E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		ırn	20 2 ;	3	OMB No. 1545	-0074	IRS Use	e Only—	Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endir	ng			, 20	;	See sep	oarate i	instructions.
Your first name	and m	niddle initial	Last nan	ne						,	Your so	cial sec	urity number
ANURAG 1	REDD	Y	DEVI	REDDY							123	45	9904
If joint return, s	pouse's	s first name and middle initial	Last nan	ne						;	Spouse's	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.				A	pt. no.	1	Preside	intial Ele	ection Campaig
3609 MYI	NDER	S AVE						2	201				
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete sp	aces belov	w.	Stat	te	ZIP c	ode		•	•	
MEMPHIS						TN	ſ	381	11		•		•
Foreign countr	y name		F	oreign prov	vince/state/co	ounty	у	Foreig	n postal c	ode	residential Election Concess filling jointly, and security of the child's name if the child's name if the child for other of the child fo		
Filing Status	s 🗵	Single					Head of he	ouseh	old (HOI	1)		7	
Check only		Married filing jointly (even if only o	ne had in	icome)					·				
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spo	use (C	QSS)	,	
	lf y	you checked the MFS box, enter the	name of	your spo	ouse. If you	che	cked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır depend	dent:									
Digital	Δt 21	ny time during 2023, did you: (a) rec	oive (as a	roward					corvicos): or (a) sall		
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	es 🛛 No
Standard		neone can claim: You as a de					a dependent				,		
Deduction	_	Spouse itemizes on a separate retur	•										
Age/Blindnes	S You	: Were born before January 2, 1	959	Are blin	d Spo i	use:	☐ Was bor	n befo	re Janu	arv 2	1959		s blind
Dependent				-	cial security		(3) Relationsh	14					
-		(1) First name Last name					to you	b (Child t				
If more than four													
dependents,													
see instruction and check	s —												
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruction	ons)						1a		79,209.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
1099-R if tax	е								1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6 .									1g		
W-2, see							0.						
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>li</u>						F0 000
	z	Add lines 1a through 1h								1b 1c 1d 1d 1e 1f 1g 1h 1z		79,209.	
Attach Sch. B	2a		2a				axable interest						
if required.	3a		3a				rdinary divider				_		
Standard	4a		4a				axable amoun						
Deduction for—	5a		5a				axable amoun					if qualifies for (see instruction in the content of	
Single or Married filing	6a		6a	ا ا مطامه			axable amoun	τ			60		
separately, \$13,850		If you elect to use the lump-sum election method, check here (see instructions)								7			
Married filing	7			•	•					. \square			_11 507
jointly or Qualifying	8	Additional income from Schedule 1, line 10								-		-11,507. 67,702.	
surviving spouse, \$27,700	10			-							10		01,102.
Head of	11	Adjustments to income from Schedule 1, line 26								11		67,702.	
household, \$20,800	12	Subtract line 10 from line 9. This is your adjusted gross income							12		13,850.		
If you checked any box under	13	Standard deduction or itemized deductions (from Schedule A)								13		<u> </u>	
Standard	14	Add lines 12 and 13							14		13,850.		
Deduction, see instructions.	15	Subtract line 1/1 from line 11. If zero or less enter -0. This is your tayable income									15		53 852

Form 1040 (2023	3)								Page 2	
Tax and Credits	16	Tax (see instructions). Check if any t	rom Form(s	s): 1 🗌 8814	4 2 ☐ 4972	3 🗌		16	7,160.	
	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	7,160.	
	19	Child tax credit or credit for other of	lependents	from Schedu	ıle 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, er	nter -0				22	7,160.	
	23	Other taxes, including self-employi	nent tax, fro	om Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is your to	tal tax .					24	7,160.	
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2								
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c						25d	10,361.	
If you have a	26	2023 estimated tax payments and	amount app	plied from 20	22 return			26		
qualifying child,	27	Earned income credit (EIC)		· 	No .	27				
attach Sch. EIC.	28	Additional child tax credit from Sche	dule 8812			28				
	29	American opportunity credit from F	orm 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				ndable credits		32		
	33	Add lines 25d, 26, and 32. These a	-	=	-			33	10,361.	
Refund	34	If line 33 is more than line 24, subti	•					34	3,201.	
riorana	35a	Amount of line 34 you want refund			. П	35a	3,201.			
Direct deposit?	b									
See instructions.	d	Account number X X X X X					3			
	36	Amount of line 34 you want applied				36				
Amount	37	Subtract line 33 from line 24. This i	-							
You Owe	٠.	For details on how to pay, go to wi			see instructions.			37		
	38	Estimated tax penalty (see instruct				38				
Third Party		you want to allow another person	n to discu							
Designee		ructions	,	Yes. Compl					⊠ No	
		Designee's name		Phone Person number				al identification (PIN)		
Sign		ler penalties of perjury, I declare that I have	e examined t		accompanying sched			he best	of my knowledge and	
Here	bel	ef, they are true, correct, and complete. D	eclaration of	preparer (other	than taxpayer) is bas	sed on all information	n of which	prepar	er has any knowledge.	
пеге	Yo	r signature	1	Date	Your occupation		If the	IRS se	nt you an Identity	
								otection PIN, enter it here		
Joint return?				SOFTWARE ENGINEER				(see inst.)		
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation				the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.								(see inst.)		
	Ph	Phone no.		Email address						
		Preparer's name Preparer's signat				PTIN		Check if:		
Paid	VENK							0833	Self-employed	
Preparer		n's name GLOBAL TAXES		THE ROLL SOSTITUDE 10					678)965-9522	
Use Only		Firm's address 245 ROONEY CT E BRU			NSWICK NJ 08816				88-2145487	
								's EIN		