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



# 1040		artment of the Treasury-Internal Revenue Servi		rn G	2023	3	OMB No. 1545-	-0074	IRS Use	e Only—	Do not w	rite or sta	aple 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 na				name					,	Your social security number			
ANURAG REDDY DEVI				VIREDDY						123	45	9904	
If joint return, spouse's first name and middle initial Last na										Spouse's	s social	security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.				A	Apt. no.	1	Preside	i ntial Ele	ection Campaigr
3609 MYI	NDER.	S AVE						2	201	- 1			ou, or your
City, town, or post office. If you have a foreign address, also complete s				spaces below. State			ZII COUE				•	jointly, want \$3 nd. Checking a	
MEMPHIS				TN 3			381	20111				not change	
Foreign country name			Fo	Foreign province/state/county Fo				Foreig	oreign postal code		your tax or refund. You Spouse		
Filing Status	s 🗵	Single	•				Head of ho	ouseh	old (HOI	1)			
Check only		Married filing jointly (even if only o	larried filing jointly (even if only one had income)										
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spo	use (C	(SS)	,	
	If y	you checked the MFS box, enter the	name of	your spou	use. If you	chec	cked the HOH	l or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ialifying person is a child but not you	ır depend	dent:				\					
Digital	Δt aı	ny time during 2023, did you: (a) rec	oive (as a	reward a	ward or n	avm	ent for prope	rty or	sarvicas): or (h	المء (د		
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	es 🛛 No
Standard		neone can claim: You as a de					dependent	7. (-					
Deduction	_	Spouse itemizes on a separate retur	•										
Age/Blindnes	s You	: Were born before January 2, 1	959 🗌	Are blind	l Spou	ıse:	☐ Was bor	n befo	re Janu	ary 2,	1959		s blind
Dependent	s (see	(see instructions):			(2) Social security		(3) Relationship	ip (4) Check t	he box	if qualit	fies for ((see instructions):
If more	(1) F	(1) First name Last name			number		to you		Child tax of		dit	Credit fo	or other dependents
than four													
dependents, see instruction	e ——												
and check	. —												
here L						J							
Income	1a	Total amount from Form(s) W-2, b	` `								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									1d			
1099-R if tax	е		ent care benefits from Form 2441, line 26								1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form W-2, see h Other earned income (see instructions)								1h		0.			
instructions.	i	Nontaxable combat pay election (s	see instru	ictions) .			<u>1i</u>						70 000
	Z	Add lines 1a through 1h									1z		79,209.
Attach Sch. B if required.	2a	·	2a				xable interest				2b		
	3a		3a				dinary divider				3b		
Standard	4a		4a				xable amount				4b		
Deduction for—	5a		5a				xable amount				5b		
Single or Married filing	6a		you elect to use the lump-sum election method, check here (see instructions)								6b		
separately,										$\cdot \sqsubseteq$	_		
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not requ											7		
jointly or Qualifying	8	Additional income from Schedule 1, line 10								8		0.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		79,209.	
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26									10		70 000
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income								11		79,209.	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)									12		13,850.
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.

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Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3			16	9,690.		
Credits	17	Amount from Schedule 2, line 3			17			
	18	Add lines 16 and 17			18	9,690.		
	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	9,690.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	0.		
	24	Add lines 22 and 23. This is your total tax		24	9,690.			
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2	361.					
	b	Form(s) 1099	b					
	С	Other forms (see instructions)	С					
	d	Add lines 25a through 25c			25d	10,361.		
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return			26			
	27	Earned income credit (EIC)						
attach Sch. Elc.	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 refunda	ble credits		32			
	33	Add lines 25d, 26, and 32. These are your total payments			33	10,361.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount yo	u overpaid		34	671.		
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check he	. 🗆	35a	671.			
Direct deposit?	b	Routing number X X X X X X X X X C Type: Che		avings				
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X						
	36	Amount of line 34 you want applied to your 2024 estimated tax 36	5					
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			
	38	Estimated tax penalty (see instructions)	3					
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See structions	Yes. Con	nplete b	elow.	⊠ No		
3	De	esignee's Phone						
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules	,	and to th		,		
Here	bel	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based of	on all information	of which	prepare	er has any knowledge.		
TICIC	Yo	our signature Date Your occupation				e IRS sent you an Identity ection PIN, enter it here		
		SOFTWARE ENG				in, enter it nere		
Joint return? See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation				if the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
		Face 9 addition	Email addraga					
		one no. Email address eparer's name Preparer's signature Da	to 1 i	PTIN		Check if:		
Paid				02470	022	Self-employed		
Preparer		(ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI	PAVAN KUMAR DUDIPALLI PO					
Use Only		m's name GLOBAL TAXES LLC m's address 245 ROONEY CT E BRUNSWICK NJ 08816	MCUTOV NT 00016					
	riri	m's address 245 ROONEY CT E BRUNSWICK NJ 08816	Firm's	CIIV	88-2145487			