E1040 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 Jan. 1–Dec. 31, 2023, or other tax year beginning | | | , 2023, ending | | | | , 20 See separate instru | | | parate instruc | tions. | | |
|---|-----------------------|---|--|---|-------|--------------------------|--------------------------|---|----------------|----------------|--|---|--|
| Your first name and middle initial La | | | | ame | | | | | , | Your so | cial security n | umber | |
| SRINIVAS REDDY K | | | | KANCHERLA | | | | | 579 45 6952 | | | | |
| If joint return, spouse's first name and middle initial Last | | | | | | | | | : | | 's social securi | | |
| AMBITHA KAN | | | | CHERLA | | | | | | 954 | 87 146 | 4 | |
| | | | | | | | | Presidential Election Campaign | | | | | |
| 17030 N | H ST | | | | ‡ | | | Check here if you, or your | | | | | |
| | | ce. If you have a foreign address, also co | mplete | e spaces below. State | | | | ZIP code s | | | spouse if filing jointly, want \$3 | | |
| SCOTTSDALE | | | | AZ | | | 852 | | | | to go to this fund. Checking a box below will not change | | |
| Foreign country name | | | | Foreign province/state/county | | | | | | | k or refund. | alige | |
| | | | | | | | | ☐ You ☐ Spouse | | | | | |
| Filing Status | | Single | | | | Head of ho | ouseh | old (HOH | 1) | | | | |
| Check only | \times | ✓ Married filing jointly (even if only one had income) | | | | | | | | | | | |
| one box. | | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (C | | | | | | | | | P. | | |
| | If y | If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the | | | | | | | | the chi | ild's name if t | he | |
| | qua | qualifying person is a child but not your dependent: | | | | | | | | | | | |
| Digital | Δt an | y time during 2023, did you: (a) rece | eive (as | s a reward award or | navr | ment for prope | rty or | services |). or (l | a) sell | | | |
| Assets | | ange, or otherwise dispose of a digi | COLUMN TO SERVICE STATE OF THE PARTY OF THE | CONTRACTOR OF THE PARTY OF THE | | | | | ,, | , | Yes | √ No | |
| Standard | _ | eone can claim: You as a dep | | | | | | | | | | | |
| Deduction | | | | | | | | | | | | | |
| A wa /Dlindnasa | _ | | | | - | | n hof | are lenu | 0010 | 1050 | | | |
| | | Were born before January 2, 19 | 959 | | ouse | | 1 | 1 | | | ☐ Is blind | | |
| Dependents | s (see instructions): | | | (2) Social security number | | (3) Relationsh to you | ip (4 | • | | | files for (see instance) Credit for other of | , | |
| If more | <u>'</u> | (1) First name Last name | | | | | | Child tax cre | | | Oredit for other (| | |
| than four dependents, | GEET | GEETANAND REDDY KANCHERLA | | 172-86-4811 Son | | Son | | X | | | | | |
| see instructions | | | | | | | | l | | | | | |
| and check | | | | | | | | l | _ | | | | |
| here \square | 40 | Total amount from Form(a) W 2 ha | nv 1 (o | og instructions) | | | | l | | 10 | 62 | ,126. | |
| Income | 1a b | Total amount from Form(s) W-2, bo | | | | | | | | 1a 1b | | ,120. | |
| Attach Form(s) | | | | | | | | | | 1c | - | | |
| W-2 here. Also attach Forms | d | | | | | | | | | 1d | _ | | |
| W-2G and | e | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | 1e | _ | | | |
| 1099-R if tax was withheld. | f | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1f | _ | | | |
| If you did not | g | | | | | | | | | 1g | | | |
| get a Form | h | Other earned income (see instructi | | | | | | | | 1h | _ | 0. | |
| W-2, see | i | Nontaxable combat pay election (s | | | | 1 1i | i. | | | | _ | | |
| instructions. | z | Add lines 1a through 1h | 1113 | tructions) | | | | | | 1z | 62 | ,126. | |
| AII 1 0 1 D | 2a | | 2a | | h T | axable interest | | | | 2b | | , 120. | |
| Attach Sch. B if required. | 3a | | Ba | | | ordinary divider | | | | 3b | | | |
| | 4a | | la | | | axable amount | | | | 4b | _ | | |
| Standard | 5a | | 5a | | | axable amount | | | | 5b | _ | | |
| Deduction for— Single or | 6a | | Sa Sa | | | axable amount | | | | 6b | | | |
| Married filing | C | | 1965 - 1977 - 1965 - 19 | | | | | | | | | | |
| c If you elect to use the lump-sum election method, check here (see inst \$13,850 | | | | | | | | | | 7 | 7 | | |
| Married filing jointly or | | 15.1 | | | | | 8 | -6 | ,943. | | | | |
| Qualifying | 8 | Additional income from Schedule 1, line 10 | | | | | | | | 9 | | ,183. | |
| surviving spouse, \$27,700 | 10 | | | | | | | | | | | <u>, _ </u> | |
| Head of household, | 11 | | | | | | | | | 10 | | ,183. | |
| \$20,800 | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | | | ,700. | |
| If you checked any box under | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | | | , , , , , , | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | 14 | | ,700. | |
| see instructions. | 15 | Subtract line 14 from line 11. If zero | o or les | ss. enter -0 This is w | our f | taxable incom | ie . | | | 15 | _ | <u>, 483</u> . | |

| Form 1040 (2023 | 3) | | | | | | | Page 2 | | |
|--------------------------------------|-----|--|---------------------|---------------------|-----------------------|------------|--|------------------------|--|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s | s): 1 🗌 8814 | 4 2 🗌 4972 | 3 🗌 | | 16 | 2,857. | | |
| Credits | 17 | Amount from Schedule 2, line 3 | | 17 | | | | | | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 2,857. | | |
| | 19 | Child tax credit or credit for other dependents | s from Schedu | ule 8812 | | | 19 | 2,000. | | |
| | 20 | Amount from Schedule 3, line 8 | | | | | 20 | 92. | | |
| | 21 | Add lines 19 and 20 | | | | | 21 | 2,092. | | |
| | 22 | Subtract line 21 from line 18. If zero or less, e | nter -0 | | | | 22 | 765. | | |
| | 23 | Other taxes, including self-employment tax, fi | rom Schedule | 2, line 21 | | | 23 | 0. | | |
| | 24 | Add lines 22 and 23. This is your total tax | | | | | 24 | 765. | | |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | |
| | а | Form(s) W-2 | | | 25a 2 | ,459. | | | | |
| | b | Form(s) 1099 | | | 25b | | | | | |
| | C | Other forms (see instructions) | | | 25c | | | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 2,459. | | |
| If you have a | 26 | 2023 estimated tax payments and amount ap | plied from 20 | 22 return | | | 26 | | | |
| qualifying child, | 27 | Earned income credit (EIC) | | | 27 | | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | | | 28 | | | | | |
| | 29 | American opportunity credit from Form 8863, | line 8 | | 29 | | | | | |
| | 30 | Reserved for future use | | | 30 | | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your to | total other pa | yments and refu | ndable credits | | 32 | | | |
| | 33 | Add lines 25d, 26, and 32. These are your tot | al payments | | | · • | 33 | 2,459. | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 | from line 33. | This is the amoun | t you overpaid | | 34 | 1,694. | | |
| | 35a | Amount of line 34 you want refunded to you. | 35a | 1,694. | | | | | | |
| Direct deposit? | b | Routing number X X X X X X X X | XX | c Type: | Checking S | Savings | | | | |
| See instructions. | d | Account number X X X X X X X X | | | | | | | | |
| | 36 | Amount of line 34 you want applied to your 2 | 024 estimate | d tax | 36 | | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount | unt you owe. | | | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | | | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | | | |
| Third Party | Do | you want to allow another person to discu | uss this retur | n with the IRS? | See | | | | | |
| Designee | ins | tructions | pelow. | ⋉ No | | | | | | |
| _ | | signee's | | | | nal identi | fication | | | |
| 0: | | name no. number (PIN) 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 | | | | | | | | |
| Sign | | ief, they are true, correct, and complete. Declaration of | | | | | | | | |
| Here | Yo | ur signature | Date | Your occupation | | If the | IRS se | nt you an Identity | | |
| | 10 | ar signature | Buto | roal occupation | | | | IN, enter it here | | |
| Joint return? | | | | SOFTWARE E | NGINEER | (see | inst.) | | | |
| See instructions. Keep a copy for | | Spouse's signature. If a joint return, both must sign. | | Spouse's occupation | on | | IRS sent your spouse an | | | |
| your records. | | | HOME MAKED | | | | Identity Protection PIN, enter it here (see inst.) | | | |
| • | | /204) (57, 2624 | HOPE PAREN | | | | | | | |
| | | Phone no. (304) 657-2634 Email address SRKANCHERLA@GMAIL.CO | | | | | | Check if: | | |
| Paid | | | | מווחת החדד איי | 200 | PTIN | 2702 | Self-employed | | |
| Preparer | | SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/06/2024 P020 | | | | | | | | |
| Use Only | _ | A SEC AND REPORT OF THE RESIDENCE OF THE | | | | | | one no. (678) 965-9522 | | |
| - , | Fir | m's address 245 ROONEY CT E BRUI | Firm | 's EIN | 84-3171965 | | | | | |