

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 RAJANI KANTH Last name CHITRALA Your social security number 858 56 8523

If joint return, spouse's first name and middle initial SWETHA Last name CHEKKA Spouse's social security number 813 98 0303

Home address (number and street). If you have a P.O. box, see instructions. 2001 FALLS BLVD Apt. no. 206 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. QUINCY State MA ZIP code 02169 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/country Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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)? Yes 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 6 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Row 1: LIKITHA SRI CHITRALA, 298-67-7762, Daughter, [X], []

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 143,873. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions) 1i. 1z Add lines 1a through 1h 143,873.

Table with rows 2a through 6a. 2a Tax-exempt interest. 2b Taxable interest 68. 3a Qualified dividends 36. 3b Ordinary dividends 56. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 7. 8 Additional income from Schedule 1, line 10. 8 0. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. 9 143,997. 10 Adjustments to income from Schedule 1, line 26. 10. 11 Subtract line 10 from line 9. This is your adjusted gross income. 11 143,997. 12 Standard deduction or itemized deductions (from Schedule A). 12 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 13 0. 14 Add lines 12 and 13. 14 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income. 15 116,297.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	16,197.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	16,197.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	2.
	21	Add lines 19 and 20	21	2,002.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	14,195.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	14,195.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	15,319.
	b	Form(s) 1099	25b	16.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	15,335.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	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	15,335.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,140.															
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,140.															
Direct deposit? See instructions.	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X							
X	X	X	X	X	X	X	X	X	X										
	d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	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	36																

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and 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 signature _____	Date _____	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation TEACHER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (860) 794-6871	Email address CK.RAJNI@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 04/11/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 84-3171965