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



1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545-	-0074	IRS Use	Only—E	o not w	rite or stap	ple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	s	ee sep	oarate ii	nstructions.	
Your first name and middle initial Last na				name						Y	Your social security number			
AISHWARYA GAIK				IKWAD							123 45 5703			
If joint return, s	pouse's	s first name and middle initial	Last nar	ne						S	pouse'	s social	security numb	eı
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Α	pt. no.	P	reside	ntial Ele	ction Campai	 gn
2943 BI	LLIN	GHAM DR											ou, or your	_
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP co	ode				ointly, want \$ id. Checking a	
LAND O	LAKE	S				FI	1	346	39		•		ot change	4
Foreign countr	y name		F	oreign pro	ovince/state/o	count	У	Foreig	n postal c	ode y	our tax	or refu		se
Filing Status	SX	Single	•				Head of ho	ouseh	old (HOH	1)		7		
Check only		Married filing jointly (even if only one had income)												
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS												
	If y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	u che	ecked the HOH	or Q	SS box,	enter t	he chi	ld's nar	ne if the	
	qu	alifying person is a child but not you	ır depen	dent:					ΛA		<u> </u>			
Digital	Δt ar	ny time during 2023, did you: (a) rec	eive (as a	a reward	award or	navn	nent for proper	rty or	services) or (b)	Sell			_
Assets		nange, or otherwise dispose of a dig						_				☐ Ye	s X No	
Standard		neone can claim: You as a de					a dependent				,			_
Deduction		Spouse itemizes on a separate retur			-	- 4								_
Age/Blindnes	s You:	: Were born before January 2, 1	959	Are bli	nd Spo	ouse	: Was bor	n befo	re Janua	ary 2, 1	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationshi	ip (4) Check t	he box	if quali	fies for (s	see instruction	s):
If more	(1) F	(1) First name Last name			number to		to you		Child t	it	Credit for	other depender	nts	
than four									[
dependents, see instruction	s ——								[
and check	. —								[
here L									[
Income	1a	Total amount from Form(s) W-2, b									1a		81,286	•
Attach Form(s)	b	Household employee wages not re									1b			_
W-2 here. Also	С	Tip income not reported on line 1a									1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d	4		
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f	_		
If you did not	g	Wages from Form 8919, line 6.								•	1g			
get a Form W-2, see	h	Other earned income (see instruct						y .	* *		1h	4	0	•
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1i</u>							
	Z	Add lines 1a through 1h	1							•	1z		81,286	<u>.</u>
Attach Sch. B	2a		2a				axable interest				2b			_
if required.	3a		3a				rdinary divider				3b			_
Standard	4a		4a				axable amount				4b			_
Deduction for—	5a	The late of the second	5a				axable amount			•	5b	11 11		_
Single or Married filing	6a	Laboratory Control of	6a				axable amount				6b	-		_
separately,	C	If you elect to use the lump-sum e				16	-			.				
\$13,850 Married filing	d filing										7	+	16 222	_
jointly or Qualifying	8		Additional income from Schedule 1, line 10								8	+	-16,308	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		64,978	•	
\$27,700 • Head of	10	Adjustments to income from Sche									10		<u> </u>	
household, \$20,800	11	Subtract line 10 from line 9. This is						•	•		11		64,978	
If you checked	12	Standard deduction or itemized				•				• •	12		13,850	•
any box under Standard	13	Qualified business income deducti									13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13			 O This is w						14		13,850	<u>. </u>

Form 1040 (2023	3)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	6,555.		
Credits	17	Amount from Schedule 2, line 3	17	,		
	18	Add lines 16 and 17	18	6,555.		
	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	6,555.		
	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	6,555.		
Payments	25	Federal income tax withheld from:		.,		
	а	Form(s) W-2				
	b	Form(s) 1099				
	C	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	10,426.		
	26	2023 estimated tax payments and amount applied from 2022 return	26	7 = 11		
If you have a liqualifying 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	1			
	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	10,426.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,871.		
neiuliu	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	3,871.		
Direct deposit?	b	Routing number X X X X X X X X X	Jour			
See instructions.	d	Account number 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	31	For details on how to pay, go to www.irs.gov/Payments 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				
	ins	elow.	X No			
3		esignee's Phone Personal identifi				
		me no. number (PIN)				
Sign		nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which				
Here						
	YO		RS sent you an Identity ection PIN, enter it here			
Joint return?		SOFTWARE DEVELOPER (see i				
See instructions.	Sp	pouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	e IRS sent your spouse an			
Keep a copy for your records.			Identity Protection PIN, enter it here (see inst.)			
your records.			1151.)			
		none no. (813) 734-0222 Email address AISHWARYARG1991@GMAIL.COM		Ohaali ifi		
Paid		eparer's name Preparer's signature Date PTIN		Check if:		
Preparer		AM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/21/2024 P02082		Self-employed		
Use Only			ne no. (678) 965-9522			
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	Firm's EIN			