1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Ta		turn	202	3	OMB No. 1545-	-0074	IRS Use On	ly—Do not w	vrite or stap	le 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				lame						Your social security number		
TAYASREF	JAYASREE PUT				TTAMSETTI						97	0069
If joint return, spouse's first name and middle initial											1 - 1	security number
THULASI						ТЪ						6549
	(numbe	r and street). If you have a P.O. box, see										tion Campaign
241 SUMM		, ,										u, or your
		ce. If you have a foreign address, also co	mplete	spaces be	paces below. State			ZIP code s			if filing jo	ointly, want \$3
Hackensack				-1	NJ			076	01	U U		d. Checking a
			Foreign p	rovince/state/o	-	-				ow will no k or refun	ot change d.	
,							,				You	_
Filing Status		Single					Head of ho	haeur	NG (HOH)			
-		8	ne har	t income)				Jusen				
Check only one box.		 Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QS) 										
one box.	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the											he if the
		alifying person is a child but not you			pouse. Il you						na o nan	
			-									
Digital		y time during 2023, did you: (a) rec										
Assets	exch	ange, or otherwise dispose of a dig						t)? (Se	e instructio	ons.)		s 🛛 No
Standard Deduction		eone can claim: U You as a de Spouse itemizes on a separate retur	•		-		a dependent					
Age/Blindness	You:	Were born before January 2, 1	959	Are b	ind Spc	ouse	: 🗌 Was bor	n befo	re January	2, 1959	🗌 ls	blind
Dependents					Social security		(3) Relationsh	14				ee instructions):
If more	(1) First name Last name			(number		to you		Child tax cred		Credit for	other dependents
than four							· · ·				\Box	
dependents,												
see instructions and check	;											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	tions)					. 1a	1 4	459,231.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	•	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	ı (see i	nstruction	is)					. 1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see in	nstru	uctions)			. 1d	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	line 26					. 1e	•	306.
was withheld.	f	Employer-provided adoption bene	fits fro	om Form 8	839, line 29					. 1f	:	
lf you did not	g	Wages from Form 8919, line 6								. 1g		
get a Form	h	Other earned income (see instruct								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1i					
	z	Add lines 1a through 1h		· · ·						. 1z	. 4	459,537.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest			. 2b	,	
if required.	3a	Qualified dividends	3a			b 0	Ordinary divider	nds .		. 3b	,	
	4a	IRA distributions	4a				axable amount			. 4b	,	
Standard	5a		5a			bТ	axable amount	t		. 5b	,	7,193.
• Single or	6a		6a			b T	axable amount	t		. 6b	-	
Married filing		c If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,	• •		7		-3,000.
Married filing												
jointly or Qualifying	 8 Additional income from Schedule 1, line 10										4	463,730.
surviving spouse, \$27,700	surviving spouse, 9 Add lines 12, 20, 30, 40, 50, 60, 7, and 6. If											
 Head of 	11 Subtract line 10 from line 9. This is your adjusted gross income .<							· <u>10</u> · 11	-	463,730.		
household, \$20,800								. 12		27,700.		
If you checked any box under										-	<u> </u>	
Standard								. 13		27 700		
Deduction, see instructions.	14 15		· · ·	s, enter -0 This is your taxable income					. 14	-	<u>27,700.</u>	
	15	Subtract line 14 from line 11. If Zer	U Ur IE	ss, enter	-u mis is y	ourt	Laxable Incom	e .		. 15	<u>'</u>	436,030.

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

Form **1040** (2023)

Form 1040 (2023	5)		Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 .	16 97,194.		
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18 97,194.		
	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 97,194.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23 2,790.		
	24	Add lines 22 and 23. This is your total tax	24 99,984.		
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	с	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d 71,845.		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26		
qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use	1		
	31	Amount from Schedule 3, line 15	1		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32 10,781.		
	33	Add lines 25d, 26, and 32. These are your total payments	33 82,626.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
neiuna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a		
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings			
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			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe	57	For details on how to pay, go to www.irs.gov/Payments or see instructions	37 17,358.		
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		tructions	oelow. 🗙 No		
	De	signee's Phone Personal identif	ication		
	nar				
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	, ,		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			
	Yo	S I I I I I I I I I I I I I I I I I I I	RS sent you an Identity Ection PIN, enter it here		
Joint return?			(see inst.)		
See instructions.	Sp		IRS sent your spouse an		
Keep a copy for		Ident	Identity Protection PIN, enter it here		
your records.		SOFTWARE ENGINEER (see i	inst.)		
	Ph	one no. (732)986-0779 Email address THULASI.RENTAL@GMAIL.COM			
Paid	Pre	parer's name Preparer's signature Date PTIN	Check if:		
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470)833 Self-employed		
Use Only	Fin	n's name GLOBAL TAXES LLC Phon	ne no. (678)965-9522		
	Fin	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	s EIN 88-2145487		
Go to www.irs.go	ov/Forn	a1040 for instructions and the latest information. BAA REV 02/05/24 PRO	Form 1040 (2023)		