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

<b>1040</b>	•	artment of the Treasury-Internal Revenue Servi		rn 2	<b>2023</b>	OMB No. 1	545-0074	IRS Use	Only—E	o not wr	ite or staple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		,	2023, ending	)		, 20	s	ee sep	arate instructions.
Your first name	and m	iddle initial	Last name	e					Y	our soc	cial security number
SESHAGI	RIRA	0	YENDL	URI						018	04 2917
		s first name and middle initial	Last name						s	pouse's	social security number
SHARMIL	A		BANDA	RUPALI	ıΙ					119	87   4833
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ıs.				Apt. no.	Р	residen	itial Election Campaig
9865 GL	ENFI	ELD AVE							c	heck h	ere if you, or your
City, town, or	ost offi	ce. If you have a foreign address, also co	mplete spa	aces below.	S	State	ZIP	code			f filing jointly, want \$3 this fund. Checking a
_Plain C	ity				(	OH	43	064		•	w will not change
Foreign countr	y name		Fo	reign provii	nce/state/cou	unty	Fore	ign postal c	ode y	our tax	or refund.  You Spous
Eiling Status	,	Single				☐ Head o	of house	hold (HOF	1)	-	C3 194 C3 194111
Filing Status	s ∟ ×		ne had inc	come)		□ Head C	n nouse	noid (Fior	"		
Check only	Ē	Married filing separately (MFS)	no nao mo	301110)		☐ Qualify	ing surv	iving spou	ise (O	SS)	
one box.	If v	you checked the MFS box, enter the	name of	vour spou	ise If you c	-	-			-	d's name if the
		alifying person is a child but not you			.cc. 11 year	noonoa ino r	.01101	200 2011,			
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig									☐ Yes
Standard		neone can claim: You as a de				ıs a depende				<u>,                                      </u>	
Deduction		Spouse itemizes on a separate retur	n or you v								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spous	se: Was	born be	fore Janua	ary 2, 1	1959	☐ Is blind
Dependent			T	(2) Soci	al security	(3) Relation					ies for (see instructions
If more		(1) First name Last name			mber	to yo				1	Credit for other dependent
than four	DHA	ARMIK YENDLURI		968-9	0-8321	Daught	er	[			X
dependents,	TAI	NISH YENDLURI		705-8	6-4036	Daughter		×			
see instruction and check	s —										
here	]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruction	ns)					1a	336,205.
Attach Form(s)	b	Household employee wages not re	eported or	n Form(s)	W-2					1b	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see instr	ructions)						1c	
attach Forms	d	Medicaid waiver payments not rep	edicaid waiver payments not reported on Form(s) W-2 (see instructions)						1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Form	2441, line	e 26 .					1e	
was withheld.	f	Employer-provided adoption bene	fits from F	Form 8839	), line 29					1f	
If you did not	g	Wages from Form 8919, line 6 .								1g	
get a Form W-2, see	h	Other earned income (see instruct	ions) .							1h	0.
instructions.	i	Nontaxable combat pay election (s	see instru	ctions) .		[	1i				
	z	Add lines 1a through 1h								1z	336,205.
Attach Sch. B	2a	· _	2a			Taxable inte				2b	
if required.	3a		3a			Ordinary div				3b	
Standard	4a		4a		b	Taxable amo	ount .			4b	
Deduction for—	5a		5a			Taxable amo				5b	
Single or Married filing	6a		6a			Taxable amo				6b	
separately,	C	If you elect to use the lump-sum e			•		,		· 📙		2 222
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•	•			. Ц	7	-3,000.
jointly or Qualifying	8	Additional income from Schedule	-							8	-83,586.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						9	249,619.		
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26						10			
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income						11	249,619.		
If you checked	12	Standard deduction or itemized								12	27,700.
any box under Standard	13	Qualified business income deduct								13	0.7. 5.5
Deduction, see instructions.	14	Add lines 12 and 13								14	27,700.
	14	SUBTROOT UPO 1/1 trom line 11 lf zer	O OF LOCE	ODTOR ()	I DIC IC VOII	r tavabla inc	ama			- 45	

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	40,061.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	40,061.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,500.
	20	Amount from Schedule 3, line 8	20	600.
	21	Add lines 19 and 20	21	3,100.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	36,961.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	838.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	37,799.
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	30,916.
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		
	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	2,742.
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	33,658.
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	
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings		
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		
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 www.irs.gov/Payments or see instructions	37	4,141.
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See tructions	oolow	⊠ No
Designee		signee's Phone Personal identity		⊠ NO
	nai		lcation	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo			nt you an Identity IN, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.)	
See instructions. Keep a copy for	Sp	Iden	tity Prote	nt your spouse an ection PIN, enter it here
your records.		SOFTWARE ENGINEER (see	inst.)	
		one no. (614)302-9417 Email address YENDSONLINE@GMAIL.COM		
Paid		parer's name Preparer's signature Date PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247		Self-employed
Use Only				678)965-9522
	Fir	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	88-2145487

#### **SCHEDULE C** (Form 1040)

### **Profit or Loss From Business**

(Sole Proprietorship)

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

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

Name of proprietor Social security number (SSN) 119-87-4833 SHARMILA BANDARUPALLI Α Principal business or profession, including product or service (see instructions) B Enter code from instructions SOFTWARE SERVICES 5 1 9 2 0 C Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) 2 1 4 7 3 1 4 8 OUICKSOL TECHNOLOGY LLC Business address (including suite or room no.) 9865 GLENFIELD AVE Е Plain City, OH 43064 City, town or post office, state, and ZIP code F Accounting method: (1) X Cash (2) Accrual (3) Other (specify) G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses ... X Yes Н Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ... ☐ No X Yes If "Yes," did you or will you file required Form(s) 1099? . . . X No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . 2 2 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 5 5 6 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 Gross income. Add lines 5 and 6 **Expenses.** Enter expenses for business use of your home only on line 30. Part II 12,773. 8 Advertising . . . . Office expense (see instructions) . 19 Pension and profit-sharing plans . 19 9 Car and truck expenses 9 10,808. (see instructions) . . . 20 Rent or lease (see instructions): 10 10 Vehicles, machinery, and equipment Commissions and fees . а 20a 11 Contract labor (see instructions) 11 b Other business property . . . 20b 12 Depletion . . . . 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses . . . . . included in Part III) (see 24 Travel and meals: 13 instructions) Travel . . . . 24a Employee benefit programs 14 Deductible meals (see instructions) 24b 2,700. (other than on line 19) 14 h 920 3,420. 15 Insurance (other than health) 15 25 Utilities . . . . . . . . 25 Interest (see instructions): 26 Wages (less employment credits) 26 16 52,965. Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) . . 27a а 16b h Other . . . . . . Energy efficient commercial bldas 17 Legal and professional services 17 deduction (attach Form 7205). 27b 83,586. 28 Total expenses before expenses for business use of home. Add lines 8 through 27b . . . . . . . 28 29 29 -83,586. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 . 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you 31 -83,586. checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

BAA

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

Part	Cost of Goods Sold (see instructions)	
33	Method(s) used to value closing inventory:  a   Cost  b   Lower of cost or market  c   Other (attach	n explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42
Part		
	See Additional	Vehicle Information
43	When did you place your vehicle in service for business purposes? (month/day/year)	
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle	nicle for:
а	Business b Commuting (see instructions) c Oth	er
45	Was your vehicle available for personal use during off-duty hours?	Yes No
46	Do you (or your spouse) have another vehicle available for personal use?	
47a	Do you have evidence to support your deduction?	
b	If "Yes," is the evidence written?	Yes No
Part		b. or line 30.
	, , , , , , , , , , , , , , , , , , , ,	
BA	CK OFFICE OPERATION EXPENSES	52,965.
48	Total other expenses. Enter here and on line 27a	48 52,965.

## Additional Information From 2023 Federal Tax Return

## Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 24b: 50% limit

Description	Amount
MEALS(12M*\$450P.M)	5,400.
Total	5,400.

## Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 18

### **Itemization Statement**

**Itemization Statement** 

Description		Amount
PRINTER EXPENSES		2,520.
ELETRONIC EXPENSES		10,253.
	Total	12,773.

## Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 15

#### **Itemization Statement**

Description		Amount
INSURANCE		920.
	Total	920.

## Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

## Line 25 Itemization Statement

Description			Amount	
INTERNET(12M*\$60P.M)				720.
ELETRICITY(12M*\$150P.M)				1,800.
MOBILEBILLS(12M*\$75P.M)				900.
			Total	3,420.

## Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

### **Additional Vehicle Info**

### **Continuation Statement**

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?	Is Evidence Written?
08/01/2022	6,000	420	No	No	Yes	No
08/02/2011	10,500	759	No	Yes	Yes	No