<b>E1040</b>	D Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Re			turn	202	3	OMB No. 1545-	-0074	IRS Use On	ly—Do not v	/rite or sta	ple in this sp	oace.
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 r									Your social security number				
TEJESWAR VAS				SUPALLI					588	70	3426		
				name							security n	umbei	
DIVYA VAS				UPALLI					APP	LI	ED F		
	er and street). If you have a P.O. box, see					pt. no.		· · ·	ction Cam	paign			
1254 CHA	ANNII	NG PARK CIR										ou, or you	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode			ointly, war	
CARY						NC	2	275	19			nd. Checkin not change	0
Foreign country name			Foreign province/state/co			ounty F		Foreign postal code		k or refu	•	5	
											🗌 Yo	u 🗌 Sp	pouse
Filing Status	; [	Single					Head of ho	ouseho	old (HOH)				
•		Married filing jointly (even if only or	ne hac	l income)					. ,				
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	e (QSS)			
	lf y	ou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the											
		alifying person is a child but not you											
Divital	At or	ny time during 2023, did you: (a) rece											
Digital Assets		nange, or otherwise dispose of a digi	•				• •		,.	( )	ΠYe	s 🛛 N	0
Standard		neone can claim:  You as a de					a dependent	-)- (		,			
Deduction	_	Spouse itemizes on a separate return	•				•						
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are bl	lind <b>Spc</b>	ouse	: 🗌 Was bor	n befc	re January	2, 1959	🗌 Is	blind	
Dependents	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	ip <b>(4</b>	Check the				-
If more	<b>(1)</b> F	(1) First name Last name			number to you			Child tax credit			Credit fo	r other depe	ndents
than four									<u> </u>				
dependents, see instructions	s ——												
and check													
here 🗌													
Income	1a	Total amount from Form(s) W-2, bo	•		,						-	50,90	30.
Attach Form(s)	b	Household employee wages not re											
W-2 here. Also	С									-			
attach Forms W-2G and	d		on Form(s) W-2 (see instructions)				• •		. 10				
1099-R if tax	е	Taxable dependent care benefits fi					• •		. <u>1</u> e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						. <u>1</u> f	-				
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1</u> g			
W-2, see	h	Other earned income (see instructions)							. <u>1</u> h	1		0.	
instructions.	i	Nontaxable combat pay election (see instructions)								_			0.0
		Add lines 1a through 1h	· ·		· · · ·	· ·	· · · · ·	• •		. 1z	-	50,90	50.
Attach Sch. B if required.	2a	· · –	2a				axable interest			. <u>2</u> t	-		
	<u>3a</u>		3a				Ordinary divider				-		
Standard	4a -		4a -				axable amount			. 4b	-		
Deduction for –	5a		5a 6a				axable amount			. 5b	-		
<ul> <li>Single or Married filing</li> </ul>	6a		<b>b</b> Taxable amount					. 6b	)				
separately, \$13,850	separately, <b>c</b> If you elect to use the lump-sum election met												
<ul> <li>Married filing</li> </ul>	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here												
jointly or Qualifying	<b>8</b> Additional income from Schedule 1, line 10								· · ·	. 8		50 01	00
surviving spouse, \$27,700		9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							. 9		50,90	50.	
<ul> <li>Head of</li> </ul>		10       Adjustments to income from Schedule 1, line 26								. 10		E0 01	
household, [ \$20,800	11								. 11	-	50,90		
• If you checked		12       Standard deduction or itemized deductions (from Schedule A)								. 12	-	27,70	JU.
any box under Standard	13       Qualified business income deduction from Form 8995 or Form 8995-A							. 13		00 01			
Deduction, see instructions.       14       Add lines 12 and 13							. 14		27,70				
	15	Subtract line 14 from line 11. If Zer	U UT IE	ss, enter	-u This is y	our	laxable incom	е.		. 15		23,20	<u></u>

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	2,347.		
Credits	17	Amount from Schedule 2, line 3						17			
	18	Add lines 16 and 17							2,347.		
	19	Child tax credit or credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, lin	ie8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18. If zero or less, enter -0						22	2,347.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21						23	0.		
	24	Add lines 22 and 23. This is your <b>total tax</b>						24	2,347.		
Payments	25	Federal income tax withheld	from:								
-	а	I Form(s) W-2									
	b	Form(s) 1099									
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							5,470.		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return									
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)	27								
attach Sch. ElC.	28	Additional child tax credit from			28						
	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 pa	ayments and refu	undable credits		32			
	33	Add lines 25d, 26, and 32. These are your total payments						33	5,470.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	3,123.		
	35a								3,123.		
Direct deposit?	b	Routing number 0 2 1	Savings								
See instructions.	d	Account number 3 8 1									
	36	Amount of line 34 you want applied to your 2024 estimated tax 36									
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions					[;	37			
	38	Estimated tax penalty (see instructions)									
<b>Third Party</b>		you want to allow another	•								
Designee		instructions					•		× No		
	De nai	signee's me		Phone no.			onal identifica oer (PIN)	lion			
Sign		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	oest o	f mv knowledge and		
-	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Here	Yo	ur signature	Date	Your occupation		If the IR	the IRS sent you an Identity				
		-						Protection PIN, enter it here			
Joint return?		<b>A</b>			SOFTWARE I		,	see inst.)			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	Date Spouse's occupation				f the IRS sent your spouse an dentity Protection PIN, enter it here				
your records.				HOME MAKEN	2	(see inst					
	Ph	Phone no. (732)351-9070 Email address TEJESWAR.VASUPALLI@GMAIL.COM					M				
		eparer's name	Preparer's signat		1010/mil. (ADC	Date	PTIN		Check if:		
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRTYA	RAM SAGAR	GUPTA TALLAM	02/01/2024	P020827	03	Self-employed		
Preparer									e no. (678)965-9522		
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's									
Go to www.irs.ad		n1040 for instructions and the late			BAA	REV 01/21/24 PRO			Form <b>1040</b> (2023)		
					PAA				()		