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

| 2023 |
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| |
| |

IRS Use Only-Do not write or staple in this space.

| For the year Jan. 1-Dec. 31, 2023, or other tax year beginning | | | , 2023, ending , 20 | | | | | S | See separate instructions. | | |
|---|--------|--|---------------------|-----------------------------------|--------------|-----------------------|-----------------|-----------|--|-----------------------------|--|
| Your first name and middle initial Last na | | | | me | | | | Y | our soc | cial security number | |
| RAEES AHMED MOHA | | | | MMED SABIR | | | | | 816 | 64 9491 | |
| If joint return, spouse's first name and middle initial Last nar | | | | | | | | | | s social security number | |
| | | | | ZZA FATEMA | | | | | 717 | 95 2763 | |
| | (numbe | er and street). If you have a P.O. box, see | | | | | Apt. no. | | | ntial Election Campaign | |
| | | NENTAL DR | | | | | | - 1 | | ere if you, or your | |
| | | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | ite | ZIP code | s | pouse i | if filing jointly, want \$3 | |
| FREMONT | | , | • | | | | 94538 | | to go to this fund. Checking a box below will not change | | |
| Foreign country | v name | | l F | Foreign province/state/o | | | Foreign postal | | | or refund. | |
| . | , | | | 1 oroign provinces states occurry | | | | You Spous | | | |
| Filing Status | , [| Single | - | | | Head of ho | ousehold (HO | H) | | | |
| Check only | | Married filing jointly (even if only or | ne had i | ncome) | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | ☐ Qualifying | surviving spo | ouse (Q | SS) | | |
| | lf y | ou checked the MFS box, enter the | name c | of your spouse. If you | ı che | ecked the HOH | or QSS box, | enter t | he chil | d's name if the | |
| | qu | alifying person is a child but not you | ır depen | ndent: | | | | | | | |
| Digital | Δt ar | ny time during 2023, did you: (a) rece | aiva (as | a reward award or | navr | ment for prope | rty or services | s): or (b | المء (| | |
| Assets | | lange, or otherwise dispose of a digi | | | | | | | | ☐ Yes | |
| Standard | Som | eone can claim: You as a de | pendent | t | e as | a dependent | | | | | |
| Deduction | | | | • | | | | | | | |
| Ago/Plindnoo | . Va | : Were born before January 2, 19 | 050 [| Are blind Spo | use | . □ Was bor | n before Janu | 1021 0 | 1050 | ☐ Is blind | |
| | | | 909 _ | <u> </u> | | | (4) Ob Iv | | | ies for (see instructions): | |
| Dependents | | irst name Last name | | (2) Social security number | | (3) Relationsh to you | ib I, | tax crec | | Credit for other dependents | |
| If more than four | | RLEEZ RAEES SHAIKH | | 961-90-017 | Q | Son | | П | | × | |
| dependents, | | FAA RAEES SHAIKH | | 961-90-020 | | Son | | ᆸ | | <u> </u> | |
| see instruction | s — | SAN RAEES SHAIKH | | 698-58-3369 | | Son | | X | | | |
| and check here |] [ПА | SAN RALES SHAIRH | | 090-30-330. | 9 | 3011 | | | | | |
| - | 1a | Total amount from Form(s) W-2, bo | ov 1 (co | e instructions) | | | | Ш | 1a | 271,646. | |
| Income | b | Household employee wages not re | ` ` | | • | | | | 1b | 271,010. | |
| Attach Form(s) | | • • • | | | • | | | | 1c | + | |
| W-2 here. Also attach Forms | Q C | Tip income not reported on line 1a (see instructions) | | | | | | | | + | |
| W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | + | |
| 1099-R if tax | e • | · | | | | | | | 1e 1f | + | |
| was withheld. If you did not | f | Employer-provided adoption bene | | | | | | | | + | |
| get a Form | g | Wages from Form 8919, line 6. | , | | • | | | | 1g | 0. | |
| W-2, see | h : | Other earned income (see instruction | , | | • | | · · · · | | 1h | <u> </u> | |
| instructions. | i - | Nontaxable combat pay election (s | see mstr | ructions) | • | <u>li</u> | | | 4_ | 271,646. | |
| Attach Sch. B if required. | Z | Add lines 1a through 1h | 20 | | | | | | 1z | 2/1,040. | |
| | 2a | | 2a | 0.1 | | axable interest | | | 2b | 21. | |
| | 3a | | 3a | | | ordinary divider | | | 3b | | |
| Standard | 4a | | 4a | | | axable amount | | | 4b | + | |
| Deduction for— | 5a | | 5a | | | axable amount | | | 5b | + | |
| Single or Married filing | 6a | | 6a | | | axable amount | | · . | 6b | _ | |
| separately, \$13,850 | c | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | 0 000 | |
| Married filing | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | 7 | 8,098. | |
| jointly or Qualifying | 8 | Add lines 17, 2h, 2h, 4h, 5h, 6h, 7 | • | | | | | | 8 | 0. | |
| surviving spouse, \$27,700 | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | • | ome | e | | | 9 | 279,765. | |
| Head of | 10 | Adjustments to income from Sche | | | | | | | 10 | 070 765 | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | | | | | | | 11 | 279,765. | |
| If you checked | 12 | Standard deduction or itemized | | | | | | | 12 | 41,693. | |
| any box under Standard | 13 | Qualified business income deducti | on trom | 1 Form 8995 or Form | 899 | ю-А | | | 13 | 41 602 | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | · · | | | | 14 | 41,693. | |
| | 15 | Subtract line 14 from line 11. If zer | o or less | s, enter -u This is y | our t | taxable incom | е | | 15 | 238,072. | |

| Form 1040 (2023 | 3) | | | Page 2 | |
|--------------------------------------|-------|--|--|----------------------------|--|
| Tax and | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 43,935. | |
| Credits | 17 | Amount from Schedule 2, line 3 | 17 | | |
| | 18 | Add lines 16 and 17 | 18 | 43,935. | |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | 3,000. | |
| | 20 | Amount from Schedule 3, line 8 | 20 | | |
| | 21 | Add lines 19 and 20 | 21 | 3,000. | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 40,935. | |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 588. | |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 41,523. | |
| 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 | 25d | 37,587. | |
| If you have a | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | | |
| qualifying child, | 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 | 37,587. | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | | |
| | 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 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions | 37 | 3,936. | |
| | 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 | structions | below. | ⋈ No | |
| | | signee's Phone Personal identi me no. number (PIN) | fication | | |
| <u>C:</u> | naı | me no. number (PIN) der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t | the heet | of my knowledge and | |
| Sign | | ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | | | |
| Here | Yo | ur signature Date Your occupation If the | e IRS se | nt you an Identity | |
| | | Prot | ection P | IN, enter it here | |
| Joint return? | | ENGINEER (see | inst.) | | |
| See instructions. Keep a copy for | Sp | | e IRS sent your spouse an ntity Protection PIN, enter it here | | |
| your records. | | | inst.) | ection File, enter it here | |
| | ———Ph | one no. (650)452-5374 Email address RAEESIT11@GMAIL.COM | | | |
| | | eparer's name Preparer's signature Date PTIN | | Check if: | |
| Paid | | TATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247 | 0833 1833 | Self-employed | |
| Preparer | | | | 678)965-9522 | |
| Use Only | | | Firm's FIN 88-2145487 | | |