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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan.	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling	, 20	Se	e sepa	rate instructions.		
Your first name and middle initial La				ast name				Your social security number			
SUPREETH				TATA					834 88 9811		
				Last name					Spouse's social security number		
				ANGA				003 41 9048			
		er and street). If you have a P.O. box, see				Apt. no.			ial Election Campaigr		
2233 CHE	RRYI	BARK TRL					Ch	Check here if you, or your			
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a				
LITTLE E	LM			TX			5068 box below wil				
Foreign country	name			Foreign province/state/	county	Foreign postal co			or refund.		
									You Spouse		
Filing Status		Single			☐ Head of h	ousehold (HOH)					
Check only		Married filing jointly (even if only or	ne had	income)			7				
one box.		Married filing separately (MFS)	SS)								
	lf y	you checked the MFS box, enter the	ıe child'	's name if the							
	qu	alifying person is a child but not you	ır deper	ndent:				, 			
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payment for prope	erty or services):	or (b)	sell.			
Assets		nange, or otherwise dispose of a digi	•	•		, ,	` '		⊠ Yes □ No		
Standard		neone can claim: You as a de			e as a dependent						
Deduction		Spouse itemizes on a separate returi	•	•							
Ago/Blindness	Vau	: Were born before January 2, 19	050 [Are blind Spo	ouse: Was bo	rn before Januar	a, 2 1	050	☐ Is blind		
	_		909 [-		(4) Ob - 4 -	•		s for (see instructions):		
Dependents		instructions): irst name Last name		(2) Social security number	(3) Relationsl	Child tax			redit for other dependents		
If more than four	(1)	Last hame		110111001	10 700		7				
dependents,							<u>-</u> 1	_	— H		
see instructions	· —						1	+			
and check here \square							<u> </u>				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions) .			· .	1a	235,458.		
	b	Household employee wages not re	eported	on Form(s) W-2.				1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see in	structions)				1c	1		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see ii	nstructions)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits for	rom Fo	rm 2441, line 26				1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29				1f			
If you did not	g	Wages from Form 8919, line 6 .						1g	1		
get a Form W-2, see	h	Other earned income (see instructi	ions)					1h	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)	1	i					
	Z	Add lines 1a through 1h						1z	235,458.		
Attach Sch. B	2 a	Tax-exempt interest	2a		b Taxable interes	t		2b			
if required.	<u>3a</u>		3a	31.	b Ordinary divide	nds		3b	31.		
Standard	4a		4a		b Taxable amour			4b			
Deduction for—	5a		5a		b Taxable amour		•	5b	i		
Single or Married filing	6a		6a		b Taxable amour	it	·	6b			
separately, \$13,850	c	If you elect to use the lump-sum el		•	` ,				105		
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						8	-185.		
jointly or Qualifying	8	Additional income from Schedule 1, line 10							-42,391.		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	come		•	9	192,913.		
Head of	10	Adjustments to income from Schedule 1, line 26							100 010		
household, \$20,800	11	Subtract line 10 from line 9. This is	•				•	11	192,913.		
If you checked _	12	Standard deduction or itemized deductions (from Schedule A)						12	37,664.		
any box under Standard	13 14				10990-A		•	13	27 661		
Deduction, see instructions.	14 15	Add lines 12 and 13		s ontor 0. This is w			•	14	37,664. 155 249		

Form 1040 (2023	3)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	24,768.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	24,768.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	4.
	21	Add lines 19 and 20	21	4.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	24,764.
	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	24,764.
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	36,190.
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	36,190.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	11,426.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	11,426.
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 36		
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	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	elow.	⊠ No
Designee		esignee's Phone Personal identifi		
		me no. number (PIN)		
Sign Here		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to th lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
пеге	Yo			nt you an Identity IN, enter it here
Joint return?		SOFTWARE ENGINEER (see i		,
See instructions.	Sp		IRS sent your spouse an	
Keep a copy for your records.				ection PIN, enter it here
your records.		SOFTWARE DEVELOPER (see i	nst.)	
		one no. (803)526-1318 Email address TATASUPREETH@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer		VANYA LAVANYA 03/01/2024 P03171		Self-employed
Use Only				646)727-7157
· · · · · · · · · · · · · · · ·	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	s EIN	30-1017196