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		
				Last name				Spouse's social security number		
SWATHI REKHA KON				KONIJETI				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			(Check here if you, or your			
	10000	ce. If you have a foreign address, also co	spaces below.	ZIP code			spouse if filing jointly, want \$3			
IRVING							to go to this fund. Checking a box below will not change			
Foreign country	name		Foreign province/state/		county				or refund.	
-									☐ You ☐ Spouse	
Filing Status		Single	•		☐ Head of h	ousehold (HO	H)			
Check only		Married filing jointly (even if only or								
one box.		Married filing separately (MFS)	QSS)	ć						
	If y	ou checked the MFS box, enter the	the chil	ld's name if the						
	qua	alifying person is a child but not you	<u> </u>							
Digital	Δt an	ny time during 2023, did you: (a) rece	eive (as	s a reward award or	payment for prope	rty or services	s): or (t	a) 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								
						us la efecta de la	0	1050		
		Were born before January 2, 1	959	☐ Are blind Spo	ouse: Was bor	rn before Janu	-		☐ Is blind	
Dependents	(see instructions):			(2) Social security number	(3) Relationsh to you	iib	tax cre	T.	fies for (see instructions): Credit for other dependents	
If more	(1)	(1) First name Last name		Humber	to you	Offina				
than four dependents,							<u> </u>			
see instructions	· —						$\frac{\square}{\square}$			
and check here \square							$\frac{\square}{\square}$			
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)				1a	344,699.	
Income	b	Household employee wages not re						1b		
Attach Form(s)	c	Tip income not reported on line 1a (see instructions)								
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 from Form 2441, line 26							 	
1099-R if tax was withheld.	f	Employer-provided adoption bene						1e	 	
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			<u> </u> 1i					
	Z	Add lines 1a through 1h						1z	344,699.	
Attach Sch. B	2a		2a		b Taxable interest	t		2b		
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	t		5b	1	
Single or	6a		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)					
\$13,850	7	Capital gain or (loss). Attach Scheo				7	-3,000.			
Married filing jointly or	8	Additional income from Schedule						8	0.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	9	346,828.						
\$27,700	10	Adjustments to income from Sche	10	1						
Head of household,	11	Subtract line 10 from line 9. This is	11	346,828.						
\$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	13							
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 v	our taxable incom	ne		15	318,843.	

Form 1040 (2023	3)								Page 2	
Tax and Credits	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	63,302.	
	17	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3							,	
	18	Add lines 16 and 17						18	63,302.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	,	
	20	Amount from Schedule 3, lin	·					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	63,302.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	1,308.	
	24	Add lines 22 and 23. This is	your total tax					24	64,610.	
Payments	25	Federal income tax withheld	10 VOV						<u>-</u>	
	а	Form(s) W-2				25a 50	,703.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	ns)			25c	196.			
	d	Add lines 25a through 25c						25d	50,899.	
If you have a	26	2023 estimated tax paymer	its 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 fro	m Schedule 8812			28				
	29	American opportunity credit	t from Form 8863	3, line 8		29		7		
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, li	ne 15			31	281.			
	32	Add lines 27, 28, 29, and 31	I. These are your	total other pa	ayments and refu	indable credits		32	281.	
	33	Add lines 25d, 26, and 32.						33	51,180.	
Refund	34	If line 33 is more than line 2	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34		
	35a									
Direct deposit?	b	Routing number X X X	XXXXX	XX	c Type:	Checking :	Savings			
See instructions.	d	Account number X X X	X X X X	XXXX	XXXXX	XX				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	4. This is the amo	ount you owe.		•				
You Owe		For details on how to pay, g	go to www.irs.gov	//Payments or	see instructions .			37	13,787.	
	38	Estimated tax penalty (see i	nstructions) .			38	357.			
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	instructions						pelow.	⋉ No	
		Designee's					onal identi	fication		
0:	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the							he heet	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	ur signature		Date	Your occupation		If the	e IRS sei	nt you an Identity	
		, our olg rature					Prot	Protection PIN, enter it here		
Joint return?				SOFTWARE ENGINEER			(see	inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	on	If the IRS sent your spouse an Identity Protection PIN, enter it here				
your records.					SOFTWARE ENGINEER			inst.)	ection Pilv, enter it nere	
		Phone no.		Email address				,		
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA			CAR CHIPTA	03/19/2024	P0208	2703	Self-employed	
Preparer			A IVALI DAG	H KAM SAGAK GUPIA U3/19/2U24 PU						
Use Only								Phone no. (678) 965-9522 Firm's EIN		
	- 11	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								