1040		rtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only-	-Do not w	rite or staple	in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending				, 20 See separate instructions.				
Your first name and middle initial Last na				name	 ame					Your social security number			
HARSHA SANDEEP CHAI				T.T.A					124	93 6	552		
If joint return, spouse's first name and middle initial Last na												curity number	
										555	55 5	8.5.4	
Home address	(numbe	r and street). If you have a P.O. box, see	instruc	tions.	ons. Ap				pt. no.		• •	on Campaign	
27 WINTE	RHA	JEN DR									nere if you,		
		ce. If you have a foreign address, also co	mplete	spaces be	paces below. State					spouse if filing jointly, want \$3 to go to this fund. Checking a			
NEWARK					DE			197	02	0	o this fund. ow will not		
			Foreign p	rovince/state/c	count	ounty		~ ~ ~		or refund.	J. J.		
											Vou	Spouse	
Filing Status		Single					Head of ho	ouseh	old (HOH)				
-		Married filing jointly (even if only or	ne hac	income)									
Check only one box.	X	 ☑ Married filing separately (MFS) ☑ Qualifying surviving spouse (QSS) 											
one box.		If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the										if the	
		ualifying person is a child but not your dependent: SWETHA GURRAM											
	~												
Digital		y time during 2023, did you: (a) rec											
Assets		ange, or otherwise dispose of a digi						t)? (Se	e instruction	s.)	Yes	X No	
Standard		eone can claim: You as a de					a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	alien							
Age/Blindness	You:	Were born before January 2, 1	959	Are b	lind Spo	use	: 🗌 Was bor	n befo	ore January 2	, 1959	🗌 Is bl	ind	
Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4) Check the bo			,	
If more	(1) First name Last name				number to you				Child tax cro	edit	Credit for ot	her dependents	
than four									<u> </u>				
dependents, see instructions	. –												
and check													
here 🗌									,				
Income	1a	Total amount from Form(s) W-2, be				•	· · · ·	• •		1 a		31,901.	
Attach Form(s)	b										1		
W-2 here. Also	С									10			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)	• •		1d			
1099-R if tax	е	Taxable dependent care benefits f				•		<u>.</u>	· · · ·	1e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29		· · · ·	· ·	· · · ·	1f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .		· · ·	\cdot \cdot \cdot \cdot	•	· · • · ·	···		1g			
W-2, see	h	Other earned income (see instruction					\cdot \cdot \times	$\frac{1}{2}$		1h		0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	(1 i			_			
	<u>z</u>	Add lines 1a through 1h	· i		••••			•		1z		31,901.	
Attach Sch. B	2 a		2a				axable interest			2b			
if required.	3a		3a				ordinary divider			3b			
Standard	4a		4a				axable amount		$\cdot \cdot \cdot \cdot$	4b			
Deduction for –	5a	the second se	5a			b T	axable amount	· ·	· · · ·	5b	10 12		
 Single or Married filing 	6a	Social security benefits		b Taxable amount					6b				
separately,	C				method, check here (see instructions) $\ . \ . \ . \ . \ .$								
\$13,850 • Married filing	7									7			
jointly or Qualifying	8				0					8		15,527.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	ome	e			9		16,374.	
\$27,700 • Head of	⁷⁰⁰ 10 Adjustments to income from Schedule 1, line 26						· · * .	• •		10	_		
household,	11 Subtract line 10 from line 9. This is your adjusted gross income							· · · ·	11		16,374.		
\$20,800 • If you checked г	d 12 Standard deduction or itemized deductions (from Schedule A)								12		13,850.		
any box under Standard								13					
Deduction,	14	Add lines 12 and 13								14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is yo	our I	taxable incom	е.		15	10)2,524.	

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	16	18,006.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	18,006.	
	19	Child tax credit or credit for other dependents from Schedule 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	18,006.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	101.	
	24	Add lines 22 and 23. This is your total tax	24	18,107.	
Payments	25	Federal income tax withheld from:			
-	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	21,498.	
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26		
qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15	1		
	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. These are your total payments	33	21,498.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,391.	
Horana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,391.	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings			
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the amount 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 instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee		structions	below.	X No	
-		signee's Phone Personal identi	ification		
	nar			-formular and	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t lief, they are true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of whicl			
Here				, ,	
	TO		If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?			(see inst.)		
See instructions.	Sp		the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
Keep a copy for your records.					
your records.			inst.)		
		one no. (517) 580-2202 Email address HARSHANO420@GMAIL.COM		Ohaali it	
Paid		eparer's name Preparer's signature Date PTIN	0.000	Check if:	
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/23/2024 P0208		Self-employed	
Use Only					
			i's EIN	84-3171965	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 01/12/24 PRO		Form 1040 (2023)	

r-orm1040 for instructions and the latest in

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