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



| <b>1040</b>                                |                                 | artment of the Treasury-Internal Revenue Serv  S. Individual Income Tax      |            | ırn d                            | 202          | <b>3</b> | OMB No. 1545-   | 0074                       | IRS Use       | Only—[                      | Do not w | rite or sta | ple in this s       | space.       |
|--|---------------------------------|--|------------|----------------------------------|--------------|----------|-----------------|----------------------------|---------------|-----------------------------|----------|-------------|---------------------|--------------|
| For the year Ja                            |                                 | , 2023, ending , 20  |            |                                  |              |          | S               | See separate instructions. |               |                             |          |             |                     |              |
| Your first name and middle initial Last na |                                 |  |            |                                  |              |          |                 |                            | Y             | Your social security number |          |             | nber                |              |
| MOUNIKA                                    | PASUN                           | SUMARTHI   |            |                                  |              |          |                 | 082   89   0521            |               |                             |          |             |                     |              |
| If joint return, s                         | spouse's                        | s first name and middle initial  | Last nan   | ne                               |              |          |                 |                            |               | s                           | pouse'   | s social    | security ı          | number       |
| Home address                               | (numbe                          | er and street). If you have a P.O. box, see                                  | instructio | ns.                              |              |          |                 | Α                          | pt. no.       | P                           | reside   | ntial Ele   | ction Car           | mpaign       |
| _12440 A                                   | LAME                            | DA TRACE CIR   |            |                                  |              |          |                 |                            | 534           |                             |          |             | ou, or you          |              |
| City, town, or                             | oost offi                       | ice. If you have a foreign address, also co                                  | omplete sp | aces below                       | <i>'</i> .   | State    |                 | ZIP co                     |               |                             |          |             | ointly, wand. Check |              |
| AUSTIN                                     |                                 |  |            |                                  |              | TX       |                 | 787                        |               | b                           | ox bel   | ow will r   | not chang           | -            |
| Foreign country name                       |                                 |  | F          | Foreign province/state/county Fo |              |          |                 | Foreig                     | n postal c    | ode y                       | our tax  | or refu     |                     | Spouse       |
| Filing Statu                               | s X                             | Single   |            |                                  |              |          | Head of ho      | useh                       | old (HOF      | 1)                          |          | 7           |                     |              |
| Check only                                 |                                 | Married filing jointly (even if only o                                       | ne had in  | come)                            |              |          |                 |                            |               |                             |          |             |                     |              |
| one box.                                   |                                 | Married filing separately (MFS)  |            |                                  |              |          | Qualifying      | surviv                     | ing spou      | use (Q                      | SS)      |             |                     |              |
|  | lf y                            | you checked the MFS box, enter the   | name of    | your spor                        | use. If you  | chec     | ked the HOH     | or QS                      | SS box,       | enter t                     | he chi   | ld's nar    | ne if the           | <del>)</del> |
|  | qu                              | alifying person is a child but not you                                       | ur depend  | dent:                            |              |          |                 |                            | $\mathbf{A}A$ |                             |          |             |                     |              |
| Distribut                                  | At a                            | ny time during 2023, did you: (a) rec  | oive (as a | reward a                         | ward or n    | avme     | ant for proper  | ty or                      | envices       | · or (b                     | الوء (ا  |             |                     |              |
| Digital<br>Assets                          |                                 | nange, or otherwise dispose of a dig   |            |                                  |              | -        |                 |                            | -             |                             |          | ☐ Ye        | s XI                | No           |
| Standard                                   | _                               | neone can claim: You as a de   |            |                                  |              |          | dependent       |                            | V             |                             | ,        |             |                     |              |
| Deduction                                  |                                 | Spouse itemizes on a separate retur  | n or you   | were a du                        | al-status a  | lien     |                 |                            |               |                             |          |             |                     |              |
| Age/Blindnes                               | s You                           | :  Were born before January 2, 1   | 959        | Are blind                        | Spot         | use:     | ☐ Was born      | n befo                     | re Janua      | ary 2,                      | 1959     | ☐ Is        | blind               |              |
| Dependent                                  | s (see                          | instructions):   |            | (2) Soc                          | ial security |          | (3) Relationshi | p (4                       | Check t       | he box                      | if quali | fies for (s | see instru          | ıctions):    |
| If more                                    | (1) F                           | (1) First name Last name   |            |                                  | number       |          | to you          |                            | Child t       | ax crec                     | lit      | Credit for  | r other dep         | pendents     |
| than four                                  |                                 |  |            |                                  |              |          |                 |                            | [             |                             |          |             |                     |              |
| dependents, see instruction                | ıe                              |  |            |                                  |              |          |                 |                            |               |                             |          |             |                     |              |
| and check _                                |                                 |  |            |                                  |              |          |                 |                            |               |                             |          |             |                     |              |
| here L                                     | <u></u>                         |  |            |                                  |              | J        |                 |                            |               |                             | $\perp$  |             |                     |              |
| Income                                     | 1a                              | Total amount from Form(s) W-2, b   |            |                                  |              |          |                 |                            |               |                             | 1a       |             | 144,9               | <u> 329.</u> |
| Attach Form(s)                             | b                               | Household employee wages not re  |            |                                  | W-2          |          |                 | •                          |               |                             | 1b       |             |                     |              |
| W-2 here. Also                             | С                               | Tip income not reported on line 1a   |            |                                  |              |          |                 |                            |               |                             | 1c       |             |                     |              |
| attach Forms<br>W-2G and                   | d                               | Medicaid waiver payments not rep   |            |                                  |              | struc    | tions)          |                            |               |                             | 1d       |             |                     |              |
| 1099-R if tax                              | е                               | Taxable dependent care benefits  |            |                                  |              | •        |                 |                            |               |                             | 1e       |             |                     |              |
| was withheld.                              | f                               | Employer-provided adoption bene  | efits from | Form 883                         | 9, line 29   |          |                 |                            |               |                             | 1f       | -           |                     |              |
| If you did not                             | g                               | Wages from Form 8919, line 6.  |            |                                  |              |          |                 |                            |               | •                           | 1g       |             |                     |              |
| get a Form<br>W-2, see                     | h                               | Other earned income (see instruct  |            |                                  | * * *        |          |                 | y ×                        |               |                             | 1h       | 4           |                     | 0.           |
| instructions.                              | i                               | Nontaxable combat pay election (   | see instru | uctions) .                       |              |          | <u>1i</u>       |                            |               |                             |          |             |                     |              |
|  | <u>z</u>                        | Add lines 1a through 1h  | 1.         |                                  |              |          |                 |                            |               | • •                         | 1z       |             | 144,9               |              |
| Attach Sch. B                              | 2a                              |  | 2a         |                                  |              |          | kable interest  |                            |               |                             | 2b       | _           |                     | 129.         |
| if required.                               | 3a_                             |  | 3a         |                                  |              |          | dinary dividen  |                            |               | •                           | 3b       | _           | 1                   | 100.         |
| Standard                                   | 4a                              |  | 4a         |                                  |              |          | kable amount    |                            | •             | •                           | 4b       |             |                     |              |
| Deduction for—                             | 5a                              |  | 5a         |                                  |              |          | kable amount    |                            |               | •                           | 5b       | 10 (1       |                     |              |
| Single or<br>Married filing                | 6a                              |  | 6a         |                                  |              |          | kable amount    |                            |               |                             | 6b       |             |                     |              |
| separately,                                | C                               | If you elect to use the lump-sum e   |            |                                  | 15           |          | 3               |                            |               | .                           |          |             |                     | C 7 C        |
| \$13,850<br>Married filing                 | 7<br>8                          | Capital gain or (loss). Attach Sche  |            |                                  | 150          |          |                 |                            |               | . Ц                         | 7        |             | <u>3,6</u>          | <u>676.</u>  |
| jointly or<br>Qualifying                   | Additional income from Schedule |  |            |                                  |              |          |                 |                            | 8             |                             | 150 1    | 0.          |                     |              |
| surviving spouse,                          | 9                               | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> |            |                                  |              |          |                 |                            |               |                             | 9        |             | 150,8               | 334.         |
| \$27,700<br>• Head of                      | 10                              | Adjustments to income from Schedule 1, line 26                               |            |                                  |              |          |                 |                            |               | 10                          |          | 150 -       |                     |              |
| household,<br>\$20,800                     | 11                              | Subtract line 10 from line 9. This is  |            |                                  |              |          |                 |                            | • •           | 21                          | 11       |             | 150,8               |              |
| If you checked                             | 12                              | Standard deduction or itemized   |            |                                  |              | •        |                 |                            |               | •                           | 12       | -           | _13 <b>,</b> 8      | 350.         |
| any box under<br>Standard                  | 13                              | Qualified business income deduct   |            |                                  |              |          |                 |                            |               |                             | 13       |             | 10 1                |              |
| Deduction, see instructions.               | 14                              | Add lines 12 and 13  |            |                                  |              |          |                 |                            |               |                             | 14       |             | 13,8                |              |
|  | / 1 <b>5</b>                    | SUBTRACT LINE 1/1 from line 11 It 70   | ra or loce | ODTOR ()                         | I DIC IC VO  | VILLE TO | vania incom     | _                          |               |                             | - 46     |             | 1 4 6               | -a >< /I     |

| Form 1040 (2023                                       | 3)  |  |                       |                   |                   |                        |       |   | Page <b>2</b>                                |  |  |  |
|---|---|--|-----------------------|-------------------|-------------------|------------------------|-------|---|--|--|--|--|
| Tax and   | 16  | Tax (see instructions). Check  | if any from Form      | (s): <b>1</b> 881 | 4 <b>2</b> 4972   | 3 🗌                    |       | 16  | 26,058.                                      |  |  |  |
| Credits   | 17  | Amount from Schedule 2, lir  |                       |                   |                   |                        |       | 17  |  |  |  |  |
|   | 18  | Add lines 16 and 17  |                       |                   |                   |                        |       | 18  | 26,058.                                      |  |  |  |
|   | 19  | Child tax credit or credit for   | other dependent       | ts from Sched     | ule 8812          |                        |       | 19  | ·  |  |  |  |
|   | 20  | Amount from Schedule 3, lir  |                       |                   |                   |                        |       | 20  | 3.   |  |  |  |
|   | 21  | Add lines 19 and 20  |                       |                   |                   |                        |       | 21  | 3.   |  |  |  |
|   | 22  | Subtract line 21 from line 18  | . If zero or less,    | enter -0          |                   |                        |       | 22  | 26,055.                                      |  |  |  |
|   | 23  | Other taxes, including self-e  | mployment tax,        | from Schedule     | 2, line 21        |                        |       | 23  | 0.   |  |  |  |
|   | 24  | Add lines 22 and 23. This is   | your <b>total tax</b> |                   |                   |                        |       | 24  | 26,055.                                      |  |  |  |
| Payments  | 25  | Federal income tax withheld  | from:                 |                   |                   |                        |       |   |  |  |  |  |
| •   | а   | Form(s) W-2  |                       |                   |                   | <b>25a</b> 1           | ,513. |   |  |  |  |  |
|   | b   | Form(s) 1099   |                       |                   |                   | 25b                    |       |   |  |  |  |  |
|   | С   | Other forms (see instruction   | s)                    |                   |                   | 25c                    |       |   |  |  |  |  |
| If you have a   | d   | Add lines 25a through 25c  |                       |                   |                   |                        |       | 25d   | 1,513.                                       |  |  |  |
|   | 26  | 2023 estimated tax paymen  | ts 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   | m Schedule 8812       |                   |                   | 28                     |       |   |  |  |  |  |
|   | 29  | American opportunity credit  | from Form 8863        | 3, line 8         |                   | 29                     | 7     | 7   |  |  |  |  |
|   | 30  | Reserved for future use .  |                       |                   |                   | 30                     |       |   |  |  |  |  |
|   | 31  | Amount from Schedule 3, lir  | ne 15                 |                   |                   | 31                     |       |   |  |  |  |  |
|   | 32  | Add lines 27, 28, 29, and 31   | . These are your      | total other pa    | yments and refu   | indable credits        |       | 32  |  |  |  |  |
|   | 33  | Add lines 25d, 26, and 32. T   | hese are your to      | tal payments      |                   |                        |       | 33  | 1,513.                                       |  |  |  |
| Refund  | 34  | If line 33 is more than line 24  | 1, subtract line 2    | 4 from line 33.   | This is the amour | nt you <b>overpaid</b> |       | 34  |  |  |  |  |
|   | 35a   |  |                       |                   |                   |                        |       |   |  |  |  |  |
| Direct deposit?                                       | b   |  |                       |                   |                   |                        |       |   |  |  |  |  |
| See instructions.                                     | d   | Account number X X X   |                       |                   |                   |                        |       |   |  |  |  |  |
|   | 36  | Amount of line 34 you want   |                       |                   |                   |                        |       |   |  |  |  |  |
| Amount<br>You Owe                                     | 37  | Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions   |                       |                   |                   |                        |       |   | 25,669.                                      |  |  |  |
|   | 38  |  |                       |                   |                   |                        |       |   |  |  |  |  |
| Third Party   | Do  | you want to allow another  |                       |                   |                   |                        | •     |   |  |  |  |  |
| Designee  |   | instructions   |                       |                   |                   |                        |       |   | <b>⋈</b> No                                  |  |  |  |
| J   |   | signee's   | Phone                 |                   |                   | dentification          |       |   |  |  |  |  |
|   | name no. number (PIN)   |  |                       |                   |                   |                        |       |   |  |  |  |  |
| 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  |   |  |                       |                   | Your occupation   |                        |       |   |  |  |  |  |
|   | 10  | Your signature   |                       | Date              | Your occupation   |                        |       |   | S sent you an Identity on PIN, enter it here |  |  |  |
| Joint return?   |   |  |                       |                   | SOFTWARE I        | EVELOPER               |       | inst.)  |  |  |  |  |
| See instructions.<br>Keep a copy for<br>your records. | Spouse's signature. If a joint return, <b>both</b> must sign. |  |                       | Date              | Spouse's occupati | on                     | Iden  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |  |  |  |  |
|   | Phone no. (717) 562 – 9331 Email address MOUNT                |  |                       |                   |                   | Visited Services       |       |   |  |  |  |  |
|   |   | one no. (717) 562-933<br>eparer's name   | Email address         | MOUNIKAP75        | Check if:         |                        |       |   |  |  |  |  |
| Paid  |   |  | Preparer's signat     |                   |                   |                        |       | 2702  | Self-employed                                |  |  |  |
| Preparer  |   | M PRIYA RAM SAGAR GUPTA  | A KAM SAC             | AK GUPTA          | 03/17/2024        | P0208                  |       |   |  |  |  |  |
| Use Only  |   |  |                       |                   |                   |                        |       |   | e no. (678) 965-9522                         |  |  |  |
| - ,   | Fire  | m's address 245 ROONE  | Firm                  | 's EIN            |                   |                        |       |   |  |  |  |  |