E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

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			Last name					Your social security number		
CHIRANJEEVI				BHASKARUNI				196 57 1436		
				ame					s social security number	
SWATHI REKHA K				IJETI				765	31 2587	
		er and street). If you have a P.O. box, see				Apt. no.			ntial Election Campaign	
10535 N	MACA	ARTHUR BLVD				1076	1076 Check		nere if you, or your	
	10000	ce. If you have a foreign address, also co	mplete :	te spaces below. State		ZIP code	ZIP code sp		spouse if filing jointly, want \$3	
IRVING				TX		75063			this fund. Checking a ow will not change	
Foreign country name			Foreign province/sta		county	Foreign postal			or refund.	
								☐ You ☐ Spouse		
Filing Status		Single	•		☐ Head of h	ousehold (HC	DH)			
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)	QSS)	ć						
	If y	ou checked the MFS box, enter the	the chi	ld's name if the						
	qua	alifying person is a child but not you	ır depe	endent:						
Digital	Δt an	ny time during 2023, did you: (a) rece	eive (as	s a reward award or	payment for prope	rty or service	s) or (h) sell		
Digital Assets		ange, or otherwise dispose of a digi							☐ Yes ☒ No	
Standard		eone can claim: You as a de			e as a dependent					
Deduction		Spouse itemizes on a separate return								
						un la récure de la		1050		
		Were born before January 2, 1	959 [∐ Are blind Spo	ouse: Was bor	rn before Jan			☐ Is blind	
Dependents	(see instructions):			(2) Social security number	(3) Relationsh to you	Child tax cr		1	fies for (see instructions): Credit for other dependents	
If more	(1)	(1) First name Last name		Humber	to you	Office				
than four dependents,							\vdash			
see instructions	· —						\vdash			
and check here \square						*	\vdash			
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)			Ш_	1a	344,699.	
Income	b	Household employee wages not re						1b		
Attach Form(s)	c	Tip income not reported on line 1a						1c	-	
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
W-2G and	e	Taxable dependent care benefits f						1d 1e	 	
1099-R if tax was withheld.	f	Employer-provided adoption bene						1f	 	
If you did not	g	Wages from Form 8919, line 6 .						1g	-	
get a Form	h	Other earned income (see instructi						1h		
W-2, see instructions.	i	Nontaxable combat pay election (s			1i					
	Z	Add lines 1a through 1h						1z	344,699.	
Attach Sch. B	2a		2a		b Taxable interes	t		2b	0.165	
if required.	3a	Qualified dividends	3a	228.	b Ordinary divide	nds		3b	1,664.	
	4a	IRA distributions	4a		b Taxable amoun	t		4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b Taxable amoun			5b	6	
Single or	6a	Social security benefits	6a		b Taxable amoun	t		6b		
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see instructions)		. \square			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not requ	uired, check here		. 🗆	7	-3,000.	
Married filing jointly or	8	Additional income from Schedule						8	-52,677.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	9	294,151.						
\$27,700	10	Adjustments to income from Sche	10	1						
 Head of household, 	11	Subtract line 10 from line 9. This is	your a	adjusted gross incon	ne			11	294,151.	
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)			12	codisi	
any box under	13	Qualified business income deducti	ion fror	m Form 8995 or Form	8995-A			13	285.	
Standard Deduction,	14	Add lines 12 and 13						14	27,985.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss enter -0- This is w	our taxable incom	ne		15	266,166.	

Form 1040 (2023	3)			Page 2								
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	50,659.								
Credits	17	Amount from Schedule 2, line 3	17									
	18	Add lines 16 and 17	18	50,659.								
	19	Child tax credit or credit for other dependents from Schedule 8812	19									
	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	50,659.								
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,227.								
	24	Add lines 22 and 23. This is your total tax	24	51,886.								
Payments	25	Federal income tax withheld from:		<u>-</u>								
	а	Form(s) W-2										
	b	Form(s) 1099										
	C	Other forms (see instructions)										
	d	Add lines 25a through 25c	25d	50,899.								
If you have a qualifying child,	26	2023 estimated tax payments and amount applied from 2022 return	26									
	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	281.								
	33	Add lines 25d, 26, and 32. These are your total payments	33	51,180.								
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34									
	35a	Amount of line 34 you want refunded to you . 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 X X X X X X X	s									
See 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										
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	706.								
	38	Estimated tax penalty (see instructions)										
Third Party Designee	Do	o you want to allow another person to discuss this return with the IRS? See										
	ins	structions	e below.	⋈ No								
		esignee's Phone Personal ider										
<u>C:</u>		name no. number (PIN) 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										
Sign		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Here	Yo	our signature Date Your occupation If t	the IRS ser	nt you an Identity								
		Pri		IN, enter it here								
Joint return? See instructions. Keep a copy for your records.	_	SOLIMINE ENGINEER	ee inst.)									
			the IRS sent your spouse an lentity Protection PIN, enter it here									
			ee inst.)	schoff in, enter it here								
	Ph	none no. Email address										
		eparer's name Preparer's signature Date PTIN		Check if:								
Paid			82703	Self-employed								
Preparer	N. 104-3449			(678) 965-9522								
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