E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		2	023	OMB No. 1545-	-0074	IRS Use	Only—D	o not w	rite or sta	ple in this space.
For the year Ja	c. 31, 2023, or other tax year beginning		, 2023, ending , 20				S	See separate instructions.				
Your first name	iddle initial	Last nan	name					Y	Your social security number			
RAJ KUM		KANN	NNYBOINA						325 45 3788			
If joint return, s	pouse's	s first name and middle initial	Last nan	ne					S	pouse'	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			Α	pt. no.				ction Campaign
_1515_9T	H ST	REET						7				ou, or your
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	aces below.	St	ate	ZIP co					jointly, want \$3 nd. Checking a
CHARLES'			IL			61920				4	not change	
Foreign countr		F	Foreign province/state/county For				n postal co	ode yo	our tax	or refu		
Filing Status	\mathbf{s}	Single				☐ Head of ho	ouseho	old (HOH	1)			
Check only Married filing jointly (even if only one had income)												
one box.		Married filing separately (MFS)					surviving spouse (QSS)					
		you checked the MFS box, enter the			e. If you ch	ecked the HOH	or QS	SS box, e	enter t	he chi	ld's nar	me if the
	qu	alifying person is a child but not you	ır depend	dent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward, aw	ard, or pay	ment for proper	ty or	services)	; or (b)	sell,		
Assets	exch	nange, or otherwise dispose of a dig				-	t)? (Se	e instruc	ctions.)	☐ Ye	s X No
Standard		neone can claim: You as a de	•			s a dependent		P.A.				
Deduction		Spouse itemizes on a separate retur	n or you	were a dual	-status alie	n						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	e: Was bor	n befo	re Janua	ary 2, 1	959	☐ Is	s blind
Dependent	s (see	instructions):	security	(3) Relationshi	ip (4	-				see instructions):		
If more	(1) F	(1) First name Last name		number		to you		Child tax		it	Credit for	r other dependents
than four								L				
dependents, see instruction	s						_	L				<u> </u>
and check	ı —											
here L	1a	Total amount from Form(s) W-2, b	ov 1 (see	instructions	9)			L		1a		2,965.
Income	b	Household employee wages not re								1b		
Attach Form(s)	c	Tip income not reported on line 1a (see instructions)								1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			2 (see instr	ructions)				1d		
W-2G and	е	Taxable dependent care benefits t								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 W-2, see	h	Other earned income (see instruct	ions) .							1h		0.
instructions.	i	Nontaxable combat pay election (see instru	uctions) .		<u>li</u>						
	Z	Add lines 1a through 1h								1z		2,965.
Attach Sch. B	2a	Tax-exempt interest	2a		b ⁻	Taxable interest				2b)	
if required.	3a	Qualified dividends	3a		b (Ordinary divider	nds .			3b	1	
Standard	4a		4a			Taxable amount				4b		
Deduction for—	5a		5a			Taxable amount			• •	5b	10 10	
Single or Married filing	6a		6a			Taxable amount				6b		
separately, separa									.	-		
\$13,850 Married filing	7			•	(*)				. Ц	8		
jointly or Qualifying	8	Additional income from Schedule 1, line 10									+	2 065
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										2,965.
Head of		Subtract line 10 from line 9. This is								10		2,965.
household, \$20,800	11 12	Standard deduction or itemized								12		13,850.
If you checked any box under	13	Qualified business income deduct				95-A				13	-	10,000.
Standard Deduction,	14									14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer							•	15		

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