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



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending			s	See separate instructions.			
Your first name and middle initial Last			Last na	ame			Y	our soc	ial security number		
MOUNIKA KAN				ATAC				***	** 8706		
	pouse's	s first name and middle initial	ame			S	pouse's	social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.		Apt. no.	Р	residen	tial Election Campaign		
1542 KAT	CIE (COVE					Check here if you, or your				
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below. State		ZII COUC			f filing jointly, want \$3		
Sanford			FL		20771			this fund. Checking a w will not change			
Foreign country	/ name			Foreign province/state/county		Foreign postal code y		our tax	or refund.		
									You Spouse		
Filing Status	\mathbf{x}	Single			☐ Head of he	ousehold (HOH	1)	_			
Check only		Married filing jointly (even if only or		7							
one box.		Married filing separately (MFS)	ise (Q								
	lf y	ou checked the MFS box, enter the	enter t	he chil	d's name if the						
	qu	qualifying person is a child but not your dependent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or i	payment for prope	rty or services	: or (b)	sell.			
Assets		ange, or otherwise dispose of a digi							☐ Yes ☐ No		
Standard	Som	eone can claim: You as a de	penden	t Your spouse	as a dependent						
Deduction		Spouse itemizes on a separate return	n or you	u were a dual-status a	alien						
Ago/Blindness	Vou	☐ Were born before January 2, 19	250	Are blind Sne	was Was bor	n before Janua	nn / 2 d	1050	ls blind		
			909 [,		es for (see instructions):		
Dependents		instructions): irst name Last name		(2) Social security number	(3) Relationsh to you	ip Child to		1	Credit for other dependents		
If more than four	(1)	Last Harrie		TIGHT TO THE TIME	10,000						
dependents,							╡				
see instructions	s —						┪				
and check here \square	l 8						_				
-	1a	Total amount from Form(s) W-2, bo	nx 1 (se	e instructions)				1a	18,336.		
Income	b	Household employee wages not re		The state of the s				1b	10,030.		
Attach Form(s)	c	Tip income not reported on line 1a	1c								
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			nstructions)			1d			
W-2G and	e	Taxable dependent care benefits for						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene						1f			
If you did not	g	Wages from Form 8919, line 6						1g			
get a Form	h	Other earned income (see instructi	ons)					1h	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s		ructions)	l 1i						
inotraotiono.	z	Add lines 1a through 1h						1z	18,336.		
Attach Sch. B	2a		2a		b Taxable interest			2b			
if required.	3a	Qualified dividends	За	l l	b Ordinary divider	nds		3b			
$\overline{}$	4a		1a		b Taxable amount	t		4b			
Standard Deduction for—	5a	Pensions and annuities	5a	1)	b Taxable amoun	t		5b			
Single or	6a	Social security benefits	3a		b Taxable amoun	t		6b			
Married filing separately,	С	If you elect to use the lump-sum el	ection	method, check here ((see instructions)						
\$13,850	7	Capital gain or (loss). Attach Sched	7								
Married filing jointly or	8	Additional income from Schedule 1		8							
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	9	18,336.							
\$27,700	10	Adjustments to income from Scheo		10							
Head of household,	11	Subtract line 10 from line 9. This is	11	18,336.							
\$20,800 If you checked r	12	Standard deduction or itemized	12	13,850.							
any box under	13	Qualified business income deducti	13								
Standard Deduction,	14	Add lines 12 and 13						14	13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is yo	our taxable incom	е		15	4,486.		

Form 1040 (2023	3)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	448.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	448.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20	123.	
	21	Add lines 19 and 20	21	123.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	325.	
	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	325.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	1,964.	
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8	2		
	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	1,964.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,639.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,639.	
Direct deposit?	b	Routing number * * * * * * * X X X X X C Type: Checking Savings			
See instructions.	d	Account number * * * * * * * * *			
	36	Amount of line 34 you want applied to your 2024 estimated tax			
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		you want to allow another person to discuss this return with the IRS? See	0.710	N.	
Designee		tructions			
	nar	S Comment of the Comm	onal identification per (PIN)		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the best	of my knowledge and	
Here	bel	ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic	h prepai	er has any knowledge.	
Here	You		If the IRS sent you an Identity		
			ection PIN, enter it here inst.)		
Joint return? See instructions.		DOSINESS ANALISI I		nt value on all on an	
Keep a copy for	Spi			nt your spouse an ection PIN, enter it here	
your records.		(see	(see inst.)		
	Pho	one no. (209) 519-8251 Email address MOUNIKAKANDALA04@GMAIL.COM			
Doid	Pre	parer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 *****	2703	Self-employed	
Preparer Use Only	Firr	n's name GLOBAL TAXES LLC Pho	ne no.	(678) 965-9522	
Use Only	Firr	n's address 245 ROONEY CT E BRUNSWICK NJ 08816	's EIN	**-***1965	
Go to www.irs.go	v/Form	1040 for instructions and the latest information.		Form 1040 (2023)	
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