1040		Department of the Treasury-Internal Revenue Service		turn	urn 20 23		OMB No. 1545-0074		IRS Use On	y—Do not v	vrite or sta	ple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending					, 20	See se	See separate instructions.		
Your first name and middle initial Last na				- name						Your social security number			
THYAGARAJAN DAK				SHNAMURTHY						***	**	0676	
If joint return, spouse's first name and middle initial												security number	
VSD SDFS				SF						***	**	5245	
	(numbe	er and street). If you have a P.O. box, see								Preside		ction Campaign	
1265 FOF	REST	RIDGE TRAIL						2				ou, or your	
City, town, or post office. If you have a foreign address, also complete s				spaces be	spaces below. State						spouse if filing jointly, want \$3 to go to this fund. Checking a		
SAINT PA	UL				MN			551	23			not change	
Foreign country name			Foreign province/state/co			ounty F		Foreign postal code		your tax or refund.			
											Yo	ou Spouse	
Filing Status		Single					Head of ho	ouseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne had	d income)									
one box.		Arried filing separately (MFS)											
	lf y	f 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											
	qu	alifying person is a child but not you	r dep	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d. award. or	pavr	ment for prope	rtv or s	services): c	r (b) sell.			
Assets		ange, or otherwise dispose of a digi									Ye	es 🗌 No	
Standard	_	eone can claim: 🗌 You as a de					a dependent						
Deduction		Spouse itemizes on a separate return		_						0. 4050			
		Were born before January 2, 1	959	Are b			: 🗌 Was bor					s blind	
Dependents				(2) 8	Social security number		(3) Relationsh to you	ip (4	Child tax		1	see instructions): r other dependents	
If more											orealt for		
than four dependents,	<u>r D</u> G	FDG DAKSHNAMURTHY			***-**-5241 Daughter								
see instructions	s ——			_									
and check here													
	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)			41.1 X44		. 1a		23,086.	
Income	b	Household employee wages not re								. 1k			
Attach Form(s) W-2 here. Also	С									. 10			
attach Forms	d	Medicaid waiver payments not rep								. 10			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f								. 16			
was withheld.	f	Employer-provided adoption bene								. 11			
If you did not	g	Wages from Form 8919, line 6								. 10	1		
get a Form W-2, see	h	Other earned income (see instructi	ons)							. 11	ri -	0.	
instructions.	i	Nontaxable combat pay election (s		structions)			1 i						
	z	Add lines 1a through 1h		·		•				. 1z		23,086.	
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interest			. 2t)		
if required.	3a	Qualified dividends	3a			b 0	ordinary divider	nds .		. 3b)		
	4a	IRA distributions	4a			b T	axable amount	t		. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amount	t		. 5b			
 Single or 	6a	Social security benefits	6a			b T	axable amount	t		. 6b)		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
 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, and 8. This is your total income								. 9		23,086.	
\$27,700 • Head of	10	Adjustments to income from Sche	. 10										
household,	11	Subtract line 10 from line 9. This is	your	adjusted	gross incon	ne		• •	· · ·	. 11		23,086.	
 \$20,800 If you checked Γ 	12	Standard deduction or itemized	dedu	ctions (fro	m Schedule	A)		· ·	· · ·	. 12		27,700.	
any box under Standard	13	Qualified business income deduction	on fro	m Form 8	995 or Form	899	5-A	•		. 13	6		
Deduction,	14	Add lines 12 and 13						. 14		27,700.			
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our I	taxable incom	е.		. 15	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(s): 1	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 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	0.	
Payments	25	Federal income tax withheld from:			
-	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	4,188.	
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26		
qualifying child,	27	Earned income credit (EIC)	\mathbf{D}		
attach Sch. 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 total payments	33	4,188.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,188.	
Direct deposit?	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,188.	
	b	Routing number * * * X X X C Type: Checking Savings			
See instructions.	d	Account number * * * * * * * * * * * * * * * * * * 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		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			
Designee	ins	structions	below.	X No	
	Den	signee's Phone Personal identi ne no. number (PIN)	ification		
Ciara		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the hest	of my knowledge and	
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic			
Here	Yo	ur signature Date Your occupation If the	If the IRS sent you an Identity		
		Prot	Protection PIN, enter it here		
Joint return?		INOUECT MANAGEN	e inst.)		
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.			inst.)	ection Pilly, enter it here	
	Ph	one no. (651) 301-5501 Email address THYAGS1983@GMAIL.COM			
Paid	× - 2.0	eparer's name Preparer's signature Date PTIN		Check if:	
		I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2024 *****	2703	Self-employed	
Preparer	-			678) 965-9522	
Use Only	-		n's EIN	**-***1965	
Go to www irs or		n1040 for instructions and the latest information. BAA REV 01/27/24 PRO		Form 1040 (2023)	
		DAA REV 01/21/24 PRO			

irs.gov/Form1040 for instructions and the