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



£1040		artment of the Treasury-Internal Revenue Servi		ırn 202	23	OMB No. 1545	-0074	IRS Use	Only—E	Oo not w	rite or sta	ple in this space.	
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023,	ending			, 20	S	ee sep	oarate i	nstructions.	
Your first name	and m	niddle initial	Last nan	ne					Y	our so	cial sec	urity number	
SUSHMIT	A		GUPT	A					123 45 9817 Spouse's social security no				
If joint return, s	pouse's	s first name and middle initial	Last nan	ne					s	pouse's	s social	security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ns.			Α	Apt. no.	Р	resider	itial Ele	ection Campaig	
_15606 N	E 40	TH ST #D216									,	ou, or your	
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP co	ode				jointly, want \$3 nd. Checking a	
REDMOND					WZ	Ą	980	52		•		not change	
Foreign countr	y name		F	oreign province/sta	ate/count	ty	Foreig	n postal c	ode y	our tax	or refu		
Filing Status	s 🗵	Single	•			Head of he	ouseh	old (HOH	1)		7		
Check only		Married filing jointly (even if only o	ne had ir	icome)									
one box.		Married filing separately (MFS)				☐ Qualifying	surviv	surviving spouse (QSS)					
	lf y	f you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the											
	qu	ualifying person is a child but not you	ır depend	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, award.	or payr	ment for prope	rtv or	services)	or (b) sell.			
Assets		nange, or otherwise dispose of a dig									□Ye	es 🛛 No	
Standard		neone can claim: You as a de				a dependent				,			
Deduction		Spouse itemizes on a separate retur	•										
A /DI' l				1						1050		T. PI	
	-	: Were born before January 2, 1	959 _	Are blind	Spouse	: Was bor						s blind	
Dependent						(3) Relationsh to you	Sill P						
If more	(1)	First name Last name		inamie.		to you					Orcuit 10		
than four dependents,								L	_			-	
see instruction	s —								=				
and check here \Box	1 —								=			 	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)						1a		136,223.	
IIICOIII C	b	Household employee wages not re	` `							1b			
Attach Form(s) 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 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 (see instructions)											
	Z	Add lines 1a through 1h		,						1z		136,223.	
Attach Sch. B	2 a	Tax-exempt interest	2a			axable interest				2b		329.	
if required.	3a_		3a	44.		ordinary divider				3b		47.	
Standard	4a		4a			axable amoun				4b	alifies for (see instruction Credit for other depend In Inc. Inc. Inc. Inc. Inc. Inc. Inc. I		
Deduction for—	5a		5a			axable amoun				5b			
Single or Married filing	6a		6a			axable amoun	t			6b			
separately,	_c		If you elect to use the lump-sum election method, check here (see instructions)								1 065		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•	-			. Ц	7		1,265.	
jointly or Qualifying	8		Additional income from Schedule 1, line 10							8		-20,835.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		117,029.		
Head of	10	Adjustments to income from Schedule 1, line 26							10	+	117 020		
household, \$20,800	<u>11</u> 12									11		117,029. 13,850.	
If you checked any box under	13	Standard deduction or itemized deductions (from Schedule A)							13	+	13,650.		
Standard	14	Add lines 12 and 13						14		13,850.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero or less enter -0 - This is your tayable income									+	103 179	

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	18,159.		
Credits	17	Amount from Schedule 2, lir	ne 3					17			
	18	Add lines 16 and 17						18	18,159.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,159.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	18,159.		
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	25,766.		
If you have a	26	2023 estimated tax paymen	ts 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 from				28					
	29	American opportunity credit	from Form 8863	, line 8		29	, _	7			
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31				ndable credits		32			
	33	Add lines 25d, 26, and 32. T	•	-	-			33	25,766.		
Refund Direct deposit? See instructions.	34							34	7,607.		
	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	7,607.		
	b	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
	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				36					
Amount	37	Subtract line 33 from line 24				1 00 1					
You Owe	31	For details on how to pay, g						37			
	38	Estimated tax penalty (see in	_			38					
Third Party		you want to allow another				See					
Designee		instructions							⊠ No		
		Designee's name		Phone no.			Personal identification number (PIN)				
Sign		der penalties of perjury, I declare the	hat I have examined		accompanying sche		. ,	he best	of my knowledge and		
_		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity		
									IN, enter it here		
Joint return?					SOFTWARE E			inst.)			
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here			
your records.								inst.)	ootion i iii, ontoi it noio		
	———Ph	one no.		Email address	<u> </u>						
		eparer's name	Preparer's signat			Date	PTIN		Check if:		
Paid						P0247	0833	Self-employed			
Preparer								Phone no. (678)965-9522			
Use Only								Firm's EIN 88-2145487			
	1 111	11 0 GGGGGGGG	Firm's address \ 245 ROONEY CT E BRUNSWICK NJ 08816 F								