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



£104 (artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		ırn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this sp	oace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				, 20		See separate instructions.			
Your first name and middle initial Last na				ame						Your social security number			ber	
CHANDRA MOHAN REDDY PEDI				APAPI:	REDDYGA	RI					207	65	9859	
If joint return, spouse's first name and middle initial Last na											security n	umber		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Ele	ection Cam	npaign
_1550 KA	ΓY G.	AP ROAD						3	3204				ou, or you	
City, town, or post office. If you have a foreign address, also complete s				paces below. State			te	ZIP code			•	-	jointly, wai nd. Checki	
KATY				TX				77494			•		not change	_
Foreign countr	y name		Foreign province/state/county			у	Foreig	Foreign postal code		your tax	_			
	<u> </u>	7 a										Yo	uS	pouse
Filing Status	s 🔀	Single Head of household (HOH)												
Check only		│ Married filing jointly (even if only one had income) │ Married filing separately (MFS) Qualifying surviving spouse (QS												
one box.	L.	Married filing separately (MFS)		£	16		, ,		0 1	,	,	1-12	:6 41	
		you checked the MFS box, enter the alifying person is a child but not you										ia s na	ne ir the	
			<u> </u>											
Digital		ny time during 2023, did you: (a) rec											\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Assets		nange, or otherwise dispose of a dig						t)? (Se	e instru	ction	s.)	Y€	es 🗵 N	0
Standard	_	neone can claim: You as a de	•		•		a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Uwas bor	n befo	ore Janu	ary 2	, 1959	ls	s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationship) Check t	he bo	x if quali	fies for (see instruc	tions):
If more	(1) F	(1) First name Last name			number to you			Child tax		tax cre	edit	Credit fo	r other depe	endents
than four														
dependents, see instruction	s —													
and check	, —													
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a	_	41,39	93.
Attach Form(s)	b	Household employee wages not re									1b	_		
W-2 here. Also attach Forms	С.	Tip income not reported on line 1a (see instructions)								10	_			
W-2G and	d									1d	_			
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							1e	_				
was withheld. If you did not	f	Employer-provided adoption benefits from Form 8839, line 29								1f				
get a Form	g h	Wages from Form 8919, line 6							1g 1h			0.		
W-2, see instructions.	i	Nontaxable combat pay election (,					i.			- 111			<u> </u>
instructions.	z	Add lines 1a through 1h	300 1113111	uctions)							1z		41,39	93.
Attach Sch. B if required.	<u>-</u> _		2a		·	b Ta	axable interest	 t				_		
	3a	. –	3a				rdinary divider					_		
	4a		4a				axable amoun					_		
Standard Deduction for—	5a	Pensions and annuities	5a				axable amount							
Single or	6a	Social security benefits	6a				axable amount				6b			
Married filing separately,	С	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	8	Additional income from Schedule	1, line 10)							8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		41,3	93.	
\$27,700	10	Adjustments to income from Schedule 1, line 26									10			
Head of household,	11	Subtract line 10 from line 9. This is	s your ad	djusted g	gross incor	ne					11		41,3	93.
\$20,800 If you checked	12	Standard deduction or itemized deductions (from Schedule A)								12	1	13,8	50.	
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								13				
Deduction,	14	Add lines 12 and 13								14		13,8		
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or loca	ontor	O Thio io v	Our t	avabla incom				15	1	27 5	43

Form 1040 (2023	3)							Page 2			
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	3,083.			
Credits	17	Amount from Schedule 2, line 3					17				
	18	Add lines 16 and 17					18	3,083.			
	19	Child tax credit or credit for other dependen	ts from Sched	ule 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	3,083.			
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.			
	24	Add lines 22 and 23. This is your total tax					24	3,083.			
Payments	25	Federal income tax withheld from:									
	а	Form(s) W-2			25a	6 , 725.					
	b	Form(s) 1099			25b						
	С	Other forms (see instructions)			25c						
	d	Add lines 25a through 25c					25d	6 , 725.			
If you have a	26	2023 estimated tax payments and amount a	pplied from 20)22 return			26				
qualifying child,	27	Earned income credit (EIC)		No .	27						
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28						
	29	American opportunity credit from Form 8863	3, line 8		29						
	30	Reserved for future use			30						
	31	Amount from Schedule 3, line 15			31						
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	indable credits		32				
	33	Add lines 25d, 26, and 32. These are your to	33	6,725.							
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,642.			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						3,642.			
Direct deposit?	b	Routing number 1 1 1 1 0 0 0 0			Checking	Savings					
See instructions.	d	Account number 4 8 8 1 2 0 4									
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36						
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to www.irs.go	37								
	38	Estimated tax penalty (see instructions) .			38						
Third Party Designee		you want to allow another person to disc structions				omplete	below.	⊠ No			
	De	signee's	Phone			Identification					
		me	no. number				· ,				
Sign Here		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.									
11010	Yo	ur signature	Date	Your occupation			the IRS sent you an Identity				
				COEMMADE	Protection PIN, enter it here (see inst.)						
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, both must sign.		SOFTWARE I			the IRS sent your spouse an				
Keep a copy for your records.		ouse's signature. If a joint return, both must sign.	Date	Spouse's occupan	OII	Ider	ntity Protection PIN, enter it here e inst.)				
	Ph	Phone no. (346) 632-3049 Email address CHANDRAMOHAN 666@GMAIL.COM				OM					
Paid	Pre	eparer's name Preparer's signat	ure Date P				TIN Check if:				
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	GAR GUPTA	03/21/2024	P0208	2703	Self-employed				
Use Only	Fir	m's name GLOBAL TAXES LLC				Pho	none no. (678) 965-9522				
	Fir	m's address 245 ROONEY CT E BRU	Firn	m's EIN							
0 1 .	/-	4040 ()						= 1040 ()			