E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See se	parate instructions.		
Your first name and middle initial Last name				ame				Your so	cial security number		
RAJ KUI				CUMAR					083   31   1077		
				ast name					Spouse's social security number		
POOJA SING				GH					564 54 6546		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Preside	ntial Election Campai		
4612 JAI	LBER'	Г DR							here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below. State			ZIP code		if filing jointly, want \$3 this fund. Checking a		
GLEN ALI	LEN			VA			23060	box below will not change			
Foreign country	y name		Foreign province/state/county		Foreign postal code	your tax	c or refund.				
									You Spous		
Filing Status	s $\square$	Single				Head of ho	usehold (HOH)				
Check only	X	Married filing jointly (even if only or	ne had	income)		_			<b>Y</b>		
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS							,		
	•	ou checked the MFS box, enter the			u che	cked the HOH	or QSS box, ent	er the ch	ld's name if the		
	qu	alifying person is a child but not you	ır depei	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for proper	tv or services): o	r (b) sell.			
Assets		nange, or otherwise dispose of a digi	•					. ,	☐ Yes 🗵 No		
Standard	Som	neone can claim: You as a de	penden	t Your spouse	e as a	a dependent		-			
Deduction		Spouse itemizes on a separate retur	•	-							
								0 4050			
		: Were born before January 2, 1	959 [	_ Are blind Spo	ouse:	was bori	n before January		☐ Is blind		
Dependent	•	•		(2) Social security number	<i>'</i>	(3) Relationshi	Child tax of		fies for (see instructions Credit for other depender		
If more	<u> </u>	irst name Last name			2	to you		redit			
than four dependents,	SAN	ARTH KUMAR		446-65-5343 Son		X					
see instruction	s										
and check here [	1										
	10	Total amount from Form(s) W-2, be	ov 1 /cc	oo instructions)	-			. 1a	149,574		
Income	1a b	Household employee wages not re	` ,					. 1b			
Attach Form(s)	C	Tip income not reported on line 1a						. 10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	`	'	 netru	 ctions)		. 1d			
W-2G and	e	Taxable dependent care benefits f			i ioti u	0110110)		. 1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene						. 1f			
If you did not	g g	Wages from Form 8919, line 6.	1101101	111 01111 0000, 11110 20	•			. 1g			
get a Form	h	Other earned income (see instructi	ions)					. 1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1 <sub>1i</sub>					
	z	Add lines 1a through 1h						. 1z	149,574		
Attach Sch. B	2a	1	2a		<b>b</b> Ta	axable interest		. 2b			
if required.	3a	Qualified dividends	3a		<b>b</b> O	rdinary dividen	ds	. 3b			
	4a	IRA distributions	4a		<b>b</b> Ta	axable amount		. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amount		. 5b	1		
Single or	6a	Social security benefits	6a		<b>b</b> Ta	axable amount		. 6b	1		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)									
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							-3,000		
jointly or	8	Additional income from Schedule	1, line 1	0				. 8	-18,850		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	come			. 9	127,724		
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1,	line 26				. 10			
household,	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross incon	me			. 11			
\$20,800 If you checked	12	Standard deduction or itemized		,	,			. 12	27,700		
any box under Standard	13	Qualified business income deducti	ion fron	n Form 8995 or Form	18995	5-A		. 13			
Deduction, see instructions.	14							. 14	·		
oce monucions.	15	Subtract line 1/1 from line 11 If zer	n or les	e antar -N- This is w	Our +	avahle incom	۵.	15	: 1 100 024		

Form 1040 (2023	3)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	12,620.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	12,620.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	10,620.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	10,620.
<b>Payments</b>	25	Federal income tax withheld from:		
_	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	14,706.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
attacii Scii. Elc.	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		
	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 <b>total payments</b>	33	14,706.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,086.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,086.
Direct deposit?	b	Routing number 1 0 2 0 0 0 7 6 c Type: ▼ Checking Savings		
See instructions.	d	Account number 6 5 9 7 4 6 3 2 9 5		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
Amount 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	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		byou want to allow another person to discuss this return with the IRS? See	elow.	⊠ No
Designee	De	signee's Phone Personal identifi		
	naı			
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
пеге	Yo			nt you an Identity IN, enter it here
Joint return?		SOFTWARE PROFESSIONAL (see i		
See instructions. Keep a copy for your records.	Sp	Identi	ity Prote	nt your spouse an ection PIN, enter it here
		SOFTWARE PROFESSIONAL   (see i	nst.)	
		one no. (720)900-8260 Email address RAJSHARMA1082@GMAIL.COM		
Paid	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470		Self-employed
Use Only	Fire	m's name GLOBAL TAXES LLC Phon	e no. (	678)965-9522
Coc Only	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	s EIN	88-2145487