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



<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		urn	202	3	OMB No. 1545-	0074	IRS Use Only	∕—Do not v	vrite or sta	aple in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.	
Your first name and middle initial  POTTI  LEEI  If joint return, spouse's first name and middle initial  Last name and middle initial					LA VENKATA NARAS					Your social security number  123   45   3007  Spouse's social security number			
Home address 8223 RAN	,	er and street). If you have a P.O. box, see IEW DR	instruct	ions.				1	pt. no. 027	Check	here if y	ection Campaigr	
City, town, or post office. If you have a foreign address, also complete s  IRVING  Foreign country name				paces below. State  TX  Foreign province/state/county				750 Foreign		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You Spouse			
Filing Status Check only one box.	If y	Single Head of household (HOH)  Married filing jointly (even if only one had income)  Married filing separately (MFS) Qualifying surviving spouse (QSS)  you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the ualifying person is a child but not your dependent:											
Digital Assets	exch	ny time during 2023, did you: (a) rec- nange, or otherwise dispose of a dig	ital asse	et (or a fir	nancial intere	est in	a digital asset			. ,	□ Ye	es 🗵 No	
Standard Deduction		neone can claim:  You as a de Spouse itemizes on a separate retur					a dependent		<u> </u>				
		: Were born before January 2, 1	959 [	Are bli	ind <b>Spo</b>	use:	Was born		re January			s blind	
Dependents				<b>(2)</b> S	ocial security	1	(3) Relationshi	p (4)			i .	(see instructions):	
If more	(1) F	(1) First name Last name			number to you			Child tax c		realt	Credit to	or other dependents	
than four dependents,													
see instructions	3												
and check here												<del>-  -</del>	
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a		48,016.	
Income	b	Household employee wages not re								. 1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								. 10	;		
attach Forms	d									. 10	1		
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								. 16	•		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 11				
If you did not	a	Wages from Form 8919, line 6								. 10	_		
get a Form	h	Other earned income (see instructions)									1	0.	
W-2, see instructions.	i												
	Z									. 1z		48,016.	
Attach Sch. B if required.	2a	1	2a			<b>b</b> Ta	axable interest		. 12 12	. 2b	,		
	3a		3a			b O	rdinary dividen	nds .		. 3b	,		
	4a	IRA distributions	4a				axable amount			. 4b	,		
Standard	5a	Pensions and annuities	5a			b Ta	axable amount			. 5b	,		
Single or Married filing separately,	6a	Social security benefits	6a			b Ta	axable amount			. 6b	)		
	C	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								7			
Married filing jointly or Qualifying surviving spouse,	8	Additional income from Schedule 1, line 10								. 8		-6,962.	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								. 9		41,054.	
\$27,700	10	Adjustments to income from Schedule 1, line 26									)		
Head of household,	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							. 11		41,054.		
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)								. 12	2	13,850.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								. 13	3		
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 y	our <b>t</b> a	axable incom	<u>e</u> .		. 15	5	27,204.	

Form 1040 (2023	3)			Page <b>2</b>							
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	3,047.							
Credits	17	Amount from Schedule 2, line 3	17								
	18	Add lines 16 and 17	18	3,047.							
	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	3,047.							
	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	3,047.							
Payments  If you have a qualifying child,	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	6,694.							
	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 <b>total payments</b>	33	6,694.							
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,647.							
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,647.							
Direct deposit?	b	Routing number   X   X   X   X   X   X   X   X   X	s								
See instructions.	d	Account number   X   X   X   X   X   X   X   X   X									
	36	Amount of line 34 you want applied to your 2024 estimated tax 36									
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  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									
	ins	structions	e below.	<b>⋉</b> No							
		signee's Phone Personal ide									
	name no. number (PIN)										
Sign	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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Here	Yo	ur signature Date Your occupation If	the IRS ser	he IRS sent you an Identity							
		5		IN, enter it here							
Joint return? See instructions. Keep a copy for your records.		SOFTWARE DEVELOPER (S	see inst.)								
		Id	If the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)								
	Ph	one no. (940)344-9617 Email address PLVNDINESH@GMAIL.COM									
D - : -!	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 02/14/2024 P020	2082703 Self-employed								
Preparer	Fir	m's name GLOBAL TAXES LLC	Phone no. (678) 965-9522								
Use Only	Fin	A size and the formula to the control control control to the contr	Firm's FIN 84-3171965								