## E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20			s	See separate instructions.		
Your first name and middle initial				Last name				Your social security number	
SAICHARA	N RI	EDDY	KURELLA					150   81   3780	
				ame			-		s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.		Apt. no.	P	resider	ntial Election Campaign
12PINEVI	EWAV	УE					С	heck h	ere if you, or your
		ce. If you have a foreign address, also co	mplete :	spaces below.	State	ZIP code			if filing jointly, want \$3
WORCESTE	ER			MA		01603	1603 box below will not cha		this fund. Checking a
Foreign country name				Foreign province/state/county		Foreign postal co			or refund.
									☐ You ☐ Spouse
Filing Status	; X	Single			☐ Head of he	ousehold (HOH	1)		
Check only		Married filing jointly (even if only or							
one box.		Married filing separately (MFS)	SS)						
	lf y	ou checked the MFS box, enter the	ne chil	d's name if the					
	qu	alifying person is a child but not you							
Digital	Δt ar	ny time during 2023, did you: (a) rece	aiva (ac	a reward award or	navment for prope	rty or carvices)	. or (b)	المعا	
Digital Assets		ange, or otherwise dispose of a digi							☐ Yes    X No
Standard		eone can claim:  You as a de			e as a dependent				
Deduction	_	Spouse itemizes on a separate return		•					
		<u> </u>							
Age/Blindness	You:	Were born before January 2, 1	959	Are blind Spo	ouse: Was bor	n before Janua	ary 2, 1	959	Is blind
Dependents	s (see	instructions):		(2) Social security		ib I.,			ies for (see instructions):
If more	<b>(1)</b> F	irst name Last name		number	to you	Child to	ax cred	it (	Credit for other dependents
than four									<u> </u>
dependents, see instructions	s —								
and check							<u> </u>		
here L									
Income	1a	Total amount from Form(s) W-2, bo	,					1a	28,800.
Attach Form(s)	b	Household employee wages not re	1b						
W-2 here. Also	С	Tip income not reported on line 1a	1c 1d						
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							
1099-R if tax	е	Taxable dependent care benefits f						1e	
was withheld.	f	Employer-provided adoption bene	fits fror					1f	
If you did not get a Form	g	Wages from Form 8919, line 6.						1g	
W-2, see	h	Other earned income (see instructi	,					1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)	<u>  1i</u>				28,800.
Attach Sch. B if required.	<u>z</u>	Add lines 1a through 1h						1z	20,000.
	2a		2a		<b>b</b> Taxable interest			2b	
	3a		3a		<b>b</b> Ordinary divider			3b	+
Standard	4a		4a		<b>b</b> Taxable amount			4b	+
Deduction for—	5a		5a		<b>b</b> Taxable amount			5b	+
Single or Married filing	6a	Social security benefits If you elect to use the lump-sum e	6a		<b>b</b> Taxable amount	ι		6b	
separately, \$13,850	C 7				` ,		. 📙	7	
Married filing	7 8	Capital gain or (loss). Attach Scheol Additional income from Schedule	8	+					
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-					9	28,800.
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 55, 65, 7, Adjustments to income from Sche						10	2,500.
Head of	11	Subtract line 10 from line 9. This is	11	26,300.					
household, 20,800	12	Standard deduction or itemized						12	13,850.
If you checked any box under	13		13	13,030.					
Standard	14	Qualified business income deduction from Form 8995 or Form 8995-A							13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or lea	ss. enter -0- This is w	our taxable incom	 ne .		15	
				, 5 5 i i iii b j					

Form 1040 (2023	3)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌	16	1,277.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,277.
	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	1,277.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	1,277.
Payments	25	Federal income tax withheld from:		•
If you have a	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	2,044.
	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		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	2,044.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	767.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	767.
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 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
		For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee		by you want to allow another person to discuss this return with the IRS? See		₩.
		structions		⊠ No
	na		ICalion	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the		,
Here	be	lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	prepare	er has any knowledge.
11010	Yo			nt you an Identity
		IT Prote (see		N, enter it here
Joint return? See instructions.	Sn	11		nt your spouse an
Keep a copy for				ection PIN, enter it here
your records.		(see	inst.)	
		one no. Email address		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer	VENE	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	)833	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC Phor	ne no. (	678)965-9522
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	's EIN	88-2145487
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