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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this sp	pace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					İ	See separate instructions.				
Your first name and middle initial Last na				 name						Your social security number			ber	
SRIKANTH GUDI											046	81	3927	
If joint return, spouse's first name and middle initial Last na												security n	number	
	•	er and street). If you have a P.O. box, see	instruction	ons.				F	Apt. no.	- 1			ection Can	. •
		AIROAKS AVE				0.		710					ou, or you jointly, wa	
		ce. If you have a foreign address, also co	mplete s	paces bel	OW.	Sta		ZIP o			•	-	nd. Checki	
SUNNYVA						CA		940		- 1			not chang	je
Foreign countr	y name			Foreign pr	ovince/state/	count	У	Foreig	n postal c	code	your tax	or retu		Spouse
Filing Status	s 🗵	Single					Head of he	ouseh	old (HOI	——⊥ H)				
Check only		☐ Married filing jointly (even if only one had income)												
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)												
	If y	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												
	qu	alifying person is a child but not you	ır depen	ndent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a fin	nancial inter	est ir	n a digital asse	t)? (Se	ee instru	ction	s.)		es 🗵 N	10
Standard	Som	neone can claim: You as a de	pendent	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	ı were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Sp o	ouse:	: Was bor	n befo	ore Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	ip (4) Check t	he bo	x if quali	ifies for ((see instruc	ctions):
If more		(1) First name Last name			number to you				Child t	tax cre	edit	Credit fo	or other depe	endents
than four														
dependents, see instruction	۰													
and check	·													
here														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		9,3	21.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b				
W-2 here. Also	С									1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
1099-R if tax	е								1e					
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f					
If you did not get a Form	g	Wages from Form 8919, line 6							1 g					
W-2, see	h	Other earned income (see instruct	,					· ·			1h	1		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>						0 0	0.1
	<u>z</u>	Add lines 1a through 1h			· · ·	 					1z		9,3	21.
Attach Sch. B if required.	2a		2a				axable interest				2b			
	3a_		3a				rdinary divider				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a		ala a al. li i		axable amoun	τ		٠ ـ	_ 6b)		
separately, \$13,850	C	If you elect to use the lump-sum election method, check here (see instructions)												
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
jointly or Qualifying	8	Additional income from Schedule 1, line 10							8		0 2	2.1		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		<u> </u>	21.	
Head of	10	Adjustments to income from Schedule 1, line 26								10			2.1	
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income							11			21.		
If you checked	12	Standard deduction or itemized									12		13,8	<u> </u>
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A						13		12 0	E 0			
Deduction, see instructions.	14	Add lines 12 and 13								14		13,8	<u> </u>	

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	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 dependen	ts from Sched	ule 8812				. 19			
	20	Amount from Schedule 3, lin	ie 8						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18							. 22	0.		
	23	Other taxes, including self-e							. 23	0.		
	24									0.		
Payments	25											
	а	5 () 11 005										
	b	``										
	C	Other forms (see instructions				25c						
	d	Add lines 25a through 25c	,						. 25d	895.		
	26	2023 estimated tax payment						•	. 26	030.		
f you have a liqualifying child,	27	Earned income credit (EIC)				27		•	. 20			
attach Sch. EIC.	28	Additional child tax credit from				28						
						29						
	29	American opportunity credit		-		_						
	30	Reserved for future use .				30						
	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	895.		
	33	Add lines 25d, 26, and 32. These are your total payments								895.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							. 34			
D: 1 1 110	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							□ 35a	895.		
Direct deposit? See instructions.	b	Routing number 1 1 1 9 0 0 6 5 9 c Type: ▼ Checking □ Savings Account number 5 9 1 0 8 0 8 5 9 0 □							ngs			
	d						_					
	36	Amount of line 34 you want a				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 www.irs.gov/Payments or see instructions							. 37			
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See _	_			_		
Designee	ins	nstructions								⋈ No		
		Designee's Phone Personal identifiname no. number (PIN)										
<u> </u>			not I have everning		accompanying cohe	dulas and				of my knowledge and		
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	Vο	ur signature	Date Your occupation				- 1	If the IRS sent you an Identity				
	Tour signature			Tour occupation					Protection PIN, enter it here			
Joint return?				ENGINEER			(see inst.)					
See instructions.	Sp	ouse's signature. If a joint return, I	Date					the IRS sent your spouse an				
Keep a copy for your records.									Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (346) 610-050	2	Email address	SRIKANTHGUD	11611@0	MAIL.C	OM				
Poid .	Pre	eparer's name	ture Date PT					N Check if:				
Paid	SYA	SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGA				AR GUPTA 03/19/2024 P02				2082703 Self-employed		
Preparer								Phone no.	(678) 965-9522			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							Firm's EIN				
		n1040 for instructions and the late								Form 1040 (2023)		