E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£104 (epartment of the Treasury—Internal Revenue Servic J.S. Individual Income Tax		ırn	202	3	OMB No. 1545-0	0074	IRS Use Only	∕—Do not v	vrite or staple	in this space.	
For the year Ja	Dec. 31, 2023, or other tax year beginning	, 2023, ending , 20						See separate instructions.					
Your first name and middle initial Last na					name						Your social security number		
POORNAN.	A REDDY	LLA						805 96 5508					
If joint return, s	spous	e's first name and middle initial	Last nam	ne						Spouse	's social se	curity numbe	
Home address	(num	ber and street). If you have a P.O. box, see i	instructio	ns.				Α	pt. no.	Preside	ntial Electi	on Campaigr	
1 WOODB	RID	GE CTR						3	15		here if you,	,	
City, town, or	post c	office. If you have a foreign address, also cor	nplete sp	aces bel	ow.	Sta		ZIP co				itly, want \$3 Checking a	
WOODBRIDGE				NJ				070		box bel	low will not	change	
Foreign countr	y nan	ie	F	oreign pr	ovince/state/c	count	ty	Foreig	n postal code	your ta	x or refund. You	│ Spouse	
Filing Statu							Head of ho	useho	old (HOH)				
-	3	☐ Married filing jointly (even if only on											
Check only one box.		☐ Married filing separately (MFS)	(QSS)										
OHC BOX.	ı	f you checked the MFS box, enter the	name of	your sp	ouse. If you	che		1	-		ild's name	if the	
		qualifying person is a child but not you						X					
 Digital		any time during 2023, did you: (a) rece			a contract of the contract of								
Assets		change, or otherwise dispose of a digit)? (Se	e instructio	ns.)		⊠ No	
Standard Deduction		meone can claim:				1	a dependent)				
Age/Blindnes	s Yo	ou: Were born before January 2, 19	959	Are bli	nd Spo	use	: Was born	befo	re January	2, 1959	☐ Is bl	ind	
Dependent	S (se	ee instructions):		(2) S	ocial security	ā.	(3) Relationship	p (4)	Check the b	ox if qual	ifies for (see	instructions)	
If more		First name Last name		. ,	number		to you		Child tax o	redit	Credit for ot	her dependents	
than four													
dependents, see instruction	ıs												
and check _	,												
here L		Tatal area continues Farma(a) W.O. ba	1 /	(la a ku vai	ti a mad					- La.			
Income	16		,							. 1a		50,173.	
Attach Form(s)		Household employee wages not re								. 10		_	
W-2 here. Also attach Forms			income not reported on line 1a (see instructions)							. 10	LIV .		
W-2G and	`									. 16	-		
1099-R if tax was withheld.	1		Employer-provided adoption benefits from Form 8839, line 29						. 11	st.	_		
If you did not			Vages from Form 8919, line 6							. 10		_	
get a Form		Other earned income (see instruction								. 1h		0.	
W-2, see instructions.	i			uctions)			1 _{1i}	Ì					
		Add lines 1a through 1h								. 1z	. !	50,173.	
Attach Sch. B	2		a		[]	b Ta	axable interest			. 2b			
if required.	3		la l		T I	b 0	rdinary dividen	ds .		. 3b)		
	48	a IRA distributions 4	a		9	b Ta	axable amount			. 4b)		
Standard Deduction for—	5	Pensions and annuities 5	ia		į.	b Ta	axable amount			. 5b)		
Single or	6	a Social security benefits 6	ia		1	b Ta	axable amount			. 6b)		
Married filing separately,	(If you elect to use the lump-sum ele	f you elect to use the lump-sum election method, check here (see instructions)										
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched	Capital gain or (loss). Attach Schedule D if required. If not required, check here									_	
jointly or	8	Additional income from Schedule 1	Additional income from Schedule 1, line 10							. 8		-7 , 954.	
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								4	42,219.	
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26)		
household,	11		Subtract line 10 from line 9. This is your adjusted gross income									42,219.	
\$20,800 If you checked	12		Standard deduction or itemized deductions (from Schedule A)								2 1	13,850.	
any box under Standard	13	Qualified business income deduction	on from	Form 89	95 or Form	899	5-A			. 13			
Deduction,	14	Add lines 12 and 13							. 14		13,850.		
see instructions.	15	Subtract line 1/1 from line 11 If zero	or lace	antar	∩ This is w	Our t	tavabla income	_		15		28 369	

Form 1040 (2023	3)			Page 2								
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	3,185.								
Credits	17	Amount from Schedule 2, line 3	17									
	18	Add lines 16 and 17	18	3,185.								
	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	3,185.								
	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	3,185.								
Payments	25	Federal income tax withheld from:		<u>-</u>								
	а	Form(s) W-2										
	b	Form(s) 1099										
	C	Other forms (see instructions)										
	d	Add lines 25a through 25c	25d	4,134.								
If you have a qualifying child,	26	2023 estimated tax payments and amount applied from 2022 return	26									
	27	Earned income credit (EIC)										
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812										
	29	American opportunity credit from Form 8863, line 8	7									
	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	4,134.								
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	949.								
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	949.								
Direct deposit?	b	Routing number X X X X X X X X X X X X X X X X X X X	;									
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										
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 [*]	ins	structions	below.	⋈ No								
		signee's Phone Personal iden										
<u>~</u>		name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and										
Sign		tief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi										
Here	Yo	ur signature Date Your occupation If the	the IRS sent you an Identity									
	10	9		IN, enter it here								
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER (Se	e inst.)									
		Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)									
	Ph	one no. (929) 639-7018 Email address CHALLAPOORNA@GMAIL.COM										
Daid	Pre	eparer's name Preparer's signature Date PTIN		Check if:								
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/07/2024 P0208	82703	Self-employed								
Preparer	Fir		Phone no. (678) 965-9522									
Use Only	Fin	V and the set of transmit the control of the contro	Firm's FIN 84-3171965									