<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not w	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name	 ame					Your social security number		
TEJAS PF	RASH	ΑΝΨ	VAN	IJARE								5547
If joint return, spouse's first name and middle initial Last n												security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				Α	pt. no.	Preside	ntial Ele	ection Campaigr
_455 EAS1	11	6TH STREET						3	5			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
NEW YORF	ζ					NY	Z	100	29			not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax		_
											∐ Yo	ou Spouse
Filing Status	; <u>×</u>	Single					Head of ho	buseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)								
one box.	L	Married filing separately (MFS)							ring spouse			
			bu 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									
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for proper	ty or :	services); or	(b) sell,		
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial intere	est ir	n a digital asset	t)? (Se	e instructio	ns.)	<u> </u>	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	alien	1					
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bori	n befc	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationshi	ip (4	) Check the b	ox if quali	fies for (	(see instructions):
If more		(1) First name Last name			number to you			-	Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions												
and check	s											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1a		122,509.
Attach Form(s)	b	Household employee wages not re	•		. ,					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 1c		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d			
1099-R if tax	e	Taxable dependent care benefits f	·						. <u>1</u> e			
was withheld.	f	Employer-provided adoption bene						• •		. 1f		
lf you did not get a Form	g		• • •						. 1g		0.	
W-2, see	h	Other earned income (see instruction	structions)						. 1h		0.	
instructions.	i 7	Nontaxable combat pay election (s Add lines 1a through 1h	see ms	siructions		•••	· · <b>_ II</b>			. 1z		122,509.
Attach Sch. B	z 2a	-	2a		· · · ·		axable interest	• •	• • •	. 12 . 2b	-	,, .
if required.	3a		3a				Ordinary divider			. 26 . 3b	-	34.
	4a		4a				axable amount			. 4b	-	
Standard	5a		5a				axable amount			. 5b	-	
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a		6a				axable amount			. 6b	,	
Married filing separately,	с	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							7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line	10						. 8		-14,773.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							. 9		107,770.	
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11		107,770.
\$20,800 If you checked T	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12	:	13,850.
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	5-A			. 13		
Deduction,	14	Add lines 12 and 13								. 14	-	13,850.
see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income										93,920.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	15,971.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	15 <b>,</b> 971.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	15,971.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	15,971.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 19	9,213.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	19,213.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, line 15         . <th.< th="">         .          .         <th< th=""><th></th><th></th></th<></th.<>							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	19,213.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34	3,242.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							3,242.
Direct deposit?	b	Routing number 0 2 1	Savings						
See instructions.	d	Account number 5 2 7							
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	//Payments or	see instructions			37		
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See			_
Designee	ins	structions				🗌 Yes. C	omplete k	pelow.	× No
	De nai	signee's		Phone no.			sonal identif ber (PIN)	ication	
Ciarra			nat I have examined		accompanying sch		. ,	he hest	of my knowledge and
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
							Prote	ection P	IN, enter it here
Joint return?				ENGINEER				inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I						nt your spouse an ection PIN, enter it here	
your records.						(see		ection Pin, enter it here	
	Ph	one no. (917) 562-533	0	Email address			`	,	
		one no. (917) 562-533 eparer's name	o Preparer's signat		I VANUAREZ	8@GMAIL.COI Date			Check if:
Paid					CIIDUA	04/14/2024	P02082	2703	Self-employed
Preparer	-								(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN	84-3171965
Go to www.irs.cr		1040 for instructions and the late		TADAATOIN IN					Form <b>1040</b> (2023)
GO 10 WWW.IIS.90		in the instructions and the late	scinomation.		BAA	REV 03/07/24 PRO			1 0 m 1 <b>0 T 0</b> (2023)

SCHEDULE	1
(Form 1040)	

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Department of the Treasury

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

-14,773.

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

Your soc	ial security number
	Attachment Sequence No. <b>01</b>

## TEJAS PRASHANT VANJARE 302-79-5547 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: Net operating loss 8a а 8b b 8c С Foreign earned income exclusion from Form 2555 d 8d 8e е 8f f 8g g 8h h i Prizes and awards 8i 8i i 8k Т 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 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q α Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s

. . . . . . . . . . . . .

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

Schedule 1 (Form 1040) 2023

-14,773.

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For Paperwork Reduction Act Notice, see your tax return instructions.

Wages earned while incarcerated

Pension or annuity from a nongualifed deferred compensation plan or

a nongovernmental section 457 plan

Other income. List type and amount:

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	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	19a	
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 8I 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    24d		
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	-	
h	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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE E		Supplemental Income and Loss								OMB No. 1545-0074			
(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										ののつて	
	ent of the Treasury Revenue Service			Attach to Form 1040, irs.gov/ScheduleE fo				Attachment Sequence No. <b>13</b>					
Name(s)	shown on return									Your soci	al security		
TEJA	S PRASHANT	VANJA	ARE							302-7	9-5547		
Part	I Income	or Los	s From Rent	al Real Estate an	nd Ro	yalties				1			
	Note: If yo	ou are in t	he business of r	enting personal proper	rty, use	Schedule	<b>c</b> . Se	e instru	ctions. If you	are an indi	vidual, rep	ort farm	
				<b>35</b> on page 2, line 40.	1 - Cl -	<b>F</b> =	0000	0					
				at would require you		• • •							
				d Form(s) 1099? .							. <u> </u>	s 🗌 No	
1a	Physical addr	ess of e	ach property (	street, city, state, Zll	P code	e)							
Α	A-1501,IV	Y TOWE	ER, VASANT	VALLEY, MALAI	D EAS	ST,MUME	BAI	IN 4	00097				
В													
С													
1b	Type of Prope (from list below			tal real estate properts the number of fair				Fa	Fair Rental Days		nal Use iys	QJV	
Α	3		personal use	e days. Check the Q	JV bo>	IV box only A ile as a			365		0		
В				he requirements to									
С			qualified join	t venture. See instru	lotions	6.	С						
Туре	of Property:									1			
1	Single Family R	esidence	e 3 Vacat	ion/Short-Term Ren	ntal	5 Land	I	7	Self-Rental				
2	Multi-Family Re	sidence	4 Comr	nercial		6 Roya	alties	8	Other (desc	ribe)			
						-			Propert				
Incom							Α		B	162.		С	
3		4			3			644.	D			0	
4					4								
Expen					-								
5					5								
6	0				6								
7		-	-		7		2.4	411.					
8	-				8		_,						
9					9								
10					10								
11	-	-			11		2,3	332.					
12	-			(see instructions)	12								
13	Other interest				13								
14	Repairs				14		3,5	521.					
15	Supplies				15		2,6	685.					
16	Taxes				16								
17	Utilities				17			010.					
18		xpense	or depletion .		18		2,4	458.					
19	Other (list)				19								
20			0	19	20		15,4	417.					
21				d/or 4 (royalties). If									
				ind out if you must			1 / -	770					
					21		-14,7	//3.					
22				er limitation, if any,	22	(	14,7	73.)	(	)	(	)	
23a	Total of all am	ounts re	ported on line	3 for all rental prope	erties			23a		644.			
b	b Total of all amounts reported on line 4 for all royalty properties 23b												
с													
d				18 for all properties				23d		2,458.			
е				20 for all properties				23e	15	5,417.			
24				n on line 21. <b>Do no</b> t		-				. 24			
25	Losses. Add ro	yalty los	ses from line 21	I and rental real estat	e losse	es from lin	e 22. E	Enter to	tal losses he	re <b>25</b>	(	14,773.)	
26	Total rental re	eal esta	te and royalty	income or (loss).	Comb	ine lines	24 and	d 25. E	inter the res	ult			

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -14,773. NPA For Paperwork Reduction Act Notice, see the separate instructions.

-14,773. 26 Schedule E (Form 1040) 2023

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