<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use On	ly—Do not v	/rite or sta	ple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number
SAAIKISH	ORE		RAT	HINASA	MY						08	-
		s first name and middle initial	Last r									security number
SOUNTHAR			RAV	INDRAN	т						94	-
		er and street). If you have a P.O. box, see			N			A	pt. no.		• •	ction Campaigr
630 park	T.ANI	R A A										ou, or your
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode	spouse	if filing j	ointly, want \$3
ROCHESTE	'R					МІ	г	483	07			nd. Checking a not change
Foreign country				Foreign p	rovince/state/				n postal code		k or refu	
											Yo	_
Filing Status		Single					Head of ho	ouseho	old (HOH)			
-		Married filing jointly (even if only o	ne had	l income)					( - )			
Check only one box.		] Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	e (QSS)		
0.10 20/11	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you						ild's nar	ne if the
	-	alifying person is a child but not you		-								
<b>D</b> ''	A+ 01	ny time during 2002, did your (a) rea					mant fax nxana					
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-			∏Ye	s 🛛 No
		neone can claim:  You as a de		·			a dependent	i): (00		5113.)		3 110
Standard Deduction	_	Spouse itemizes on a separate return	•				•					
				_				n hofe	re January	0 1050		blind
		: Were born before January 2, 1	909	Are bl	•	ouse		14	,			see instructions):
Dependents		instructions):		(2) 5	Social security number	/	(3) Relationshi to you	ip (T	Child tax		· ·	r other dependents
If more	(1)									oroun	ereal ier	
than four dependents,												
see instructions	s ——											
and check here				_								
-	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a		103,601.
Income	b	Household employee wages not re	•		,							
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		. ,							
attach Forms	d	Medicaid waiver payments not rep	•							. 10		
W-2G and	e	Taxable dependent care benefits f			, ,					. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f		
lf you did not	a	Wages from Form 8919, line 6 .			-					. 10		
get a Form	h	Other earned income (see instructi								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i					
	z	Add lines 1a through 1h								. 1z	:	103,601.
Attach Sch. B	2a		2a			bТ	axable interest			. 2t	,	
if required.	3a	· ·	3a			b C	Drdinary divider	nds .		. 3b	,	
	4a	IRA distributions	4a				axable amount			. 46	,	
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amount	t		. 5b	,	
Single or	6a	Social security benefits	6a			bΤ	axable amount	t		. 6b	,	
Married filing separately,	с	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)					
\$13,850	7	Capital gain or (loss). Attach Sche								7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								. 8		-18,285.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		85,316.
\$27,700	10	Adjustments to income from Sche								. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		85,316.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12	2	27,700.
If you checked any box under	13	Qualified business income deducti					95-A			. 13	;	
Standard Deduction,	14									. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	<u>o or le</u>	ss, enter	<u>-0 This is</u> y	our	taxable incom	<b>e</b> .		. 15	5	57,616.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	6,475.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17						18	6,475.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,475.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	6,475.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 8	,668.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	8,668.
If you have a	26	2023 estimated tax payment	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 fror	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, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[	33	8,668.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,193.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 🗌	35a	2,193.
Direct deposit?	b	Routing number 0 3 1							
See instructions.	d	Account number 3 6 2	3 9 0 5	7 3 6 2	2				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 <b>Yes.</b> Co	omplete be	low.	× No
	De na	signee's		Phone no.			onal identific oer (PIN)	ation	
0		der penalties of perjury, I declare th	at I have examined				. ,	bost	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation	If the IF	RS ser	nt you an Identity	
	10	al oignataro		Duto					IN, enter it here
Joint return?					PRODUCT DI	ESIGNER	(see in:	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.						2	Identity (see ins		ection PIN, enter it here
-			7		HOME MAKE		,	,	
		one no. (669) 238-797 eparer's name	/ Preparer's signat	Email address	SAAIKISHU	RE@GMAIL.CC Date	PTIN		Check if:
Paid								702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		ram Sagar	GUPIA TALLAM	01/26/2024	P020827		
Use Only		m's name GLOBAL TAX			T 0001C				678) 965-9522
			Y CT E BRU	NSWICK N			Firm's	EIN	84-3171965
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **01** 

Your social security number

091-08-9994

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAAIKISHORE	RATHINASAMY	&	SOUNTHARYA	RAVINDRAN

Par	t Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a		2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-18,285.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss	)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555	)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I	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)	_	
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)	_	
р	Section 461(I) excess business loss adjustment	_	
q	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	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	-	
u	Wages earned while incarcerated	-	
Z	Other income. List type and amount:		
0	Total other income. Add lines %a through %7		
9 10	Total other income. Add lines 8a through 8z	9	
10	1040, 1040-SR, or 1040-NR, line 8	10	-18,285.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	lle 1 (Form 1040) 2023

Part	Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee					
	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					
C	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:					
 a		24a				
-	Deductible expenses related to income reported on line 8I from the					
		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			-	
e	Repayment of supplemental unemployment benefits under the Trade				-	
•	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			-	
q	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	9			-	
••	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	24i				
i	Housing deduction from Form 2555	24j				
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,				
	1041)	24k				
z	Other adjustments. List type and amount:					
-		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>			and on		
	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA		01/21/24 PF			le 1 (Form 1040) 202

SCHEDULE E		Supplemental Income and Loss									OMB No. 1545-0074		
(Form	(Fron	n re	ntal real estate, royalties, partners	ships, S	6 corporat	ions, es	states,	trusts, REMICs	s, etc.)	20	23		
Department of the Treasury         Attach to Form 1040, 1040-SR, 10           Internal Revenue Service         Go to www.irs.gov/ScheduleE for instruction								formation.		Attachm Sequend	ent ce No. <b>13</b>		
Name(s)	shown on return								Y	our soci	al security i		
SAAI	KISHORE RA	THINA	ASA	MY & SOUNTHARYA RAVIN	DRAN				(	091-0	8-9994		
Part	I Income	or Lo	oss	From Rental Real Estate an	nd Ro	yalties			l.				
	Note: If yo	ou are ir	n the	e business of renting personal prope from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedule	e <b>C</b> . See	e instru	ctions. If you are	e an indiv	vidual, repo	ort farm	
				ts in 2023 that would require you									
				u file required Form(s) 1099? .				• •			. <u> </u>		
1a	Physical addr	ress of	fead	ch property (street, city, state, ZI	P code	e)							
Α	343/3 PER	IYARN	NAG	AR PALLADAM,TIRUPPUR '	TAMII	L NADU	IN 6	4166	4				
В													
С													
1b	Type of Prope			For each rental real estate prope				Fa	ir Rental		al Use	QJV	
	(from list below	N)		above, report the number of fair					Days	Da	ys	QUI	
<b>A</b>	3			personal use days. Check the Q if you meet the requirements to			Α		365		0		
В				qualified joint venture. See instru			В						
С							С						
	of Property:												
1 :	Single Family R	esiden	nce	3 Vacation/Short-Term Rer	ntal	5 Lanc	k		Self-Rental				
2	Multi-Family Re	sidenc	се	4 Commercial		6 Roya	alties	8	Other (describ	be)			
									Properties	s:			
Incom	e:						Α		В			С	
3		ł			3			01.				-	
4					4								
Expen													
5					5								
6	0			ructions)	6								
7				Ce	7		2.6	69.					
8					8		270						
9					9								
10				onal fees	10								
11	•				11		2 0	41.					
12				o banks, etc. (see instructions)	12		213	· · · ·					
13					13								
14					14		3 8	54.					
15	<b>a</b>				15			51.					
16					16		572						
17					17		3.2	41.					
18				depletion	18			30.					
19	Other (list)	•			19								
20				es 5 through 19	20		18,9	86					
21	•			e 3 (rents) and/or 4 (royalties). If			1075	00.					
21				tructions to find out if you must									
					21		-18,2	85.					
22				state loss after limitation, if any,			- /						
22					22	(	18,28	35 )	(	)	(	)	
23a				orted on line 3 for all rental prope		N	10/20	23a		701.	(	/	
b			-	orted on line 4 for all royalty prop			•	23b					
c				orted on line 12 for all properties				23c					
d	Total of all amounts reported on line 12 for all properties23cTotal of all amounts reported on line 18 for all properties23.030.												
e			-	orted on line 20 for all properties				23e		986.			
24				nounts shown on line 21. Do no					10,	24			
2 <del>4</del> 25				es from line 21 and rental real estat					tal losses here	25	( -	L8,285.)	
26				and royalty income or (loss).							\		
20				IV, and line 40 on page 2 do no									
				line 5. Otherwise, include this a						26	-	-18,285.	
For Pa				tice, see the separate instructions		NI			-18,285.			orm 1040) 2023	
				,						001			

Form **88889** Department of the Treasury Internal Revenue Service

8

9

10

11

12

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information.

2023 Attachment Sequence No. 52 mber of HSA beneficiary.

7

8

11

12

. . . .

2,000.

7,750.

2,000.

5,750.

Name(		Social security no If both spouses h			
SAA	IKISHORE RATHINASAMY	091-08			istructions.
Befo	pre you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requ	iired.	
Par	t I HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separa				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d See instructions	-	🗌 Se	elf-only	🗴 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those munextended due date of your tax return that were for 2023. <b>Do not</b> include employer constributions through a cafeteria plan, or rollovers. See instructions	ontributions,	2		0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 family coverage). <b>All others</b> , see the instructions for the amount to enter	(\$7,750 for	3		7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	g 2023, also	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5		7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to e		6		7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had fami	ily coverage			

under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.

. .

.

Subtract line 11 from line 8. If zero or less, enter -0- . . . . . . . . . .

. . . .

Employer contributions made to your HSAs for 2023

Qualified HSA funding distributions . . . .

Add lines 9 and 10 . . . . . . . .

13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	rate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			oforo

. . . .

. . . . .

. . .

10	Look as with wells	
	complete a separate Part III for each spouse.	
	completing this part. If you are filing jointly and both you and your spouse each have separate HS	SAs,
art	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before	ore

Ear Da	promuserk Paduation Act Nation, and your tax return instructions		Fam. 9990 (0000)
	1040), Part II, line 17d	21	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
19	Qualified HSA funding distribution	19	
18		18	

For Paperwork Reduction Act Notice, see your tax return instructions.

. . .

9

10

. . . . .

. . .

. .

.

.

. . .

.