1040	-	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use O	nly—Do not v	write or stap	ole 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				ame						Your se	Your social security number		
VENU GOPAL BAMN				MIDI						774	774 09 1987		
If joint return, spouse's first name and middle initial Last name											· ·	security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ential Ele	ction Campaigr	
_1202 LIN	ICOLI	N AVE					· · · · · · · · · · · · · · · · · · ·			- mouthed by the second		ou, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces bel	low.	Sta	ite	ZIP co	ode			ointly, want \$3 d. Checking a	
CHARLESTON					IL			619	box belo			ot change	
Foreign country	Foreign country name			Foreign pr	oreign province/state/county			Foreig	n postal cod	le your ta	x or refur		
		1									Yo	u Spouse	
Filing Status		Single					Head of ho	ouseho	old (HOH)				
Check only		Married filing jointly (even if only one had income)											
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the										no it the	
		alifying person is a child but not you	iter the cr	illa s nari	ne ir the								
		anying person is a crine but not yet	a dept										
Digital		ny time during 2023, did you: (a) rec					and the second						
Assets		ange, or otherwise dispose of a dig						t)? (Se	e instruct	ions.)	Ye	s X No	
Standard	-	eone can claim: You as a de					a dependent		Ň				
Deduction		Spouse itemizes on a separate retur	n or yo	bu were a	dual-status a	allen							
		Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	re Januar	y 2, 1959	S Is	blind	
Dependents				(2) S	Social security	1	(3) Relationshi	p (4)			1	see instructions):	
If more	(1) Fi	(1) First name Last name			number to you			Child tax credit			Credit for	other dependents	
than four dependents,													
see instructions	s —												
and check here												<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions)					. 1	a	4,935.	
	b									. 11	b		
Attach Form(s) W-2 here. Also	С									10	c		
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						· .		. 10	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	orm 2441,	m 2441, line 26					. 10	e			
was withheld.	f	Employer-provided adoption bene					· · • •	•	· · ·	. 1	f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .		· · ·	· · · ·		· · • ·	• •	· · ·	. 19	g		
W-2, see	h										h	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i					1 0 2 5	
	Z	Add lines 1a through 1h			· · · ·	 ь т	· · · ·	•		. 1:		4,935.	
Attach Sch. B if required.	2a 2a		2a 3a				axable interest Ordinary dividen			. 21			
	<u>3a</u> 4a		3a 4a				axable amount			. 4			
Standard	5a		5a				axable amount			. 5			
 Deduction for — Single or 	6a		6a		b Taxable amount					. 6	1		
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								1		
 Married filing jointly or 	8										5		
Qualifying spouse,	9)	4,935.	
\$27,700	10	10 Adjustments to income from Schedule 1, line 26											
 Head of household, 	11 Subtract line 10 from line 9. This is your adjusted gross income .<							. 1	1	4,935.			
\$20,800 • If you checked r	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)	· · · · ·	• •		. 12	2	13,850.	
any box under Standard	under 13 Qualified business income deduction from Form 8995 or Form 8995-A							. 1:	3				
Deduction,	14	F								. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -	-0 This is y	ourt	taxable incom	е.		. 1	5	0.	

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

Form **1040** (2023)

Form 1040 (2023)			Page 2						
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 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 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	Ο.						
	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								
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								
	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							
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34							
noruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a							
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings								
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 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	0.						
	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	tructions	below.	× No						
Ū		signee's Phone Personal ident	tification							
	nar									
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				nt you an Identity						
	10			IN, enter it here						
Joint return? See instructions.			e inst.)							
	Sp		the IRS sent your spouse an							
Keep a copy for your records.			lentity Protection PIN, enter it here ee inst.)							
your rooordo.			; 1151.)							
		one no. (217) 790-7070 Email address VENUGOPAL.4494@GMAIL.COM	ı	Ohaali it						
Paid		parer's name Preparer's signature Date PTIN		Check if:						
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/07/2024 P0208		Self-employed						
Use Only			,	678)965-9522						
	_		n's EIN	84-3171965						
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information. BAA REV 01/27/24 PRO		Form 1040 (2023)						