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



1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		$ \mathbf{rn} 20$	23	OMB No. 1545-0	0074	IRS Use 0	Only—Do	o not wi	rite or stap	ole in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				Se	See separate instructions.			
Your first name and middle initial Last na VAMSHIDHAR REDDY MACH									- 1	Your social security number 205 41 9557		
If joint return, s	pouse's	s first name and middle initial	Last nan	ne					Sp	ouse's	s social s	security number
Home address	er and street). If you have a P.O. box, see	instructio	· · · · · · · · · · · · · · · · · · ·				ot. no. 12	CI	Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete specified the CHARLESTON							C1 0000			go to	this fund	ointly, want \$3 d. Checking a ot change
Foreign countr	y name		F	oreign province,	/state/coun	ty	Foreign	postal co	de yc	our tax	or refun	
Filing Status Check only one box.	☐ If y	Single Married filing jointly (even if only o Married filing separately (MFS) Ou checked the MFS box, enter the alifying person is a child but not you	name of	your spouse.	. If you che	Head of ho Qualifying secked the HOH	survivii	ng spou	se (QS		d's nam	ne if the
Digital Assets		ny time during 2023, did you: (a) rec lange, or otherwise dispose of a dig									☐ Yes	s 🗵 No
Standard Deduction		neone can claim:		_		a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was born	befor	e Janua	ry 2, 1	959	☐ Is	blind
Dependent						(3) Relationship	(4)			1		ee instructions):
If more	(1) ⊦	irst name Last name		number to you		to you		Child ta	x creai	τ	Credit for	other dependents
than four dependents,												
see instruction	s						+		_			-
and check here [1								-			Ħ
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)						1a		7,563.
	b	Household employee wages not re			2					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	tructions) .					12.1	1c	18	
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2	(see instru	uctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits t	from Forn	n 2441, line 2	6					1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, li	ne 29 .					1f		
If you did not	g	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	see instru	uctions)		1i						
	Z	Add lines 1a through 1h								1z		7,563.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest				2b		
if required.	3a	Qualified dividends	3a		b 0	ordinary dividen	ds .			3b		
	4a	IRA distributions	4a		_	axable amount				4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount				5b		
Single or	6a	Social security benefits	6a		b T	axable amount				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection m	ethod, check	here (see	instructions)						
\$13,850	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here									7		
 Married filing jointly or 	8	Additional income from Schedule 1, line 10								8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									7,563.
\$27,700	10	Adjustments to income from Schedule 1, line 26								10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your ad	justed gross	income					11		7,563.
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (from Sch	edule A)					12		13,850.
any box under	13	Qualified business income deduct	ion from	Form 8995 or	Form 899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13								14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or loce	ontor 0 Th	ic ic vour	tavahla inaama	_			15		

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Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	0.		
	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	0.		
	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	0.		
	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			
Payments	25	Federal income tax withheld from:				
	a	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)	25.	4		
	d	Add lines 25a through 25c	25d	4.		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26			
qualifying child, attach Sch. EIC. _Մ	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	-00			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	4.		
Refund	33	Add lines 25d, 26, and 32. These are your total payments	33	4.		
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 35a	4.		
Direct deposit?	35a b	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	SSA			
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X				
	36	Amount of line 34 you want applied to your 2024 estimated tax 36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .				
You Owe	31	For details on how to pay, go to www.irs.gov/Payments or see instructions	37			
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See		_		
Designee	ins	tructions	elow.	× No		
	Des	eignee's Phone Personal identifi no. number (PIN)				
		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	e best	of my knowledge and		
Sign Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				
	You	r signature Date Your occupation If the	If the IRS sent you an Identity			
			rotection PIN, enter it here ee inst.)			
Joint return?		STODENT WORKER				
See instructions. Keep a copy for	Spo		the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.		(see it		,		
	Pho	one no. (609)819-9679 Email address VAMSHIMACHA5652@GMAIL.COM				
Paid Preparer Use Only	Pre	parer's name Preparer's signature Date PTIN		Check if:		
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 P02082	703	Self-employed		
	Firr	n's name GLOBAL TAXES LLC Phone	e no. (678) 965-9522		
————	Firr	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	s EIN 84-3171965			
Go to www.irs.go	v/Form	1040 for instructions and the latest information.		Form 1040 (2023)		
Go to www.irs.go	_					