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



For the year Jan. 1-Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20			, 20	Se	See separate instructions.			
Your first name and middle initial				Last name				Your social security number			
CHIRANJEEVI				BHASKARUNI					196 57 1436		
If joint return, spouse's first name and middle initial Last na									s social security number		
SWATHI H	REKH	A	IJETI			-	765	31 2587			
		er and street). If you have a P.O. box, see				Apt. no.			ntial Election Campaign		
10535 N	MAC	ARTHUR BLVD	107			CI	Check here if you, or your				
	10000	ce. If you have a foreign address, also co	mplete	spaces below.	ZIP code		spouse if filing jointly, want \$3				
IRVING					75063	to go to this fund. Checking box below will not change					
Foreign country name				Foreign province/state/o	county	Foreign postal co					
								☐ You ☐ Spouse			
Filing Status		Single			☐ Head of h	ousehold (HOF	1)				
-		Married filing jointly (even if only or									
Check only one box.		Married filing separately (MFS)	ıse (QS	SS)							
one box.	If v	you checked the MFS box, enter the		ld's name if the							
		ialifying person is a child but not you									
Digital		ny time during 2023, did you: (a) rece							□ v □ v		
Assets		nange, or otherwise dispose of a digi			-	et)? (See instruc	ctions.)		☐ Yes ⊠ No		
Standard	_	neone can claim: You as a de			e as a dependent	,					
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alien						
Age/Blindnes	s You	: Were born before January 2, 19	959 [Are blind Spo	ouse: Was bor	n before Janua	ary 2, 1	959	☐ Is blind		
Dependent				(2) Social security	(3) Relationsh	(4) Check th	ne box i	f qualif	ies for (see instructions):		
-		irst name Last name		number	to you		ax credi	t	Credit for other dependents		
If more than four	-						7				
dependents,							_				
see instruction and check	s						_				
here	1						=				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)				1a	344,699.		
	b	Household employee wages not re						1b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	1c								
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
W-2G and	е	Taxable dependent care benefits f		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	0.		
W-2, see	i	Nontaxable combat pay election (s			1 _{1i}	ì					
instructions.	z	Add lines 1a through 1h			<u> 11</u>			1z	344,699.		
Attach Sch. B if required.	2a		2a		b Taxable interest	t		2b	0.165		
	3a		3a	2 2 2	b Ordinary divide			3b	T		
	4a		4a		b Taxable amoun			4b	2,001.		
Standard	5a		5a		b Taxable amoun			5b			
Deduction for— Single or	6a		6a		b Taxable amoun			6b			
Married filing	C			0.5							
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)							-3,000.		
Married filing	8	Additional income from Schedule						8	61,422.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						9	408,250.		
surviving spouse, \$27,700	10	Adjustments to income from Sche		10	100,200.						
Head of	11	Subtract line 10 from line 9. This is			 me			11	408,250.		
household, \$20,800	12	Standard deduction or itemized						12	00000		
If you checked any box under	13		13	285.							
Standard	14	Qualified business income deduction from Form 8995 or Form 8995-A									
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	15								
			0 01 100	, , , , , , , , , , , , , , , , , , ,	Car taxable incom			1 13	1 200,200.		

Form 1040 (2023	3)							Page 2				
Tax and	16	Tax (see instructions). Check if any from Form(s):	1 8814	2 4972	3 🗌		16	79,310.				
Credits	17											
	18	Add lines 16 and 17					18	79,310.				
	19	Child tax credit or credit for other dependents from	om Schedu	le 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	er-0				22	79,310.				
	23	Other taxes, including self-employment tax, fron	n Schedule	2, line 21			23	1,308.				
	24	Add lines 22 and 23. This is your total tax .					24	80,618.				
Payments	25	Federal income tax withheld from:						·				
	а	Form(s) W-2			25a 50	,703						
	b	Form(s) 1099			25b							
	С	Other forms (see instructions)			25c	196						
	d	Add lines 25a through 25c					25d	50,899.				
If you have a	26	2023 estimated tax payments and amount applie	ed from 202	2 return			26					
qualifying child,	27	Earned income credit (EIC)		. No .	27							
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28							
	29	American opportunity credit from Form 8863, lin	ne 8		29		7					
	30	Reserved for future use			30							
	31	Amount from Schedule 3, line 15			31	281						
	32	Add lines 27, 28, 29, and 31. These are your total	al other pay	ments and refu	ndable 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 fro	om line 33.	This is the amoun	t you overpaid		34					
	35a	Amount of line 34 you want refunded to you. If	35a									
Direct deposit?	b											
See instructions.	d	d Account number X X X X X X X X X										
	36	Amount of line 34 you want applied to your 202										
Amount You Owe	37	Subtract line 33 from line 24. This is the amount For details on how to pay, go to <i>www.irs.gov/Pa</i>		ee instructions .			37	30,537.				
	38	Estimated tax penalty (see instructions)			38 1	,099						
Third Party	Do	you want to allow another person to discuss	this return	with the IRS?	See		·					
Designee [*]	ins	tructions	Yes. Complete				below.	⋉ No				
-	De	signee's me	Phone Personal id number (Pl				tification					
Sign		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										
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.				
11010	Yo	ur signature Da	Date Your occupation				f the IRS sent you an Identity					
			SOFTWARE ENGINEER		100	tection P e inst.)	IN, enter it here					
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation		- 1	the IRS sent your spouse an						
		buse 3 signature. If a joint return, both must sign.	Spouse's occupation		Iden		ntity Prot	ection PIN, enter it here				
			SOFTWARE ENGINEER			(se	e inst.)					
	Phone no.		Email address									
Paid	Pre	eparer's name Preparer's signature			Date	PTIN		Check if:				
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIYA I	A RAM SAGAR GUPTA 04/11/2024 PO			P0208	32703	Self-employed				
Use Only	Firm's name GLOBAL TAXES LLC					Pho	one no.	(678) 965-9522				
OSE OILLY	Fir	m's address 245 ROONEY CT E BRUNS	Fire	n's FIN	84-3171965							