

Federal Return

Thank you for using FreeTaxUSA.com to prepare your 2023 income tax return.

You can view the status of your tax return by signing in to your account at www.freetaxusa.com.

2024 tax preparation on FreeTaxUSA.com will be available starting in January of 2025.

We look forward to preparing your 2024 tax return.

E 1040 Department of the Treasury—Internal Revenue Service

2023

| | v U. | 5. individual income Ta | x ketui | rn | | | | DMB No. 1545 | -0074 | IRS Use | Only—E | o not wri | ite or stap | le in th | nis space. | |
|--|----------|--|--------------|---|---------------------|-------------|---------------------|------------------------------|---------|---------------------|---|-----------------------------------|--|-------------------|--------------|--|
| For the year Jan. 1–Dec. 31, 2023, or other tax year beginning | | | | | , 2023, ending , 20 | | | | | 8 | See separate instructions. | | | | | |
| Your first name and middle initial Last r | | | | | st name | | | | | | | Your social security number | | | | |
| KRISHNASAI | | | AVUTE | IU | | | | | | | | 206 | 86 | 76 | 60 | |
| If joint return, spouse's first name and middle initial | | | Last name | е | | | | | | | s | pouse's | social s | securi | ity number | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruction: | s. | | | | | Δ | pt. no. | P | residen | tial Fler | rtion | Campaign | |
| | | STER RD | | ·. | | | | | | 5415 | | | ere if yo | | | |
| | | ice. If you have a foreign address, also co | omplete spa | ces be | low. | | State | | ZIP co | | s | spouse if filing jointly, want \$ | | | | |
| MCKINNI | | , | | | | | | TX | 7 | 75070 | | | to go to this fund. Checking a box below will not change | | | |
| Foreign country | | | Foi | Foreign province | | | | | | Foreign postal code | | | | | ange | |
| | | | | | | | | | - | | | | You | ı [| Spouse | |
| Filing Status | <u>X</u> | Single | | | | | | Head of h | ouseh | old (HOF | | | | | | |
| Check only | | ☐ Married filing jointly (even if only one had income) | | | | | | | | | | | | | | |
| one box. | | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (| | | | | | | | | | SS) | | | | |
| | lf : | you checked the MFS box, enter the | name of | your s | pous | e. If you d | chec | ked the HOF | d or Q | SS box, e | enter t | he chile | d's nan | ne if t | the | |
| | qι | ualifying person is a child but not you | ur depende | ent: | | | | | | | | | | | | |
| Digital | Δta | ny time during 2023, did you: (a) rec | poive (as a | rewar | d aw | ard or na | avme | ant for prope | rty or | sarvicas) | . or (b | المء (| | | | |
| Assets | | nange, or otherwise dispose of a dig | • | | | | • | | • | , | | , | Yes | s [| X No | |
| Standard | | neone can claim: You as a de | | | | | | dependent | , , | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | • | | | ' | | | | | | | | | | |
| A are /Dlindness | | _ | | Are b | | _ | | □ Was had | wa bafa | wa lanus | | 1050 | | blind | 1 | |
| | | : Were born before January 2, 1 | 939 | | | Spou | Se. | | 14 | re Janua | | | | | | |
| Dependent | | instructions): First name Last name | (2) | (2) Social security (3) Relations number to you | | | (3) Relationsh | Child tax cr | | | coox if qualifies for (see instructions). Credit Credit for other dependents | | | | | |
| If more than four | (1) | Edet Harris | | | | | + | | | Г | 7 | -+ | | $\overline{\Box}$ | | |
| dependents, | | | | | | | | | | <u>_</u> | _ | - | | Ħ | | |
| see instruction | s — | | | | | | | | | | | \neg | | 靣 | | |
| here |] | | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see i | instruc | ctions | | | | | | | 1a | | 2 | ,999. | |
| Attach Form(s) | b | Household employee wages not re | eported or | n Form | n(s) W | /-2 | | | | | | 1b | | | | |
| W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | | 1c | | | | | |
| attach Forms | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | 1d | | | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | 1e | ↓ | | | | |
| was withheld. | f | Employer-provided adoption bene | efits from F | Form 8 | 3839, | line 29 | | | | | | 1f | | | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | | | | | | | | | | 1g | | | | |
| W-2, see | h | Other earned income (see instruct | • | | | | | | · · | | | 1h | _ | | | |
| instructions. | i | Nontaxable combat pay election (| see instrud | ctions) | | | | <u>li</u> | | | | | 4 | _ | 0.00 | |
| | <u>z</u> | Add lines 1a through 1h | | | | · ; . | | | | | | 1z | + | | <u>,999.</u> | |
| Attach Sch. B if required. | 2a | · — | 2a | | | | | kable interes | | | | 2b | +- | | | |
| | 3a_ | · · | 3a 4a | | | | | dinary divide kable amoun | | | | 3b 4b | + | | | |
| Standard | 4a 5a | | 5a | | | | | kable amoun kable amoun | | | | 5b | + | | | |
| Deduction for— Single or | 6a | | 6a | | | | | kable amoun | | | | 6b | | | | |
| Married filing | C | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | · . | OD | | | | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | . 🗀 | 7 | 1 | | 0. | |
| Married filing jointly or | 8 | Additional income from Schedule 1, line 10 | | | | | | | | | | 8 | + | | <u> </u> | |
| Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | | 9 | 1 | 2. | ,999. | | |
| surviving spouse, \$27,700 | 10 | Adjustments to income from Schedule 1, line 26 | | | | | | | | | 10 | | | 0. | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | | 11 | † | 2 | ,999. | | |
| \$20,800 | 12 | Standard deduction or itemized | | | | | | | | | | 12 | T | | ,850. | |
| If you checked any box under | 13 | Qualified business income deduct | | • | | | , | -A | | | | 13 | | | , | |
| Standard Deduction, | 14 | | | | | | | | | | | 14 | | 13 | ,850. | |
| see instructions. | 15 | | | | | | Add lines 12 and 13 | | | | | | | | | |

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

Cat. No. 11320B

Form **1040** (2023)

| Form 1040 (2023 | 3) KR. | <u>ISHNASAI AVUTHU</u> | | | | | | <u> </u> | <u> 16 – 86</u> | -7660 Page 2 | | |
|--------------------------------------|---|---|--------------------------|----------------------|--------------------------|----------|-------------|----------|---|---------------------|--|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 | | | 16 | 0. | | |
| Credits | 17 | Amount from Schedule 2, lin | ie3 | | | | | | 17 | 0. | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 0. | | |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | | 19 | | | |
| | 20 | Amount from Schedule 3, lin | ie 8 | | | | | | 20 | 0. | | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | 0. | | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 0. | | |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 . | | | | 23 | | | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | 24 | | | |
| Payments | 25 | Federal income tax withheld | | | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | | 40 |) . | | | |
| | b | Form(s) 1099 | | | | 25b | | | | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 40. | | |
| 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) | | | | 27 | | 228 | 3. | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | n Schedule 8812 | | | 28 | | | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | 1 | ,000 |) . | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | | | |
| | 31 | Amount from Schedule 3, lin | ie 15 | | | 31 | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | undabl | e credits | | 32 | 1,228. | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | 33 | 1,268. | | |
| Refund | 34 | | | | | | | | 34 | 1,268. | | |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here | | | 35a | 1,268. | | |
| Direct deposit? | b | | | | | | | | | | | |
| See instructions. | d | Account number 4 5 7 0 4 7 9 7 5 3 6 9 | | | | | | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2024 estimate | ed tax | 36 | | | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe. | | | | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | | 37 | 0. | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | | | |
| Third Party | | you want to allow another | person to disc | cuss this retu | rn with the IRS? | | _ | | | | | |
| Designee | ins | instructions | | | | | | • | | X No | | |
| | | Designee's Phone Personal name no. number | | | | | ntification | | | | | |
| Cian | | | nat I have examine | | accompanying sche | dules ar | | , , | | of my knowledge and | | |
| 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 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 | Your signature | | | Date Your occupation | | | | If t | he IRS se | nt you an Identity | | |
| | | | | | · | | | | | IN, enter it here | | |
| Joint return? | | | | | STUDENT | | | | e inst.) | | | |
| See instructions. Keep a copy for | Spouse's signature. If a joint return, both must sign. | | | Date | Date Spouse's occupation | | | | the IRS sent your spouse an entity Protection PIN, enter it here | | | |
| your records. | | | | | | | see inst.) | | | | | |
| | ———Ph | one no. 551-349- | 4836 | Email address | | | | | | | | |
| | | eparer's name | Preparer's signat | | | Date | | PTIN | | Check if: | | |
| Paid | | | SELF-PREP | | | | | | | Self-employed | | |
| Preparer | | | | | | | | one no. | | | | |
| Use Only | | | | | | | | rm's EIN | | | | |
| | Firm 5 address | | | | | | | | III O LIIV | | | |

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 50

Name(s) shown on return

KRISHNASAI AVUTHU

Your social security number 206-86-7660



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

| | _ | | |
|--------|--|----|-------------------------|
| Part | Refundable American Opportunity Credit | | |
| 1 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 | 1 | 2,500. |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, | | |
| | or qualifying surviving spouse | | |
| 3 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form | | |
| | 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for | | |
| | the amount to enter instead | - | |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; you can't take any education | | |
| _ | credit | - | |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or | | |
| • | qualifying surviving spouse | - | |
| 6 | If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 | | |
| | | 6 | 1.000 |
| | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) | 0 | 1.000 |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the | | |
| • | conditions described in the instructions, you can't take the refundable American opportunity credit; | | |
| | skip line 8, enter the amount from line 7 on line 9, and check this box | 7 | 2,500. |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and | | , |
| | on Form 1040 or 1040-SR, line 29. Then go to line 9 below | 8 | 1,000. |
| Part | II Nonrefundable Education Credits | | |
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . | 9 | 1,500. |
| 10 | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If | | |
| | zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | 10 | |
| 11 | Enter the smaller of line 10 or \$10,000 | 11 | |
| 12 | Multiply line 11 by 20% (0.20) | 12 | |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or | | |
| | qualifying surviving spouse | - | |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form | | |
| | 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | | |
| 45 | | - | |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 | | |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or | | |
| 10 | qualifying surviving spouse | | |
| 17 | If line 15 is: | | |
| | • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 | | |
| | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at | 17 | |
| | least three places) | - | |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . | 18 | |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see | | |
| | instructions) here and on Schedule 3 (Form 1040), line 3 | 19 | |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. Cat No. 25379M | | Form 8863 (2023) |

Name(s) shown on return

Your social security number

KRISHNASAI AVUTHU

206-86-7660



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| Par | Student and Educational Institution Information | n. See instructions. | | _ | | | | | |
|------|--|---|---------|-----------------------------------|--|--|--|--|--|
| 20 | Student name (as shown on page 1 of your tax return) | 21 Student social security number (as shown on page 1 of | | | | | | | |
| | | your tax return) | | | | | | | |
| | KRISHNASAI AVUTHU | 206-86-7660 | | | | | | | |
| | Educational institution information (see instructions) | | | | | | | | |
| а | Name of first educational institution | b. Name of second educational instituti | | | | | | | |
| | NORTHERN ARIZONA UNIVERSITY | NORTHERN ARIZONA UNI | | | | | | | |
| (| 1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see | (1) Address. Number and street (or P.0 post office, state, and ZIP code. If | | | | | | | |
| | instructions. | instructions. | a ioie | igii address, see | | | | | |
| | BLOME 2, ROOM 200, BLDG. 2, PO BOX 5598 | BLOME 2,ROOM 200,BLDG | . 2 . | PO BOX 5598 | | | | | |
| | FLAGSTAÉ AZ 86011 | FLAGSTAF AZ 86011 | . , | | | | | | |
| | Did the student receive Form 1008-T | (2) Did the student receive Form 1098 | | | | | | | |
| | from this institution for 2023? | from this institution for 2023? | . 2 | Yes No | | | | | |
| (| B) Did the student receive Form 1098-T | (3) Did the student receive Form 1098 | _ | _ | | | | | |
| | from this institution for 2022 with box Yes No | from this institution for 2022 with b | ox L | 」Yes □ No | | | | | |
| | 7 checked? | 7 checked? | | | | | | | |
| (4 | 4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you | (4) Enter the institution's employer ide | | | | | | | |
| | checked "Yes" in (2) or (3). You can get the EIN from Form | if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form | | | | | | | |
| | 1098-T or from the institution. | 1098-T or from the institution. | . 901 1 | | | | | | |
| | 74-2579628 | 74-2579628 | | | | | | | |
| 23 | Has the American opportunity credit been claimed for this | | | | | | | | |
| 20 | student for any 4 prior tax years? | Yes — Stop! Go to line 31 for this student. X No | – Go | to line 24. | | | | | |
| | | do to line of for this student. | | | | | | | |
| 24 | Was the student enrolled at least half-time for at least one | | | | | | | | |
| | academic period that began or is treated as having begun | | | | | | | | |
| | in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or | | | p! Go to line 31 udent. | | | | | |
| | other recognized postsecondary educational credential? | loi t | 1115 51 | udent. | | | | | |
| | See instructions. | | | | | | | | |
| 25 | Did the student complete the first 4 years of postsecondary | | | | | | | | |
| | education before 2023? See instructions. | Yes — Stop! Go to line 31 for this student. X No | – Go | to line 26. | | | | | |
| | | | | | | | | | |
| 26 | Was the student convicted, before the end of 2023, of a | ☐ Yes — Stop! ☑ No · | – Cor | mplete lines 27 | | | | | |
| | felony for possession or distribution of a controlled substance? | Go to line 31 for this student. A thro | ugh 3 | 0 for this student. | | | | | |
| | | | | | | | | | |
| | You can't take the American opportunity credit and the li | | in the | e same year. If | | | | | |
| CAUT | you complete lines 27 through 30 for this student, don't d | complete line 31. | | | | | | | |
| | American Opportunity Credit | | | | | | | | |
| 27 | Adjusted qualified education expenses (see instructions). Dor | | 27 | 4,000. | | | | | |
| 28 | Subtract \$2,000 from line 27. If zero or less, enter -0 | 28 | 2,000. | | | | | | |
| 29 | | | | | | | | | |
| 30 | If line 28 is zero, enter the amount from line 27. Otherwise, a | | | 0 500 | | | | | |
| | enter the result. Skip line 31. Include the total of all amounts f | rom all Parts III, line 30, on Part I, line 1. | 30 | 2,500. | | | | | |
| 31 | Lifetime Learning Credit Adjusted qualified education expenses (see instructions). Incl | udo the total of all amounts from all Darts | | | | | | | |
| ΟI | III, line 31, on Part II, line 10 | | 31 | | | | | | |