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



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20			See se	See separate instructions.		
Your first name and middle initial			Last name				Your so	Your social security number	
NIVEDITA				RAHUL				788   88   7436	
If joint return, spouse's first name and middle initial				ame			+	's social security number	
RAHUL				JAIKUMAR				61 3443	
	(numbe	er and street). If you have a P.O. box, see				Apt. no.		ntial Election Campaign	
6731 LUF	RLINI	E AVE					Check	here if you, or your	
		ce. If you have a foreign address, also co	mplete s	olete spaces below. State		ZIP code	spouse if filing jointly, want \$		
WINNETKA	A		CA		91306	to go to this fund. Checking a box below will not change			
Foreign country	/ name		Foreign province/sta		county	Foreign postal code			
							☐ You ☐ Spouse		
Filing Status	, [	Single			☐ Head of h	ousehold (HOH)			
Check only	X	Married filing jointly (even if only or							
one box.		Married filing separately (MFS)	(QSS)						
	If y	ou checked the MFS box, enter the	er the ch	ild's name if the					
	qu	alifying person is a child but not you							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payment for prope	rtv or services): o	r (b) sell.		
Assets		ange, or otherwise dispose of a digi						☐ Yes    X No	
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as a dependent		-		
Deduction		Spouse itemizes on a separate return		•	alien				
Ago/Blindnoss	- Vau	Were born before January 2, 19	250	Are blind Spo	ouse: Was bor	rn before January	2 1050	☐ Is blind	
			909 [	Ī		(4) Ob   -		ifies for (see instructions):	
-		s (see instructions):  (1) First name  Last name		(2) Social security number	(3) Relationsh to you	Child tax of	•	Credit for other dependents	
If more than four	· · ·	· · ·							
dependents,	חחת	HRUV RAHUL		174-55-7242 Daughte					
see instructions	s								
and check here	1								
-	1a	Total amount from Form(s) W-2, bo	ov 1 (e.c	e instructions)			. 1a	252,309.	
Income	b	Household employee wages not re	` ,				. 1k		
Attach Form(s)	C	Tip income not reported on line 1a	. 10						
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	. 10						
W-2G and	e	Taxable dependent care benefits for	. 16	F 000					
1099-R if tax was withheld.	f	Employer-provided adoption bene					. 11		
If you did not	g g	Wages from Form 8919, line 6.					. 10		
get a Form	h	Other earned income (see instructi	ons)				. 1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	,		1i	1			
ilistructions.	z	Add lines 1a through 1h			· · · <u> </u>		. 12	257,309.	
Attach Sch. B if required.			2a		<b>b</b> Taxable interest	t	. 2t		
	3a		3a		<b>b</b> Ordinary divider		. 3b		
	4a		4a		<b>b</b> Taxable amoun		. 4k		
Standard Deduction for—	5a	Pensions and annuities	5а		<b>b</b> Taxable amoun	t	. 5b	)	
Single or	6a	Social security benefits	3a		<b>b</b> Taxable amoun		. 6k	)	
Married filing separately,	С	If you elect to use the lump-sum el	_						
\$13,850	7	Capital gain or (loss). Attach Scheo	□ 7						
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1	I, line 1	0			. 8	-28,612.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome		. 9	228,697.	
\$27,700	10	Adjustments to income from Scheo	. 10						
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne		. 11	228,697.	
\$20,800	12	Standard deduction or itemized					. 12		
If you checked any box under	13	Qualified business income deducti	. 13						
Standard Deduction,	14	Add lines 12 and 13	. 14	47,160.					
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our <b>taxable incom</b>	ne	. 15		

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	30,553.							
Credits	17	Amount from Schedule 2, line 3	17								
	18	Add lines 16 and 17	18	30,553.							
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.							
	20	Amount from Schedule 3, line 8	20								
	21	Add lines 19 and 20	21	2,000.							
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	28,553.							
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	21.							
	24	Add lines 22 and 23. This is your total tax	24	28,574.							
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	38,618.							
If you have a qualifying child,	26	2023 estimated tax payments and amount applied from 2022 return	26								
	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	38,618.							
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	10,044.							
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	10,044.							
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 <i>www.irs.gov/Payments</i> 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	elow.	⊠ No							
		esignee's Phone Personal identifi									
		me no. number (PIN)									
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
	Yo			nt you an Identity IN, enter it here							
Joint return? See instructions. Keep a copy for your records.		SOFTWARE ENGINEER (see in									
	Sp		f the IRS sent your spouse an dentity Protection PIN, enter it here								
		SOFTWARE ENGINEER (see in	nst.)								
	Ph	one no. (818)451-6714 Email address NEETU230191@GMAIL.COM									
	Pre	eparer's name Preparer's signature Date PTIN		Check if:							
Paid	VENK	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	833	Self-employed							
Preparer				678)965-9522							
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's		88-2145487							