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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding _		, 20	s	ee sep	arate instructions.		
Your first name and middle initial Last				ıme				Y	Your social security number			
JAYASANKARABABU PEF				SETLA					123	45   3891		
		s first name and middle initial		ast name						social security numbe		
PRASANNALAKSHMI PERISETLA									954	97 9513		
		er and street). If you have a P.O. box, see					Apt. no.			tial Election Campaigr		
								Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code									spouse if filing jointly, want \$3 to go to this fund. Checking a			
COLLEGE STATION				TX			77845		•	w will not change		
Foreign country name				Foreign province/state/	:/state/county		Foreign postal co			or refund.		
										You Spouse		
Filing Status	; [	Single				☐ Head of ho	ousehold (HOH	1)				
Check only	×	Married filing jointly (even if only or										
one box.		Married filing separately (MFS)	SS)									
	lf y	you checked the MFS box, enter the	name o	of your spouse. If you	u che	ecked the HOH	or QSS box, e	enter t	he child	d's name if the		
	qι	ualifying person is a child but not you	ır deper	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	pavr	ment for proper	tv or services):	or (b	sell.			
Assets		nange, or otherwise dispose of a dig	•				•		,	☐ Yes ☒ No		
Standard	Son	neone can claim:	penden	t Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien	1						
Age/Rlindness	. Vou	: Were born before January 2, 1	959 F	Are blind Spo	ouse	. Was hor	n before Janua	ırv 2 1	1959	☐ Is blind		
Dependents				<del>-</del>			(4) Observed			es for (see instructions):		
•		First name Last name		(2) Social security number	/	(3) Relationshi to you	Child ta			Credit for other dependents		
If more than four	· · ·	RVANSAI PERISETLA		954-97-959	6	Son						
dependents,	HAN	NSHITHASRI PERISETLA	335-27-6111			Daughter	2	<u> </u>				
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .					1a	48,339.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .					1b			
W-2 here. Also	С	Tip income not reported on line 1a	ı (see in	structions)					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 bene	fits fron	n 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 instruct	ions)						1h	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>						
	Z	Add lines 1a through 1h	· ;						1z	48,339.		
Attach Sch. B	2a	•	2a	17		axable interest			2b	1		
if required.	3a	· · · ·	3a	17.		ordinary dividen			3b	17.		
Standard	4a -		4a			axable amount			4b			
Deduction for—	5a	<del>-</del>	5a			axable amount			5b			
Single or Married filing	6a	,							6b	-		
separately, \$13,850	_C	If you elect to use the lump-sum election method, check here (see instructions)								2 512		
Married filing	7	1 0 ( )				•		. Ц	7	-2,513.		
jointly or Qualifying	8	Additional income from Schedule 1, line 10							8	AE 042		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							10	45,843.		
Head of	10	Adjustments to income from Schedule 1, line 26								45 042		
household, [	11		•						11	45,843.		
If you checked any box under	12	Standard deduction or itemized deductions (from Schedule A)							12	27,700.		
Standard	13 14	Qualified business income deduction from Form 8995 or Form 8995-A							13	27,700.		
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer				 tavahle incom			15	18 143		

Form 1040 (2023	3)								Page <b>2</b>		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌		16	1,813.		
Credits	17	Amount from Schedule 2, lir						17	0.		
	18	Add lines 16 and 17					[	18	1,813.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	1,413.		
	20	Amount from Schedule 3, lir	ne 8				[	20	400.		
	21	Add lines 19 and 20					[	21	1,813.		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	0.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	0.		
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	0.		
Payments	25	Federal income tax withheld									
,	а	Form(s) W-2				<b>25a</b> 3	,919.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	3,919.		
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)				27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			<b>28</b> 1	,087.				
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	1,087.		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[	33	5,006.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	5,006.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 🛚	35a	5,006.		
Direct deposit?	b	Routing number X X X	XXXXX	XX	<b>c</b> Type:	Checking S	Savings				
See instructions.	d	Account number   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 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	_	-		38					
Third Party Designee		you want to allow another	person to disc	cuss this retu		See	mplete be	low.	⊠ No		
Doorgrioo	De	signee's		Phone		<del></del>	nal identific				
	naı			no.		numb	er (PIN)				
Sign Here		der penalties of perjury, I declare to ief, they are true, correct, and com			, , ,		*		, ,		
пеге	Yo	ur signature	Date	te Your occupation			tion P	nt you an Identity IN, enter it here			
Joint return?				SOFTWARE E	INGINEER (see		st.)				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupation	on		If the IRS sent your spouse				
your records.					HOME MA				Identity Protection PIN, enter it here (see inst.)		
	Ph	Phone no. Email address									
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024708		Self-employed		
Use Only	Fir	Firm's name GLOBAL TAXES LLC Phone						no. (	(678)965-9522		
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	88-2145487		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/24 PRO			Form <b>1040</b> (2023)		