1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do not v	vrite or stapl	e in this space.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending				, 20 See separate in			structions.
Your first name and middle initial									Your se	Your social security number		
DINESH RAJGOPAL GAD				DIREDD							37	1365
If joint return, spouse's first name and middle initial Last name											· ·	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ential Elec	tion Campaigr
<u>678 Hobe</u>	BS DI	R									here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces bel	low.	Sta	ite	ZIP co	ode			intly, want \$3 I. Checking a
MEMPHIS	MEMPHIS				TN					box below will not change		
Foreign country name			Foreign province/state/county			ty	Foreign postal code		le your ta			
		n									You	Spouse
Filing Status	; 🗵	Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only on the second se	ne hac	l income)						(000)		
one box.	L	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS									ild'a nam	a if tha
		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 ualifying person is a child but not your dependent:										
Digital		ny time during 2023, did you: (a) rec						-				
Assets		hange, or otherwise dispose of a digit						et)? (Se	e instruct	ions.)	Yes	No 🛛
Standard		eone can claim: You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	bu were a	dual-status	allen						
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor		pre Januar			olind
Dependents				(2) S	Social security	/	(3) Relationsh	ip (4			· ·	e instructions):
If more	(1) F	(1) First name Last name			number to you				Child tax	credit	Credit for o	other dependents
than four dependents,]		
see instructions	s ——]		
and check here	ı ——]		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1 a	3	11,712.
	b	Household employee wages not re	•		,					. 11		,
Attach Form(s) W-2 here. Also	с									. 10	;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	ł		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rm 2441, line 26						. 10	•		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1	F		
If you did not	g	Wages from Form 8919, line 6 .								. 19	3	
get a Form W-2, see	h	Other earned income (see instruct	, , , , , , , , , , , , , , , , , , , ,					. 11	۱ I	0.		
instructions.	i	Nontaxable combat pay election (see instructions)										11 810
		Add lines 1a through 1h	· ·	· · ·	· · · ·	 				. 12		11,712.
Attach Sch. B if required.	2a	· · -	2a				axable interest			. 21		
	<u>3a</u> 4a		3a 4a				Ordinary divider axable amoun			· 31		
Standard	ча 5а		ча 5а				axable amoun			. 41		
Deduction for — • Single or	6a		6a				axable amoun			. 61		
Married filing	c	, _							-			
separately, \$13,850	7											
 Married filing jointly or 	8	Additional income from Schedule 1, line 10									,	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		11,712.
\$27,700	10	Adjustments to income from Schedule 1, line 26								. 10)	
 Head of household, 	11	11 Subtract line 10 from line 9. This is your adjusted gross income .<							. 1	I	11,712.	
\$20,800 If you checked	12								. 12	2	13,850.	
any box under Standard	13 Qualified business income deduction from Form 8995 or Form 8995-A								. 1:	3		
Deduction, 14 Add lines 12 and 13									. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -	-0 This is y	our	taxable incom	ie .		. 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	(s): 1 🗌 881	4 2 4972	3		16	0.		
Credits	17	Amount from Schedule 2, line 3									
	18	Add lines 16 and 17							0.		
	19	Child tax credit or credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, line 8									
	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							0.		
	24	Add lines 22 and 23. This is					[24	0.		
Payments	25	Federal income tax withheld									
r uymente	а	Form(s) W-2				25a 1	,287.				
	b	Form(s) 1099				25b	·				
	с	Other forms (see instructions				25c					
	d	Add lines 25a through 25c	,					25d	1,287.		
	26	2023 estimated tax payment						26			
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27					
attach Sch. EIC.	28	Additional child tax credit from				28					
	29	American opportunity credit				29					
	30	Reserved for future use .			30						
	31		31								
	32	Amount from Schedule 3, line 15 31 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits .									
	33	Add lines 25d, 26, and 32. These are your total payments							1,287.		
Defund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						33 34	1,287.		
Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							1,287.		
Direct deposit?	b	Routing number 0 6 4	· Savings	35a	1,207.						
See instructions.	b	Account number 4 4 4									
	36	Account number <u>4</u> ; <u>4</u> ; <u>4</u> Amount of line 34 you want a									
A						36					
Amount You Owe	37	Subtract line 33 from line 24						~			
Tou Owe	00	For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38		,			38					
Third Party		you want to allow another	•				omplete be		×No		
Designee		Instructions Yes. Yes. Complete Designee's Phone Personal iden					•				
	nai			no.			ber (PIN)	allon			
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statement	s, and to the	best	of my knowledge and		
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.		
TIELE	Yo	ur signature	Date	Your occupation			the IRS sent you an Identity				
							Protection PIN, enter it here (see inst.)				
Joint return?		Chause's signature if a joint rature hath must sign			SOFTWARE 1		· ·	·			
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.							the IRS sent your spouse an entity Protection PIN, enter it here		
your records.											
	Ph	one no. (901) 799-282	1	Email address	DINESHRAJGO	PAL110GMAIL.CO	M				
		eparer's name	⊥ Preparer's signat		211,20110100001	Date	PTIN		Check if:		
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПЪТА ТАТ.Т.АМ	02/06/2024	P02082	703	Self-employed		
Preparer									(678)965-9522		
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's							84-3171965		
Go to www.irs.or		1040 for instructions and the late					1		Form 1040 (2023)		
			stanomation.		BAA	REV 01/27/24 PRO			10111 10-10 (2023)		