\$1040	Depar	rtment of the Treasury—Internal Revenue Serve S. Individual Income Ta.	x Re	turn	202	3	OMB No. 1545-	0074	IRS Use On	ly-Do not	write or stapl	e in this space.	
For the year Jan.		. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate in	structions.	
Your first name and middle initial			Last	Last name							Your social security number		
POOJA				NELLA							344 95 8032		
If joint return, spouse's first name and middle initial				Last name							Spouse's social security number		
Home address (r	umbe	r and street). If you have a P.O. box, se	e instruc	ctions.				A	pt. no.	Preside	ential Elect	ion Campaign	
		MFIELD ST #J1,							-			, or your	
City, town, or po	st offic	ce. If you have a foreign address, also c	omplete	spaces b	elow.	State	e	ZIP co	ode			ntly, want \$3. Checking a	
MOUNT PL						MI		488	58	Children Williams	the little of the second second second	t change	
Foreign country				Foreign	province/state/	county	,	Foreig	n postal code	your ta	x or refund		
											You	☐ Spouse	
Filing Status Check only one box.		Single Married filing jointly (even if only of Married filing separately (MFS) you checked the MFS box, enter the alifying person is a child but not yo	e name	of your		1	☐ Head of ho ☐ Qualifying cked the HOH	surviv	ing spouse		ild's name	if the	
Digital Assets	At an	ny time during 2023, did you: (a) re ange, or otherwise dispose of a di	ceive (a gital as	set (or a t	financial inter	est in	a digital asset	ty or s)? (Se	services); o e instructio	r (b) sell, ons.)	Yes	⊠ No	
Standard Deduction	The second of the second	eone can claim: You as a d Spouse itemizes on a separate retu	AND MARKET AND PARKET	SCORES LANCE	Your spous a dual-status		a dependent					2.1	
Age/Blindness	You:	☐ Were born before January 2,	1959	☐ Are I	blind Sp	ouse:	☐ Was born	n befo	re January	2, 1959	☐ Is bl	ind -	
Dependents				(2)	Social security	,	(3) Relationship	p (4)	Check the t	ox if quali		instructions):	
If more		rst name Last name		100	number		to you		Child tax o	redit	The Confederate Service	her dependents	
than four	Alic									-, 23	-		
dependents, see instructions													
and check						_			닏				
here L	2000									. 1a	-	13,957.	
Income	1a	Total amount from Form(s) W-2,								1b			
Attach Form(s)	ь	Household employee wages not Tip income not reported on line 1								to	In the second second		
W-2 here. Also attach Forms	d	Medicaid waiver payments not re							100 000 10	. 1d			
W-2G and	0	Taxable dependent care benefits							200 100 1051	. 1e			
1099-R if tax	e	Employer-provided adoption ben						10 OF 10 NA	500 000 E	. 11		· · · · · · · · · · · · · · · · · · ·	
was withheld. If you did not	1	Wages from Form 8919, line 6 .								. 1g		-	
get a Form	h	Other earned income (see instruc		5 M S		70 70 20 21				. 1h		0.	
W-2, see	i	Nontaxable combat pay election		structions	s)	20 E	11			60			
instructions.	z	Add lines 1a through 1h							500 DE 16	. 1z		13,957.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a		3100 950	b Ta	exable interest	200	10 E	. 2b	4		
	3a	Qualified dividends	3a			b O	rdinary dividen	ds .		. 3b			
	4a	IRA distributions	4a			b Ta	axable amount		12 ¥ ¥	. 4b			
Standard	5a	Pensions and annuities	5a			b Ta	axable amount			. 5b			
Deduction for— Single or	6a	Social security benefits	6a				axable amount	•		. 6b			
Married filing separately,	c	If you elect to use the lump-sum	electio	n method	I, check here	(see i	instructions)						
\$13,850	7	Capital gain or (loss). Attach Scho	edule [) if requir	ed. If not req	uired,	check here			U 17			
Married filing jointly or	8	Additional income from Schedule	1, line	10			* * * *	(#K) 5*N		. 8		10 07-	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,				come)	3 0 0 100		. 9		13,957.	
\$27,700	10	Adjustments to income from Sch						200 I 60		. 10			
 Head of household, 	11	Subtract line 10 from line 9. This					. 1. 16 (8)		3 * *	. 11	200-1	13,957.	
\$20,800	12	Standard deduction or itemized						, Š		. 12		13,850.	
If you checked any box under	13	Qualified business income deduc	ction fro	om Form	8995 or Form	n 899	5-A	1.00 M		. 13			
Standard Deduction,	14	Add lines 12 and 13		14 148 8						. 14	200	13,850.	
see instructions.	15	Subtract line 14 from line 11. If z	ero or l	ess, ente	r -0 This is	your t	axable incom	е.		. 1		107.	
For Disclosure,	Privac	y Act, and Paperwork Reduction Act	Notice,	see sepa	rate instructio	ns.				-	Fo	rm 1040 (2023	

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

Form 1040 (2023	n			Page			
1000	16	Tax (see instructions). Check if any from Form(s): 1 BB14 2 4972 3	16	11			
Tax and Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	11			
	19	Child tax credit or credit for other dependents from Schedule 8812	19				
	20	Amount from Schedule 3, line 8	20				
	1000000	Add lines 19 and 20	21				
	21	Subtract line 21 from line 18. If zero or less, enter -0-	22	11			
	22		23				
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	24				
	24	Federal income tax withheld from:	105				
Payments	25	1 210	100	A			
	a	10 mg/r = 1	1389				
	Ь	Form(s) 1099					
	C		25d	1,210.			
	d	Add lines 25a through 25c	26	1,210.			
If you have a \ \qualifying child,	26	Earned income credit (EIC)	20	NAME OF STREET			
attach Sch. EIC.	27	Additional child tax credit from Schedule 8812		Aller Street			
	28	American opportunity credit from Form 8863, line 8		172			
	29	Reserved for future use	188	1979			
	30	Amount from Schedule 3, line 15					
Refund Direct deposit? See instructions.	31	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	1,210.			
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,199.			
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,199.			
	b	Routing number 0 4 1 0 0 0 1 2 4 c Type: X Checking Savings	2000	Section 1			
		Account number 4 1 6 1 5 2 5 4 1 2					
	36	Amount of line 34 you want applied to your 2024 estimated tax		endant v			
Amount	37	Subtract line 33 from line 24. This is the amount you owe.					
You Owe	٥,	For details on how to pay, go to www.irs.gov/Payments or see instructions	37				
	38	Estimated tax penalty (see instructions)					
Third Party Designee	Do	you want to allow another person to discuss this return with the IRS? See					
		structions		⊠ No			
		signee's Phone Personal identifi me no, number (PIN)	cation				
C:		me no. number (FIN) Ider penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	e best	of my knowledge and			
Sign	be	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.			
Here	Yo	ur signature Date Your occupation If the		nt you an Identity			
		Protection		IN, enter it here			
Joint return?	-	The state of the s		RS sent your spouse an			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the lidenting	y Prote	Protection PIN, enter it here			
your records.		(see in	ist.)				
	Ph	one no. (989) 294-1601 Email address NPOOJA9345@GMAIL.COM					
		eparer's name Preparer's signature Date PTIN		Check if:			
		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/30/2024 P02082	703	Self-employed			
	SYA	I thin ter diam count index.	_	The state of the s			
Paid Preparer Use Only	2000	I thin ter diam count index.	_	678) 965-9522 84-3171965			