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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		rn 20	23	OMB No. 1545-0	0074	IRS Use	Only—D	o not w	rite or stap	ole in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023	3, ending			, 20	S	ee sep	arate ir	nstructions.
Your first name and middle initial Last na				i name					Y	Your social security number		
SILAMBARASAN JEEV				EVANANDAM					8	880   75   2168		
	s first name and middle initial	Last nam							Spouse's social security number			
ARULMOZI	HI		GUNAS	SEELAN					1	APP	LI	ED F
		er and street). If you have a P.O. box, see	•				Α	pt. no.	Pı	reside	ntial Ele	ction Campaign
16789 C	HAND:	LER RD					1	231D				ou, or your
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	te	ZIP co	ode				ointly, want \$3 d. Checking a
EAST LA	NS IN	G			MI		488	23		_		ot change
Foreign countr	y name		Fo	oreign province/s	state/count	ty	Foreig	n postal co	ode yo	our tax	or refur	
											Yo	u Spouse
Filing Status		Single					useh	old (HOH	1)			
Check only	×	Married filing jointly (even if only or	ne had in	come)								
one box.	L	Married filing separately (MFS)				Qualifying s						
		you checked the MFS box, enter the			If you che	ecked the HOH	or QS	SS box, e	enter th	ne chi	ld's nar	ne if the
	qu	alifying person is a child but not you	ır aepend	dent:				<i></i>				
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a	reward, award	d, or payr	ment for proper	ty or s	services)	; or (b)	sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital asset	(or a financial	interest ir	n a digital asset	)? (Se	e instruc	ctions.)	)	☐ Ye	s 🗵 No
Standard		eone can claim:				a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-sta	atus alien							
Age/Blindnes	s You:	: Were born before January 2, 1	959	Are blind	Spouse	: Was born	befo	re Janua	ry 2, 1	959	☐ Is	blind
Dependent	s (see	instructions):		(2) Social se	curity	(3) Relationship	0 (4)	) Check th	ne box i	f qualit	ies for (s	see instructions):
If more		irst name Last name		number		to you		Child ta	ax credi	it	Credit for	other dependents
than four												
dependents, see instruction	<u> </u>											
and check	s 											
here												
Income	1a	Total amount from Form(s) W-2, b								1a		89 <b>,</b> 266.
Attach Form(s)	b	Household employee wages not re					•			1b		
W-2 here. Also	С	Tip income not reported on line 1a								1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				ıctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f					11 - 1			1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, lin	e 29 .					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .					•		•	1g		
W-2, see	h	Other earned income (see instruct					i ×		•	1h		0.
instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		<u>1i</u>						90 266
	<u>z</u>	Add lines 1a through 1h			i					1z	1 10	89,266.
Attach Sch. B if required.	2a		2a		-	axable interest	da.			2b		
	<u>3a</u>		3a			ordinary dividen			• •	3b		
Standard	4a		4a		_	axable amount axable amount		• •	•	4b 5b		
Deduction for—	5a 6a		5a 6a		-	axable amount				6b		
Single or Married filing	C	If you elect to use the lump-sum e		ethod check h						OD		
separately, \$13,850	7								. 📙	7		
Married filing	8		Capital gain or (loss). Attach Schedule D if required. If not required, check here							8		-9,686.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9		79,580.
surviving spouse, \$27,700	10	Adjustments to income from Sche								10		,
Head of household,	11	Subtract line 10 from line 9. This is								11		79,580.
\$20,800	12	Standard deduction or itemized								12		27,700.
If you checked any box under	13	Qualified business income deducti				5-A .				13		2,7,00.
Standard Deduction,	14									14		27,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer						-	-	15	+	51 880

Form 1040 (2023	3)			Page <b>2</b>							
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	5,785.							
Credits	17	Amount from Schedule 2, line 3	17								
	18	Add lines 16 and 17	18	5,785.							
	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	5,785.							
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.							
	24	Add lines 22 and 23. This is your total tax	24	5,785.							
Payments	25	Federal income tax withheld from:		<u>-</u>							
	а	Form(s) W-2									
	b	Form(s) 1099									
	C	Other forms (see instructions)									
	d	Add lines 25a through 25c	25d	11,899.							
If you have a qualifying child,	26	2023 estimated tax payments and amount applied from 2022 return	26								
	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									
	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	11,899.							
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6,114.							
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	6,114.							
Direct deposit?	b	Routing number 0 7 2 0 0 0 3 2 6 c Type:  Checking Savings	;								
See instructions.	d	Account number 8 5 7 8 9 8 7 5 0									
	36	Amount of line 34 you want applied to your 2024 estimated tax									
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37								
	38	Estimated tax penalty (see instructions)									
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See									
	ins	structions	below.	<b>⋈</b> No							
		esignee's Phone Personal iden me no. number (PIN)									
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and										
Here	be	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ch prepare	er has any knowledge.							
TICIC	Yo			e IRS sent you an Identity							
		7-12	otection Pl e inst.)	IN, enter it here							
Joint return? See instructions. Keep a copy for your records.	- Sn	SHATOK ASSOCIATE TROOLETS	he IRS sent your spouse an								
				tity Protection PIN, enter it here							
		HOME MAKER (se	(see inst.)								
	Ph	ione no. (517) 388-4102 Email address SWSIMBU23@GMAIL.COM									
Doid	Pre	eparer's name Preparer's signature Date PTIN		Check if:							
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/23/2024 P0208	82703	Self-employed							
Preparer	Fir	m's name GLOBAL TAXES LLC Pho	Phone no. (678) 965-9522								
Use Only	Fin	A SEC SEC SECURITY AND A SECURITY AN	Firm's FIN 84-3171965								