1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use Or	nly—Do not	write or stap	le in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending				²⁰ See separate instructions.			structions.
Your first name and middle initial Last n				name					Your s	Your social security number		
PALLE	PALLE VISH				SHAL					842	48	0370
If joint return, spouse's first name and middle initial Last name											security number	
Home address	(numbe	r and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Presid	ential Elec	ction Campaigr
<u>1202 LIN</u>	ICOLI	N AVE				_		1	2			u, or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ate	ZIP co	ode			bintly, want \$3 d. Checking a
Charleston					IL			619		_ box be	elow will n	ot change
Foreign country	name		Foreign province/state/county Foreign postal code yo				e your ta	your tax or refund.				
											I TOL	i Spouse
Filing Status		Single					Head of ho	buseh	old (HOH)			
Check only Married filing jointly (even if only one had income)												
one box.	lf y	Married filing separately (MFS) Qualifying surviving spouse (QS)									aild's nam	no <mark>if</mark> the
		If you 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 gualifying person is a child but not your dependent:										
Digital		ny time during 2023, did you: (a) rec								. ,	_	
Assets		ange, or otherwise dispose of a dig					-	t)? (Se	e instructi	ons.)	Ye:	s 🛛 No
Standard Deduction		eone can claim: You as a de					a dependent					
Deduction		Spouse itemizes on a separate retur	IT OF YC		uuai-status	allell						
		Were born before January 2, 1	959	Are b	lind Spo	ouse	: U Was bor		ore January			blind
Dependents				(2) :	Social security number	1	(3) Relationsh	ip (4	Check the (Child tax			ee instructions): other dependents
If more	(1) F	(1) First name Last name			number to you					crean	Credit 10	
than four dependents,												
see instructions	s —			-								
and check here												
Income	la	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1	a	1,502.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1	b	
Attach Form(s) W-2 here. Also	С									1	c	
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26 .						. 1	e			
was withheld.	f	Employer-provided adoption bene	fits fro	om Form 8	3839, line 29		• • • •	• •	· · ·	- 1		
lf you did not get a Form	g								. 1			
W-2, see		h Other earned income (see instructions)							. 1	h	0.	
instructions.		i Nontaxable combat pay election (see instructions)									_	1 502
	z 2a	Add lines 1a through 1h Tax-exempt interest	2a			 ь т	axable interest			. 1		1,502.
Attach Sch. B if required.	3a		2a 3a				Ordinary divider			. 3		
	4a		4a				axable amount			. 4		
Standard	5a		5a				axable amount			. 5		
 Deduction for — Single or 	6a		6a				axable amount			. 6	b	
Married filing separately,	С	_	n method,	nethod, check here (see instructions)								
\$13,850	7	Capital gain or (loss). Attach Scher	dule D	if require	d. If not requ	uired	, check here				7	
 Married filing jointly or 	8	Additional income from Schedule	1, line	10	llat et et a					. 8	3	
Qualifying surviving spouse,	9	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9)	1,502.
\$27,700 • Head of	10	Adjustments to income from Sche								. 1	0	
household,	11	Subtract line 10 from line 9. This is	-				· · · ·	<u>.</u> •	· · ·	. 1		1,502.
\$20,800 • If you checked T	12 Standard deduction or itemized deductions (from Schedule A)								- 1		13,850.	
any box under Standard									. 1:		10 050	
Deduction, see instructions.	14 15	Add lines 12 and 13							. 1.		13,850.	
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-u Inis is y	our	taxable incom	е.		. 1	5	0.

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

Form **1040** (2023)

Form 1040 (2023	3)						Page 2		
Tax and	16	Tax (see instructions). Check if any from Form	ı(s): 1 🗌 8814	4 2 4972	3 🗌	. 16	0.		
Credits	17	Amount from Schedule 2, line 3				. 17			
	18	Add lines 16 and 17				. 18	0.		
	19	Child tax credit or credit for other dependen				. 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,				. 22	0.		
	23	Other taxes, including self-employment tax,				. 23	0.		
	24	Add lines 22 and 23. This is your total tax	<u></u>			. 24	0.		
Payments	25	Federal income tax withheld from:							
	a	Form(s) W-2			25a				
	b	Form(s) 1099			25b				
	c	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c	. <u>25d</u>						
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount a			27	. 26			
	27 28	Earned income credit (EIC)			28				
	20 29	American opportunity credit from Form 8863			29				
	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				. 32			
	33	Add lines 25d, 26, and 32. These are your to				. 33			
Refund	34	If line 33 is more than line 24, subtract line 2				. 34			
	35a	Amount of line 34 you want refunded to you							
Direct deposit?	b	Routing number X X X X X X X X X		с Туре:		ings			
See instructions.	d	Account number X X X X X X X X	XXXX						
	36	Amount of line 34 you want applied to your	2024 estimate	dtax	36				
Amount	37	Subtract line 33 from line 24. This is the amo	ount you owe.						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions					0.		
	38	Estimated tax penalty (see instructions) .			38				
Third Party		you want to allow another person to disc		n with the IRS?					
Designee					olete below.				
	De	signee's ne	Phone no.		Personal number (identification PIN)			
Sign	Un	der penalties of perjury, I declare that I have examine	d this return and	accompanying sche	dules and statements, a	nd to the best	of my knowledge and		
Here	bel	ief, they are true, correct, and complete. Declaration	of preparer (other	than taxpayer) is ba	sed on all information o	f which prepar	er has any knowledge.		
nere	Yo	ur signature	Date	Your occupation		the IRS sent you an Identity			
				STUDENT			Protection PIN, enter it here see inst.)		
Joint return? See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on		the IRS sent your spouse an		
Keep a copy for	-1-					Identity Prot	Identity Protection PIN, enter it here		
your records.						(see inst.)			
		one no. (217)790-8881	Email address	PALLEVISHAL2	2208@GMAIL.COM				
Paid Preparer Use Only		parer's name Preparer's signat				'IN	Check if:		
		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/28/2024 PC	2082703	Self-employed		
		m's name GLOBAL TAXES LLC	NAVITAR N	T 0001 C			(678)965-9522		
			JNSWICK NJ			Firm's EIN	84-3171965		
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/21/24 PRO		Form 1040 (2023)		