## 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		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only—[	Do not w	rite or sta	ple in this sp	pace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					S	See separate instructions.			
Your first name and middle initial Last na				name						Y	Your social security number			
SRINIVAS REDDY KANC					NCHERLA						579   45   6952			
If joint return, spouse's first name and middle initial Last na											Spouse's social security number			
					NCHERLA						954   87   1464			
	(numbe	er and street). If you have a P.O. box, see						F	Apt. no.				ection Cam	npaign
17030 N	4 9 T	H ST						#	2158	C	Check h	nere if y	ou, or you	ır
	_	ice. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP c					jointly, wa	
SCOTTSDA	ALE					AZ	3	852	54		•		nd. Checki not change	9
				Foreign province/state/county Fo			Foreig	gn postal c	1		or refu		C	
												☐ Yo	u 🗌 S	pouse
Filing Status	s $\Box$	Single					☐ Head of he	ouseh	old (HOH	<del>1</del> )		$\overline{\mathcal{J}}$		
Check only		Married filing jointly (even if only o	ne had in	come)					•					
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (Q	SS)	·		
00 20	If y	you checked the MFS box, enter the	name of	f your sp	ouse. If you	ı che						ld's na	me if the	
	qu	ialifying person is a child but not you	ır depend	dent:										
			-1		annead en					\ (l-	V = = II			
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig						_			-		es 🛛 N	J۵
Standard		neone can claim: You as a de					a dependent	7. (0.	Se motro	Otiono	-,		, <u>o</u>	
Deduction		Spouse itemizes on a separate retur												
Age/Rlindnes	_	: Were born before January 2, 1		Are bli		use		n hefo	ore Janus	an/ 2	1959	Пі	s blind	
Dependent				55 8 5	•		(3) Relationsh	14		-			see instruc	tions):
-		(1) First name Last name			(2) Social security number			ib ,	Child tax credit   Credit for of					,
If more than four	-	GEETANAND REDDY KANCHERLA			number to 172-86-4811 Son				X				$\overline{\Box}$	
dependents,	GLL.	TANING REDET TO THE CITETION		112	00 101	_	5011			_			一一	
see instruction	s									_			一一	
and check here [	1									=			青	
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruct	ions)		V				1a		62,1	26.
Income	b	Household employee wages not re									1b			
Attach Form(s)	C	Tip income not reported on line 1a									1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
W-2G and	e	Taxable dependent care benefits f									1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f			
If you did not	a	Wages from Form 8919, line 6.				·					1g	-		
get a Form	h	Other earned income (see instruct	ions)								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s					1	ì						
mondonono.	z	Add lines 1a through 1h									1z		62,1	26.
Attach Sch. B	2a	1	2a			b Ta	axable interest	t .			2b		-	
if required.	3a		3a				ordinary divide				3b	_		
	4a		4a				axable amoun				4b			
Standard	5a		5a				axable amoun		•		5b			
Deduction for— Single or	6a		6a				axable amoun			. 1	6b	1		
Married filing	C			nethod o						. 🗀	0.0			
separately, \$13,850	separately,										7			
Married filing  Additional insurance from Calendale B 11 required: 11 returned: 11 required: 11							151				8			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>									9		62,1	2.6
surviving spouse, \$27,700	10										10		~~, I	
Head of	11	Adjustments to income from Schedule 1, line 26									11		62,1	26
household, \$20,800	12	Standard deduction or itemized									12		27,7	
If you checked any box under	13	Qualified business income deducti				,	 5-Δ			. 1	13		<u> </u>	<u> </u>
Standard	14										14		27,7	0.0
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15			26

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	3,691.							
Credits	17	Amount from Schedule 2, line 3	. 17								
	18	Add lines 16 and 17	. 18	3,691.							
	19	Child tax credit or credit for other dependents from Schedule 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, enter -0	. 22	1,599.							
	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	1,599.							
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2	59.								
	b	Form(s) 1099									
	С	Other forms (see instructions)									
	d	Add lines 25a through 25c	. 25d	2,459.							
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	. 26								
	27	Earned income credit (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 <b>total payments</b>	. 33	2,459.							
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	860.							
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	□ 35a	860.							
Direct deposit?	b		rings								
See instructions.	d	Account number   X   X   X   X   X   X   X   X   X									
	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 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		<u> </u>							
Designee	ins	structions	Complete below. X No								
			identification	ı.							
		name 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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here		our signature Date Your occupation	1	ent you an Identity							
	10	di signature		PIN, enter it here							
Joint return? See instructions.		SOFTWARE ENGINEER	(see inst.)								
		oouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		the IRS sent your spouse an							
Keep a copy for your records.		HOME MAKED	Identity Protection PIN, enter it here (see inst.)								
, 20		HOME MAKER	(000 11101.)								
		none no. (304) 657-2634 Email address SRKANCHERLA@GMAIL.COM eparer's name Preparer's signature Date PT	ΓIN	Check if:							
Paid											
Preparer	0.000000		2082703								
Use Only		m's name GLOBAL TAXES LLC	Phone no. (678) 965-9522								
•	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	Firm's FIN 84-3171965								