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



| £1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | urn | 202 | 3 | OMB No. 1545-0 | 0074 | IRS Use Only | –Do not v | vrite or staple in thi | is space. |
|---|--|--|---|-------------|---------------------------|-------|------------------|----------|---------------|-----------|---|-------------|
| For the year Ja | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ing | | | , 20 | See se | parate instruct | tions. |
| Your first name | e and m | iddle initial | Last na | ame | | | | | | Your so | ocial security nu | umber |
| ADITHYA | | | BHA | LAJI | | | | | | 819 | 61 5282 | 2 |
| | spouse's | s first name and middle initial | Last na | | | | | | | | 's social securit | |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | | A | Apt. no. | Preside | ential Election C | ampaigr |
| 197 WOO: | DCRE: | EK TERRACE | | | | | | | | Check | here if you, or y | our/ |
| City, town, or p | oost offi | ice. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ite | ZIP c | ode | | if filing jointly, | |
| FREMONT | | | | | | CF | A | 945 | 39 | | o this fund. Che low will not cha | |
| Foreign countr | y name | | | Foreign p | rovince/state/o | count | ty | Foreig | n postal code | 1 | x or refund. | 90 |
| | | | | | | | | | | | You | Spouse |
| Filing Status | s 🗵 | Single | ' | | | | Head of ho | useh | old (HOH) | • | | |
| Check only | | Married filing jointly (even if only o | ne had | income) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying s | surviv | ing spouse | (QSS) | | |
| | lf y | you checked the MFS box, enter the | name | of your s | pouse. If you | ı che | ecked the HOH | or Q | SS box, ente | er the ch | ild's name if th | ne |
| | qu | ıalifying person is a child but not you | ır depe | ndent: | | | | | | | | |
| Digital | Δta | ny time during 2023, did you: (a) rec | aiva (as | a rewar | d award or i | navr | ment for proper | hy or | sarvicas): or | (h) sell | | |
| Assets | | nange, or otherwise dispose of a dig | • | | | | | - | | . , | ☐ Yes 🏻 | No |
| Standard | | neone can claim: You as a de | | | | | a dependent | , . (= . | | , | | |
| Deduction | _ | Spouse itemizes on a separate retur | • | | | | • | | | | | |
| | | | | | | | | I C. | | 1050 | | |
| | | : Were born before January 2, 1 | 959 [| Are b | • | use | | 14 | ore January 2 | - | Is blind | tw.cations) |
| Dependent | | | | (2) | Social security number | | (3) Relationship |) (4 | Child tax c | | ifies for (see inst Credit for other d | |
| If more | (1) | irst name Last name | | 1.4111 | | | to you | | | | | Сропасна |
| than four dependents, | | | | | | | | | | | H | |
| see instruction | ıs — | | | | | | | | | | H H | |
| and check here | 1 — | | | | | | | | | | | |
| | 1a | Total amount from Form(s) W-2, b | ov 1 (e | instruc | rtions) | | | | | . 1a | 35 | ,747. |
| Income | b | Household employee wages not re | , | | , | | | | | | | 7 1 7 . |
| Attach Form(s) | C | Tip income not reported on line 1a | • | | . , | | | | | . 10 | | |
| W-2 here. Also attach Forms | d | · | n line 1a (see instructions) s not reported on Form(s) W-2 (see instructions) | | | | | | | . 10 | | |
| W-2G and | e | Taxable dependent care benefits f | | | | 13110 | | | | . 16 | | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | | | | | | | . 11 | | |
| If you did not | g g | Wagaa from Form 2010 line 6 | | | | | | | | . 10 | | |
| get a Form | h | Other earned income (see instruct | | | | | | | | . 1h | _ | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | | | | 1i | Ϊ. | | | | |
| | Z | Add lines 1a through 1h | | | | | | | | . 1z | 35, | 747. |
| Attach Sch. B | 2a | | 2a | , | ĺ | b T | axable interest | | | . 2t | | |
| if required. | 3a | · – | 3a | | | | ordinary dividen | ds . | | | | |
| | 4a | IRA distributions | 4a | | | | axable amount | | | | , | |
| Standard | 5a | Pensions and annuities | 5a | | | b T | axable amount | | | . 5k | . | |
| Deduction for— Single or | 6a | Social security benefits | 6a | | | b T | axable amount | | | . 6b | , | |
| Married filing separately, | c If you elect to use the lump-sum election method, check here | | | | | (see | instructions) | | | | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | | |
| Married filing jointly or | 8 | | chedule 1, line 10 | | | | | | | . 8 | -5, | ,068. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | | . 9 | 30, | ,679. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | | . 10 |) | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | ract line 10 from line 9. This is your adjusted gross income | | | | | | | 30, | ,679. | |
| \$20,800 • If you checked | 12 | Standard deduction or itemized | deduction or itemized deductions (from Schedule A) | | | | | | . 12 | | ,850. | |
| any box under | 13 | Qualified business income deduct | ion fror | n Form 8 | 995 or Form | 899 | 5-A | | | . 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | . 14 | 13, | ,850. |
| see instructions. | 15 | Subtract line 1/1 from line 11 If zer | o or loc | ontor | O This is w | our t | tavabla inaama | | | 15 | 1 16 | 829 |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 | |
|-------------------------------|---------|--|---|-------------------|-------------------|--|--------------------|--|-------------------------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 1,799. | |
| Credits | 17 | Amount from Schedule 2, lir | | | | | | 17 | · | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 1,799. | |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | , | |
| | 20 | Amount from Schedule 3, lin | • | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 1,799. | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is | | | • | | | 24 | 1,799. | |
| Payments | 25 | Federal income tax withheld | | | | | | | , | |
| , | а | Form(s) W-2 | | | | 25a 5 | ,475. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 5,475. | |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 |)22 return | | | 26 | · | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | ne 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | indable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. T | • | = | = | | | 33 | 5,475. | |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 3,676. | |
| | 35a | Amount of line 34 you want | refunded to you | ı. If Form 8888 | is attached, chec | k here | | 35a | 3,676. | |
| Direct deposit? | b | Routing number 1 1 1 | | | | | Savings | | | |
| See instructions. | d | Account number 5 3 6 | 7 6 6 9 | 1 1 | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 07 | | |
| Tou Owe | 38 | Estimated tax penalty (see in | _ | - | | 38 | | 37 | | |
| This Death | | | | | | | | | | |
| Third Party Designee | | you want to allow another | • | | rn with the IRS? | | mplete b | elow | ⋈ No | |
| Designee | | signee's | | Phone | | | onal identif | | | |
| | nai | | | no. | | | er (PIN) | | | |
| Sign | | der penalties of perjury, I declare the | | | | | | | | |
| Here | be | let, they are true, correct, and com | r than taxpayer) is based on all information of which preparer has any kno Your occupation If the IRS sent you an Iden | | | | | | | |
| | Yo | ur signature | | Date | | | nt you an Identity | | | |
| Joint return? | | | | | INTERN | | | rotection PIN, enter it here ee inst.) | | |
| See instructions. | Sp | ouse's signature. If a joint return, I | both must sian. | Date | Spouse's occupati | on | If the | IRS se | nt your spouse an | |
| Keep a copy for your records. | | , | | | Ident | Identity Protection PIN, enter it here (see inst.) | | | | |
| | ——Ph | one no. (979) 635-051 | 9 | Email address | ADITHYA99F | B@GMAIL.COM | | | | |
| | | eparer's name | Preparer's signat | l . | | Date Date | PTIN | | Check if: | |
| Paid | SYA | M PRIYA RAM SAGAR GUPTA | SYAM PRIY. | A RAM SAO | GAR GUPTA | 04/03/2024 | P02082 | 2703 | Self-employed | |
| Preparer | | m's name GLOBAL TA | | | | | | | (678) 965-9522 | |
| Use Only | | | Y CT E BRU | NSWICK N | J 08816 | | Firm' | | <u> </u> | |
| Go to www.irs.go | ov/Form | n1040 for instructions and the late | st information. | | BAA | REV 03/07/24 PRO | | | Form 1040 (2023) | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

ADITHYA BHALAJI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01

Your social security number
819-61-5282

| Taxable refunds, credits, or offsets of state and local income taxes Alimony received Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach income or (loss). Attach Schedule F Junemployment compensation Other income: Alter income: Alter income: Alter operating loss Cambling Cancellation of debt Foreign earned income exclusion from Form 2555 Choome from Form 8853 Choome from Form 8889 Alaska Permanent Fund dividends Lury duty pay | ach S | chedule E | . 2a . 3 . 4 . 5 | -5 | 5,068. |
|--|---|---|--|---|--|
| Date of original divorce or separation agreement (see instructions): Business income or (loss). Attach Schedule C | 8a 8b 8c 8d 8e 8f 8g | chedule E | 3 4 5 6 | -5 | ,068 |
| Business income or (loss). Attach Schedule C | 8a 8b 8c 8d 8e 8f 8g | chedule E | . 3 . 4 . 5 . 6 | -5 | 5,068 |
| Business income or (loss). Attach Schedule C | 8a 8b 8c 8d 8e 8f 8g | chedule E | . 3 . 4 . 5 . 6 | -5 | 5,068 |
| Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att farm income or (loss). Attach Schedule F | 8a 8b 8c 8d 8e 8f 8g | chedule E | . <u>5</u> | -5 | 5,068 |
| Farm income or (loss). Attach Schedule F | 8a 8b 8c 8d 8e 8f 8g | | . 6 | -5 | 5,068 |
| Unemployment compensation | 8a 8b 8c 8d 8e 8f 8g | | | | |
| Other income: Net operating loss | 8a 8b 8c 8d 8e 8f 8g | (| . 7 | | |
| Net operating loss | 8b 8c 8d 8e 8f 8g | (|) | | |
| Cancellation of debt | 8b 8c 8d 8e 8f 8g | (|) | | |
| Cancellation of debt | 8c 8d 8e 8f 8g | (|) | | |
| Cancellation of debt | 8d 8e 8f 8g | (|) | | |
| ncome from Form 8853 | 8e 8f 8g | (|) | | |
| ncome from Form 8889 | 8f 8g | | | | |
| Alaska Permanent Fund dividends | 8g | | | 1 | |
| ury duty pay | | | | | |
| | Ωh | | | | |
| | OII | | | | |
| Prizes and awards | 8i | | | | |
| Activity not engaged in for profit income | 8j | | | | |
| Stock options | 8k | | | | |
| ncome from the rental of personal property if you engaged in the rental | | | | | |
| or profit but were not in the business of renting such property | 81 | | | | |
| Dlympic and Paralympic medals and USOC prize money (see | | | | | |
| , | 8m | | | | |
| , | 8n | | | | |
| | 80 | | | | |
| | a8 | | | | |
| | | | | | |
| | 8r | | | | |
| | | | | | |
| | 8s | (|) | | |
| | | , | | | |
| | 8t | | | | |
| | | | | | |
| Other income. List type and amount: | | | | | |
| | 8z | | | | |
| | | | . 9 | | |
| | nstructions) section 951(a) inclusion (see instructions) section 951A(a) inclusion (see instructions) section 461(l) excess business loss adjustment saxable distributions from an ABLE account (see instructions) scholarship and fellowship grants not reported on Form W-2 lontaxable amount of Medicaid waiver payments included on Form 040, line 1a or 1d sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan | section 951(a) inclusion (see instructions) | section 951(a) inclusion (see instructions) section 951A(a) inclusion (see instructions) section 951A(a) inclusion (see instructions) section 461(l) excess business loss adjustment saxable distributions from an ABLE account (see instructions) scholarship and fellowship grants not reported on Form W-2 scholarship and fellowship grants | section 951(a) inclusion (see instructions) section 951A(a) inclusion (see instructions) section 951A(a) inclusion (see instructions) section 461(l) excess business loss adjustment saxable distributions from an ABLE account (see instructions) scholarship and fellowship grants not reported on Form W-2 scholarship and fellowship grants not reported on Form W-2 scholarship and fellowship grants included on Form 040, line 1a or 1d section 457 plan | section 951(a) inclusion (see instructions) section 951A(a) inclusion (see instructions) section 461(l) excess business loss adjustment saxable distributions from an ABLE account (see instructions) scholarship and fellowship grants not reported on Form W-2 lontaxable amount of Medicaid waiver payments included on Form 040, line 1a or 1d sension or annuity from a nonqualifed deferred compensation plan or nongovernmental section 457 plan section 951A(a) inclusion (see instructions) section 461(l) excess business loss adjustment secti |

Schedule 1 (Form 1040) 2023 Page **2**

| Par | t II Adjustments to Income | | | |
|-----|---|------|----|-------|
| 11 | Educator expenses | | 11 | _ |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government | nent | | _ |
| | officials. Attach Form 2106 | 🗠 | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | 🗀 | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | _ |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | _ |
| 17 | Self-employed health insurance deduction | 🗠 | 17 | _ |
| 18 | Penalty on early withdrawal of savings | | 18 | _ |
| 19a | Alimony paid | | 9a | _ |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | _ |
| 21 | Student loan interest deduction | | 21 | _ |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | 🛂 | 23 | _ |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | rental of personal property engaged in for profit | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | | |
| _ | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | | | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | | | |
| Z | Other adjustments. List type and amount: | | | |
| | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and | | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | 1 | 26 | _ |

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

Your social security number

| ADI | ГНҮА ВНАLAJI | | | | | | 819-6 | 1-5282 | | |
|----------|--|--------------|-----------------|--------------|---------|---------------|--------------|---------|----------|--|
| Par | | | | • | | ations If | | dales-1 | f- · · · | |
| | Note: If you are in the business of renting personal properental income or loss from Form 4835 on page 2, line 40. | | | | | | | | | |
| | Did you make any payments in 2023 that would require you | | | | | | | | | |
| <u>B</u> | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | | | s U No | |
| 1a | Physical address of each property (street, city, state, ZI | P code) | | | | | | | | |
| Α | 33,2ND CROSS STREET SHANKAR NAGAR CHRO | OMEPET, | CHEN | NAI : | IN 6 | 00044 | | | | |
| В | | | | | | | | | | |
| C | | | | | 1 | | | | I | |
| 1b | Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair | rental and | and Days | | | | Person Da | QJV | | |
| A | personal use days. Check the Q if you meet the requirements to | | nly | Α | | 365 | | 0 | | |
| В | qualified joint venture. See instru | | | В | | | | | | |
| C | | | | С | | | | | | |
| | of Property: | | | | _ | 0 1/ 5 | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren | | Land | | | Self-Rental | !!\ | | | |
| 2 | Multi-Family Residence 4 Commercial | 6 | Roya | ities | 8 | Otner (desc | ribe) | | | |
| | | | | | | Propert | ies: | | | |
| Incor | | | | Α | | В | | | С | |
| 3 | Rents received | 3 | | 5 | 21. | | | | | |
| _4 | Royalties received | 4 | | | | | | | | |
| - | nses: | _ | | | - | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 7 | | 7 | 85. | | | | | |
| 7 8 | Cleaning and maintenance | 8 | | / | 03. | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | 11 | | 1,0 | 01. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | 0 = 1 | | | | | |
| 13 | Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 1,6 | 21. | | | | | |
| 15 | Supplies | 15 | | 1,2 | 11. | | | | | |
| 16 | Taxes | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 9 | 71. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 5 , 5 | 89. | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -5,0 | 68 | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | 21 | | <u> </u> | 00. | | | | | |
| | on Form 8582 (see instructions) | 22 (| | 5.06 | 8.) | (|) | (|) | |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 521. | \ | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 23b | | - | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | | 5,589. | | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | t include a | any los | sses | | | . 24 | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | te losses fi | rom lin | e 22. Ei | nter to | tal losses he | re 25 | (| 5,068.) | |
| 26 | Total rental real estate and royalty income or (loss). | | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a | | | | | | 1 1 | | F 0.00 | |
| | - achequie i trotti 1040), ilile 5. Otherwise incilide this a | HIOUNT IN | me m | ai on II | HE 41 | on bade 2 | . 26 | | -5.068 | |