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

20**23** OMB No. 1545-0074

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For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ing		, 20	See s	eparate inst	ructions.	
Your first name and middle initial Last				ame				Your s	Your social security number		
PRERNA				GIRI				898	898 04 1119		
If joint return, spouse's first name and middle initial				ame				Spous	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.	Presid	ential Election	on Campaign	
		Y STREET					1		here if you,		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	nplete spaces below. State ZIF			to go to th		e if filing join to this fund.		
MENLO PA						4025	box be	elow will not	change		
Foreign countr	y name		Foreign province/state/county			Fo	Foreign postal code you		your tax or refund. You Spouse		
F::: 01 1		Circula				- f la	ahald (LOU)		100	opouse	
Filing Status	S	」Single]Married filing jointly (even if only o	no had	incomo)	☐ Head	of nous	ehold (HOH)				
Check only	X	Married filing separately (MFS)	ne nau	income)	Oualif	ina su	viving spous	a (OSS)			
one box.		you checked the MFS box, enter the	name o	of your spouse. If you					nild's name	if the	
		alifying person is a child but not you					400 DOM, 01		ma o mamo		
								(1.)			
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi	-						Yes	⊠ No	
Standard		neone can claim: You as a de			e as a depende	_	(OCC IIISTI OCI	10113.)			
Deduction		Spouse itemizes on a separate return		The spinish at a processor							
		·		7			· ·				
		: Were born before January 2, 1	959 [Are blind Spo	use: Was	born b	efore Januar				
Dependent				(2) Social security number	(3) Relation to yo		(4) Check the Child tax		1	instructions): her dependents	
If more	(1) F	irst name Last name		number	to yo	u	Crilid tax	1	Credit for oth	lei dependents	
than four dependents,							-	<u>]</u>]	1	=	
see instruction	s							1		=	
and check here [1]		=	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instructions)				. 1	a	51 , 301.	
	b	Household employee wages not re	1					. 1		<u> </u>	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see in	structions)				. 1	С	_	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1	d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26 .				. 1	е		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29				. 1	f		
If you did not get a Form	g	Wages from Form 8919, line 6 .							g		
W-2, see	h	Other earned income (see instructi		/		i		. 1	h	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i				61,301.	
Attack Oak D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		b Taxable inte			. 2	200	<u>JI, JUI.</u>	
Attach Sch. B if required.	3a		3a		b Ordinary div			. 3			
	4a		4a		b Taxable am				b	_	
Standard	5a		5a		b Taxable am			. 5		_	
Deduction for— Single or	6a		6a		b Taxable am	ount .		. 6	b		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here (see instruction	s) .					
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ired, check he	e .			7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	0				. 8		3,435.	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	ome) (64 , 736.	
\$27,700 Head of	10	Adjustments to income from Sche						_	0		
household, \$20,800	11		9. This is your adjusted gross income							64,736.	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)						. 1		13,850.	
any box under Standard	13							_	3	12 050	
Deduction, see instructions.	14 15							. 1		13,850. 50,886.	
	13	Subtract line 17 HOITI IIIE 11. II ZEI	0 01 162	, Jilio 10-, IIII0 10 yi	our taxable III	Julie		. 1	· ·	, 000 ,	

Fay and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	6,500.
Tax and Credits	17	Amount from Schedule 2, line 3	17	0,300.
Ji Guits	18	Add lines 16 and 17	18	6,500.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	0,300.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,500.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0,300.
	24	Add lines 22 and 23. This is your total tax	24	6,500.
ayments	25	Federal income tax withheld from:	24	0,300.
ayıncıns	a	Form(s) W-2		
	b	Form(s) 1099	1	
	c	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	10,701.
au baua a	26	2023 estimated tax payments and amount applied from 2022 return	26	
ou have a Lalifying child,	27	Earned income credit (EIC)		
ach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8 29	7	
	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 total payments	33	10,701.
efund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,201.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	4,201.
irect deposit?	b	Routing number X X X X X X X X X X X X X X X X X X X		
ee instructions.	d	Account number X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
mount	37	Subtract line 33 from line 24. This is the amount you owe .		
ou Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
hird Party esignee		you want to allow another person to discuss this return with the IRS? See tructions	oelow.	⊠ No
	De	signee's Phone Personal identi	fication	

Here	
Joint return? See instructions. Keep a copy for your records.	

belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

· -	Your signatur		Date	Your occupation POSTDOCTORAL RESEARCHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
ons. for s.	Spouse's sign	nature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
_	Phone no.	(650) 382-7790	Email address	PRERNAGIRI15@GMAIL.COM	

Preparer's signature

Paid
Preparer
Use Only

SYAM PRIYA RA	M SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/10/2024 PC	02082703	Self-employed
Firm's name	GLOBAL TAXES LLC	Phone no.	(678) 965-9522
Firm's address	245 ROONEY CT E BRUNSWICK NJ 08816	Firm's EIN	84-3171965

Preparer's name

PTIN

Date

Check if:

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

PRERNA GIRI

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number 898-04-1119

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-6,906.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	· ·	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
p	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2	8q 8r		
r	Nontaxable amount of Medicaid waiver payments included on Form	Of		
S	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	03 ()		
٠	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z				
_	Other Income from box 3 of 1099-Misc 10,341.	8z 10,341.		
9	Total other income. Add lines 8a through 8z		9	10,341.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			,
	1040, 1040-SR, or 1040-NR, line 8		10	3,435.

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

Part II Adjustments to Income 11 11 12 Certain business expenses of reservists, performing artists, and fee-basis government 12 13 13 14 Moving expenses for members of the Armed Forces. Attach Form 3903 14 Deductible part of self-employment tax. Attach Schedule SE 15 15 16 16 17 17 18 18 19a 19a Date of original divorce or separation agreement (see instructions): 20 20 21 Student loan interest deduction 21 Reserved for future use 22 22 23 Archer MSA deduction 23 24 Other adjustments: Jury duty pay (see instructions) 24a **b** Deductible expenses related to income reported on line 8l from the c Nontaxable amount of the value of Olympic and Paralympic medals Reforestation amortization and expenses 24d Repayment of supplemental unemployment benefits under the Trade 24e Contributions to section 501(c)(18)(D) pension plans . . . 24f Contributions by certain chaplains to section 403(b) plans . . . **24g** h Attorney fees and court costs for actions involving certain unlawful 24h Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect **24i 24**j k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 24k **z** Other adjustments. List type and amount: 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 on 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. Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment Sequence No. 13

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

Your social security number

PREF	RNA GIRI					898-04-111	. 9
Part	Note: If you are	oss From Rental Real Estate and in the business of renting personal proper r loss from Form 4835 on page 2, line 40.		l e C . See ir	nstructions. If you a	are an individual, r	eport farm
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions f "Yes," did you or will you file required Form(s) 1099?						Yes ⊠ No Yes □ No
1a	f "Yes," did you or will you file required Form(s) 1099?						<u> </u>
Α	IN						
В							
C	T (D)	0.5					
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair personal use days. Check the Q.		Fair Rental Days	Personal Use Days	GJA	
A B	3	if you meet the requirements to f		A B	365	0	
С		qualified joint venture. See instru	ictions.	C			
	of Property:						
1	Single Family Resider Multi-Family Resider		tal 5 Land 6 Roy		7 Self-Rental 8 Other (desc	ribe)	
					Propert	ies:	
Incon				Α	В		С
3 4			3	63	4.		
Exper	ises:		4				
5 5			5				
6	_	e instructions)	6				
7	Cleaning and maint	tenance	7	7,54	0.		
8	Commissions .		8				
9			9				
10		ofessional fees	10				
11	-		11				
12 13		paid to banks, etc. (see instructions)	12				
14			14				
15			15				
16			16				
17			17				
18		nse or depletion	18				
19	Other (list)		19				
20		d lines 5 through 19	20	7,54	0.		
21		m line 3 (rents) and/or 4 (royalties). If e instructions to find out if you must					
	file Form 6198 .		21	-6,90	6.		
22		eal estate loss after limitation, if any, instructions)	22 (6,906	5.)()()
23a		s reported on line 3 for all rental prope		_	23a	634.	
b		s reported on line 4 for all royalty prop	erties	_	23b		
C		reported on line 12 for all properties		-	23c		
d		s reported on line 18 for all properties		_	23d	7 540	
e 24		s reported on line 20 for all properties	 Hinaluda anula		23e 7	7,540.	
24 25	•	ive amounts shown on line 21. Do not losses from line 21 and rental real estate	•		or total lagged has	. 24	6 006 1
25 26		state and royalty income or (loss).					6,906.)
26		and IV, and line 40 on page 2 do no					

26

-6,906.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2