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



1040		artment of the Treasury-Internal Revenue Servi		rn 20	23	OMB No. 1545-	-0074	IRS Use	Only—I	Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 202	3, ending	<u>'</u>		, 20	5	See sep	oarate i	instructions.
Your first name and middle initial Last na				name					Y	Your social security number		
SUMANTH KASA				SARABADA						123	45	4122
If joint return, s	pouse's	s first name and middle initial	Last nam	e					S	pouse's	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			Α	pt. no.	F	Presider	ntial Ele	ection Campaign
12250 S	KIR	KWOOD RD,					1	531				ou, or your
City, town, or post office. If you have a foreign address, also complete sp				paces below. State			Zii code					jointly, want \$3 nd. Checking a
STAFFORI)				T		774		L t	0		not change
Foreign countr	y name		Fo	oreign province/s	state/count	ty	Foreig	n postal c	ode y	our tax	or refu	
Filing Status	s 🗵	Single	•			Head of ho	ouseho	old (HOH	1)			
Check only		Married filing jointly (even if only or										
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS										
	lf y	you checked the MFS box, enter the	name of	your spouse.	If you che	ecked the HOH	or Q	SS box,	enter 1	the chi	ld's na	me if the
	qu	ialifying person is a child but not you	ır depend	lent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	reward, awar	d. or pavr	ment for proper	rtv or s	services)	or (b) sell.		
Assets		nange, or otherwise dispose of a dig										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 blind	Spouse	: Was bor	n befo	re Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) Social security (3) Relation		(3) Relationshi	ship (4) Check the b			if qualif	fies for (see instructions):
If more		irst name Last name		number		to you		Child to	ax cred	dit	Credit fo	r other dependents
than four								[
dependents, see instruction	. —											
and check	- —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)						1a		55,457.
Attach Form(s)	b	Household employee wages not re								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	Taxable dependent care benefits f								1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, lin	ie 29 .					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g		
W-2, see	h	Other earned income (see instruct	,				· ·			1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instru	ctions)		<u>li</u>						FF 4FB
Attach Sch. B	z	Add lines 1a through 1h			i					1z	-	55,457.
	2a	· -	2a			axable interest				2b		
if required.	3a		3a		_	ordinary divider				3b	-	
Standard	4a		4a			axable amount				4b		
Deduction for—	5a		5a		-	axable amount				5b		
Single or Married filing	6a		6a			axable amount				6b		
separately, \$13,850	C	If you elect to use the lump-sum election method, check here (see instructions)								-		
Married filing	7			•		•			. Ц	7		
jointly or Qualifying	8	Additional income from Schedule	•							9		0.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										55,457.
Head of	10	Adjustments to income from Schedule 1, line 26									+	
household, \$20,800	11									11	+	55,457.
If you checked	12	Standard deduction or itemized		•	,					12	+	13,850.
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							13 14	+	12 050	
Deduction, see instructions.	14	.										13,850.

Form 1040 (2023	3)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	4,775.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	4,775.		
	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	4,775.		
	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	4,775.		
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	7,208.		
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)				
	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 total payments	33	7,208.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,433.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,433.		
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		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	helow	⊠ No		
		signee's Phone Personal ident				
	na					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to				
Here	be	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic				
	Yo			nt you an Identity IN, enter it here		
Joint return?			(see inst.)			
See instructions.	Sp		f the IRS sent your spouse an			
Keep a copy for your records.	·	Ider	dentity Protection PIN, enter it here see inst.)			
your records.			mst.)			
		one no. (913)206-6666 Email address SUMANTHKASARABADA@GMAIL.COM		Chapte if:		
Paid		eparer's name Preparer's signature Date PTIN	Check if:			
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247		Self-employed		
Use Only				(678)965-9522		
	Fir	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	n's EIN	88-2145487		