

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial VENKATA R	Last name NAGALLAPATI	Your social security number 123 45 3499
If joint return, spouse's first name and middle initial ANANYA	Last name DAS	Spouse's social security number 123 45 4847
Home address (number and street). If you have a P.O. box, see instructions. 4858 MARGINADA WAY		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. LAKE WORTH		State FL
Foreign country name		ZIP code 334675670
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status Single Head of household (HOH)
 Married filing jointly (even if only one had income)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Check only one box.
 If 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 qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 g Wages from Form 8919, line 6 h Other earned income (see instructions) i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h	1a 816,918. 1b 1c 1d 1e 1f 1g 1h 0. 1z 816,918.
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Attach Sch. B if required.	2a Tax-exempt interest 2a 3a Qualified dividends 3a 4a IRA distributions 4a 5a Pensions and annuities 5a 6a Social security benefits 6a	b Taxable interest 2b b Ordinary dividends 3b b Taxable amount 4b b Taxable amount 5b b Taxable amount 6b
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Standard Deduction for—	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 8 Additional income from Schedule 1, line 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	7 8 0. 9 816,918. 10 11 816,918. 12 36,220. 13 14 36,220. 15 780,698.
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Table with columns for line numbers (16-24) and tax amounts. Includes sections for Tax and Credits, with line 24 showing a total tax of 223,922.

Table with columns for line numbers (25-33) and payment amounts. Includes sections for Payments and Refund, with line 33 showing total payments of 126,873.

Table with columns for line numbers (34-36) and refund amounts. Includes sections for Refund and Amount You Owe, with line 37 showing an amount owed of 100,884.

Table with columns for line numbers (37-38) and amounts. Includes sections for Amount You Owe and Third Party Designee, with line 38 showing an estimated tax penalty of 3,835.

Section for Third Party Designee, including checkboxes for 'Yes' or 'No' and fields for name, phone number, and PIN.

Section for Sign Here, including a declaration statement and fields for the preparer's signature, date, occupation, and spouse's information.

Section for Paid Preparer Use Only, including fields for preparer's name, signature, date, PTIN, firm's name, address, phone number, and EIN.