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 Jan	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	parate instructions	3.	
Your first name and middle initial Last name						,	Your social security number					
RAJ KUM				UMAR						083 31 1077		
				ast name					Spouse's social security numbe			
POOJA SING				NGH					564 54 6546			
	(numb	er and street). If you have a P.O. box, see					Apt. n	10.		ntial Election Camp	aign	
4612 JAI	BER	T DR							Check h	ere if you, or your	_	
		fice. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code			if filing jointly, want		
GLEN ALI	LEN			VA 2			23060	to go to this fund. box below will not			g a	
Foreign country name				Foreign province/state/	count	у	Foreign po			or refund.		
										☐ You ☐ Spo	ouse	
Filing Status	; [Single				Head of ho	usehold (НОН)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)	QSS)									
	lf	you checked the MFS box, enter the	name o	of your spouse. If you	u che	cked the HOH	or QSS b	ox, enter	the chil	d's name if the		
	qı	ualifying person is a child but not you	ır depei	ndent:								
Distrib	Λ+ α	iny time during 2023, did you: (a) rec	oivo (ac	a roward award or	navn	ant for proper	ty or cory	icos): or (h) coll			
Digital Assets		hange, or otherwise dispose of a dig	`	, ,	. ,		,	,,,	, ,	☐ Yes 🏻 No	,	
Standard		neone can claim: You as a de					y. (555		,			
Deduction	_	Spouse itemizes on a separate retur	•			a dependent						
				_	anon							
Age/Blindness	You	: Were born before January 2, 1	959 L	Are blind Spo	ouse:	Was borr	n before J			Is blind		
Dependents				(2) Social security	у	(3) Relationship	h 1.,			ies for (see instruction	,	
If more	<u>``</u>	First name Last name		numbér	_	to you	C	hild tax cre	edit	Credit for other depend	dents	
than four dependents,	SA	MARTH KUMAR		446-65-534	: 3	Son		$\overline{\mathbf{x}}$				
see instructions	s											
and check	ı —								-			
here L		T. I	4 (140.57	1	
Income	1a	Total amount from Form(s) W-2, b	` ,						1a	149,57	4.	
Attach Form(s)	b	Household employee wages not re							1b	+		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a		1					1c	+		
W-2G and	d	Medicaid waiver payments not rep			mstru	ctions)			1d	+		
1099-R if tax was withheld.	e •	Taxable dependent care benefits f							1e	-		
If you did not	f	Employer-provided adoption bene Wages from Form 8919, line 6.	illo IIOI	11 FOITH 6659, IIITE 29					1f	-		
get a Form	g h	Other earned income (see instruct	ione)						1g 1h		0.	
W-2, see instructions.		Nontaxable combat pay election (s					 		• • • • • • • • • • • • • • • • • • • •		-	
ilistructions.	z	Add lines 1a through 1h	300 11130	ructions)					1z	149,57	4.	
Attack Cab D	2a	·	2a	· · · · · i	 h Ta	axable interest			2b			
Attach Sch. B if required.	3a		3a			rdinary dividen			3b	-		
	4a		4a			axable amount			4b			
Standard	5a		5a			axable amount			5b			
Deduction for— Single or	6a		6a			axable amount			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here				\square				
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	-3,00	0.	
Married filing jointly or	8	Additional income from Schedule 1, line 10							8		0.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	146,57	4.	
\$27,700	10	Adjustments to income from Schedule 1, line 26							10			
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11	146,57	4.	
\$20,800	12	Standard deduction or itemized	deduct	tions (from Schedule	e A)				12			
If you checked any box under	13	Qualified business income deduct	ion fron	n Form 8995 or Form	n 899	5-A			13			
Standard Deduction,	14	Add lines 12 and 13							14	27,70	0.	
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loc	e ontor O This is w	(OUF +	avable income	_		15	118 87	1	

Form 1040 (2023	3)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	16,767.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,767.
	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	14,767.
	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	14,767.
Payments	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,	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	7	
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15	7	
	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	14,706.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
11010111	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number X X X X X X X X X		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	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 amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	61.
rou owe	38		31	01.
Third Party		Estimated tax penalty (see instructions)		
Designee		structions	below.	⋈ No
J		signee's Phone Personal identi	fication	
	na		4l l 4	-fl
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
Here				nt you an Identity
	10			IN, enter it here
Joint return?		SOFTWARE PROFESSIONAL (see	inst.)	
See instructions.			ne IRS sent your spouse an	
Keep a copy for your records.			itity Prote inst.)	ection PIN, enter it here
, 501 1000100.		SOFTWARE PROFESSIONAL		
		one no. (720)900-8260 Email address RAJSHARMA1082@GMAIL.COM		Chook if:
Paid		Preparer's name Preparer's signature Date PTIN	0000	Check if:
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247		Self-employed
Use Only				678)965-9522
- 3	Fin	m's address 245 ROONEY CT F. BRIINSWICK N.J. 08816	i's FIN	88-2145487