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



1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		urn	202	23	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or sta	ple in this space.	
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 na			name						١	Your social security number			_	
VEGNESH JAWA				VAHARLAL							*** ** 0892			
If joint return, spouse's first name and middle initial Last na											Spouse's social security number			ber
				NDALE						*** ** 0862				
		er and street). If you have a P.O. box, see						1	Apt. no.	F			ction Campai	ian
351 N PE	ART	RD							118		Check h	ere if y	ou, or your	Ū
		ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ite	ZIP c		5	spouse	if filing	jointly, want \$	33
Casa Gra	nde					AZ	Z	851	22				nd. Checking a not change	а
			Foreign province/state/county Fo				gn postal c		our tax		_			
												Yo	ou 🗌 Spou	ıse
Filing Status		Single					☐ Head of he	ouseh	old (HOH	1)				
•	Married filing jointly (even if only one had income)													
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS												
0110 DOX.	If v	you checked the MFS box, enter the	name o	of your s	pouse. If yo	u che		4				ld's nai	me if the	
		alifying person is a child but not you		35						U				
														_
Digital		ny time during 2023, did you: (a) rece										□ v.	-	
Assets		ange, or otherwise dispose of a digi						1) ? (50	ee instru	Cuons	5.)	Ye	es UNo	
Standard		eone can claim: You as a de					a dependent							
Deduction		Spouse itemizes on a separate return	n or you	were a	duai-status	allen		•						
Age/Blindness	You:	Were born before January 2, 1	959	Are bl	ind S p	ouse	: Was bor	n befo	re Janua	ary 2,	1959		s blind	
Dependents	(see instructions):			(2) 5	(2) Social security number (3) Relationsh to you						if qualif	ies for (see instruction	ıs):
If more	(1) F	(1) First name Last name									dit	Credit fo	r other depende	nts
than four	VIHA	VIHAAN VEGNESH JAWAHARLAL			***-**-0872 Son								X	
dependents, see instructions	5													
and check														
here \square														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	ctions) .		* ** 18. *1				1a		120,650	
Attach Form(s)	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)									1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see	instru	uctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruction	ions)					, .			1h		0	•
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			1i						PME CORD NO. 1003	
	Z	Add lines 1a through 1h									1z		120,650	•
Attach Sch. B	2a	Tax-exempt interest	2a	10			axable interest				2b			_
if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .			3b			
Standard	4a	IRA distributions	4a			b T	axable amoun	t	* *		4b			
Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b	-		
Married filing separately,	C	If you elect to use the lump-sum election method, check here (see instructions)												
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo		-						. Ц	7		2.0	
jointly or	8	Additional income from Schedule									8		-13,677	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9		106,973	•
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26											van stato del del	
household,	11	Subtract line 10 from line 9. This is your adjusted gross income									11 12	1	106,973	
\$20,800 If you checked _	12											_	27,700	<u>.</u>
any box under Standard	13	Qualified business income deducti	on from	Form 8	995 or Forn	1 <mark>899</mark>	5-A				13			
Deduction,	14										14		27,700	
see instructions.	15	Subtract line 14 from line 11 If zer	o or les	c ontor	O Thic ic	Our t	tavabla inaam				15	- 1	79 273	

Form 1040 (2023	3)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	9,073.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	9,073.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.		
	20	Amount from Schedule 3, line 8	20			
	21	Add lines 19 and 20	21	500.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	8,573.		
	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	8,573.		
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)	7			
	d	Add lines 25a through 25c	25d	9,661.		
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	5			
	30	Reserved for future use				
	31	Amount from Schedule 3, line 15	7			
	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	9,661.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,088.		
11014114	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,088.		
Direct deposit?	b	Routing number * * * * * X 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				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> 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		structions	below.	X No		
_		signee's Phone Personal ident	ification			
	na		Description 1	A comp Construction Cont		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic				
Here			If the IRS sent you an Identity			
	10		Protection PIN, enter it here			
Joint return?		SOFTWARE ENGINEER (see	inst.)			
See instructions. Keep a copy for your records.			f the IRS sent your spouse an dentity Protection PIN, enter it here (see inst.)			
		Home maker	irist.)			
		one no. (309) 612-3888 Email address VEGNESHHERE@GMAIL.COM		0, 1, 1		
Paid		eparer's name Preparer's signature Date PTIN	0.000	Check if:		
Preparer	-	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/26/2024 *****				
Use Only		The first instances of the first of the firs	none no. (678) 965-9522			
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