupation		the IRS sent your spouse an dentity Protection PIN, enter it here	
your records.				HOME MAKER			(se	ee inst.)	•
	Ph	one no. (919)454-8657	7	Email address	ANANTHPOLUR	I86@GMAIL.	COM		
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2024	P020	82703	Self-employed
Preparer	Fir	m's name GLOBAL TAX	ES LLC			•	Pł	none no.	(678)965-9522
Use Only	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						m's EIN	84-3171965
<u> </u>		10106 : 1 1: 111 11							- 1010