1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use O	nly—Do not	write or sta	ole in this space.	
For the year Jan	For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending				, 20 See separate instructions			nstructions.	
Your first name and middle initial Last n				name						Your s	Your social security number		
ROHAN	COHAN MALI				IPEDDI						80	1008	
	If joint return, spouse's first name and middle initial Last name											security number	
Home address	(numbe	r and street). If you have a P.O. box, see	instruc	ctions.				Α	pt. no.	Presid	ential Ele	ction Campaigr	
_201S BUC	CHAN/	AN ST					· · · · · · · · · · · · · · · · · · ·					ou, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			ointly, want \$3 d. Checking a	
MARYVILLE					MO			644	68			not change	
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal cod				
											Yo	u Spouse	
Filing Status	, <u>×</u>	Single					Head of ho	ouseh	old (HOH)				
Check only		Married filing jointly (even if only o	ne had	d income)									
one box.		Married filing separately (MFS) Qualifying surviving spouse (Q											
		ou checked the MFS box, enter the	ter the cl	nild's nar	ne <mark>i</mark> f the								
	qu	alifying person is a child but not you	ir dep	endent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for proper	ty or	services);	or (b) sell			
Assets	exch	ange, or otherwise dispose of a dig	ital as	set (or a fi	nancial inter	est ir	n a digital asset	t)? (Se	e instruct	ons.)	Ve Ye	s 🛛 No	
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien							
Age/Blindness	a You:	Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bori	n befo	ore Januar	/ 2, 1959	Is	blind	
Dependents	s (see	instructions):		(2) 5	Social security	r.	(3) Relationshi	p (4) Check the	box if qua	lifies for (s	see instructions):	
- If more		(1) First name Last name			number				Child tax credi		Credit for	other dependents	
than four													
dependents, see instructions													
and check	> 												
here													
Income	1a	Total amount from Form(s) W-2, b					•••••	• •		. 1		<mark>8,</mark> 509.	
Attach Form(s)	b	Household employee wages not re				• •	· · · ·	• •	· · ·	. 1	20		
W-2 here. Also	C									. 1			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)	• •	· · ·	. 1			
1099-R if tax	e	Taxable dependent care benefits f				•	· · · ·	<u>.</u>	· · ·	. 1	1.41		
was withheld.	T	Employer-provided adoption bene					· · •	• •	· · ·	. 1			
lf you did not get a Form	g			• • •	• • •	• •	· · · ·	• •	· · ·	. 1	-	0.	
W-2, see	h	Other earned income (see instruct Nontaxable combat pay election (see instruct)		· · ·		• •		1 .	· · ·	. 1	n	0.	
instructions.	1		see ms	structions)		• •	1 i				-	8,509.	
All 1 2 1 -	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·	 т	axable interest	• •		. 1			
Attach Sch. B if required.	za 3a		2a 3a	/			Ordinary dividen		•••	. 2			
	4a		4a				axable amount		• • •	. 4			
Standard	5a		5a				axable amount		· · ·	. 5			
 Deduction for — Single or 	6a		6a				axable amount			. 6	20		
Married filing	C			method	method, check here (see instructions)								
separately, \$13,850	7										,		
 Married filing jointly or 	8									. 8			
Qualifying	9											8,509.	
surviving spouse, \$27,700	10										0	,	
 Head of household, 	11	Subtract line 10 from line 9. This is								. 1		8,509.	
\$20,800	12	Standard deduction or itemized	-							. 1		13,850.	
 If you checked any box under 	12 Qualified business income deduction from Form 8995 or Form 8995-A							. 1	-				
Standard Deduction,	14	Add lines 12 and 13								. 1		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	е.	<u> </u>	. 1		0.	

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

Form **1040** (2023)

Form 1040 (2023	5)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1	16	0.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	0.	
	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	0.	
	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	0.	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	-		
	b	Form(s) 1099			
	c	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	4.	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26		
	27	Earned income credit (EIC)			
	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8. 29 Reserved for future use 30	4		
	30 31	Reserved for future use 30 Amount from Schedule 3, line 15 .	4		
	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	4.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4.	
Direct deposit?	b	Routing number $ X X X X X X X X X X$	oou		
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	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe	•	For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee		tructions			
	De	signee's Phone Personal identii ne no. number (PIN)	fication		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t	he best	of my knowledge and	
Sign Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
	Yo	ur signature Date Your occupation If the	the IRS sent you an Identity		
			otection PIN, enter it here ee inst.)		
Joint return? See instructions.		STOPENT	6	1	
Keep a copy for	Sp		the IRS sent your spouse an entity Protection PIN, enter it here		
your records.		(see	inst.)		
	Ph	one no. (217)790-5818 Email address MALLIPEDDIROHAN@GMAIL.COM			
Paid Preparer Use Only	Pre	parer's name Preparer's signature Date PTIN		Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/01/2024 P0208	2703	Self-employed	
	Fir		ne no. (678)965-9522	
	Fir	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN 84-3171965		
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/23/24 PRO		Form 1040 (2023)	