

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 SIRISH Last name PULIJALA Your social security number 091 97 0652

If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. 1050 LENOX PARK BLVD NE Apt. no. 11403 Presidential Election Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. ATLANTA GA ZIP code 30319
Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

Filing Status [X] 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 [X] 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

Table with 5 columns: (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. Includes rows for dependents and checkboxes for more than four dependents.

Income section table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (75,257); 1b Household employee wages; 1c Tip income; 1d Medicaid waiver payments; 1e Taxable dependent care benefits; 1f Employer-provided adoption benefits; 1g Wages from Form 8919; 1h Other earned income (0); 1i Nontaxable combat pay election; 1z Add lines 1a through 1h (75,257).

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest (210); 3a Qualified dividends; 3b Ordinary dividends; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss); 8 Additional income from Schedule 1, line 10 (-10,534); 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income (64,933); 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income (64,933); 12 Standard deduction or itemized deductions (from Schedule A) (13,850); 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 (13,850); 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income (51,083).

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax: 5,007.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments: 8,995.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of refund: 3,988.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount owed: 1,017.

Third Party Designee section. Includes fields for name, phone number, and PIN. Designation: No.

Sign Here section. Includes signature lines for taxpayer and spouse, with occupation and date fields.

Paid Preparer Use Only section. Includes fields for preparer name, signature, date, PTIN, firm name, address, and phone number.