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

2023

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				See se	See separate instructions.		
Your first name and middle initial				me				Your so	ocial security number		
							123	45 5141			
	pouse's	first name and middle initial	Last na						's social security number		
NILEEMA			VARM	ΙA				123	45 8790		
'									ential Election Campaign		
2854 дог	IN F	KENNEDY BLVD					911	Check	Check here if you, or your		
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP code		spouse if filing jointly, want \$3		
JERSEY (CITY			NJ			07306	to go to this fund. Check			
Foreign country			F	Foreign province/state/county		Foreign postal code		x or refund.			
									You Spouse		
Filing Status	; \Box	Single				Head of ho	ousehold (HOH)				
Check only Married filing jointly (even if only one had income)									*		
one box.	Check of thy										
	If y	ou checked the MFS box, enter the	name c	of your spouse. If you	u che	ecked the HOH	or QSS box, en	ter the ch	ild's name if the		
	qua	alifying person is a child but not you	ır depen	ident:							
Digital	At an	ny time during 2023, did you: (a) rece	eive (as	a reward. award. or	pavr	ment for proper	tv or services): o	or (b) sell.			
Assets		ange, or otherwise dispose of a digi							☐ Yes 🗵 No		
Standard	Som	eone can claim:	pendent	t	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or you	were a dual-status	alien						
Ago/Blindness	. Va	Were born before January 2, 1	050 [Are blind Spe	ouse	. ☐ Was bor	n before January	, 2 1050	☐ Is blind		
			909 _				(4) (1)		lifies for (see instructions):		
Dependents		rst name Last name		(2) Social security number		(3) Relationshi	Child tax	•	Credit for other dependents		
If more than four	KID			465-46-531	6	Daughter					
dependents,	KIL	D PAIEL		403-40-3310		Daugittei					
see instruction	s										
and check here	ı —										
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)				. 1	208,093.		
Income	b	Household employee wages not re	` `					. 11			
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a						. 10			
attach Forms	d	Medicaid waiver payments not rep			nstru	uctions)		. 10			
W-2G and	e	Taxable dependent care benefits f						. 16	F 000		
1099-R if tax was withheld.	f	Employer-provided adoption bene						. 1			
If you did not	g	Wages from Form 8919, line 6.						. 19			
get a Form	a Form h Other earned income (see instructions)							. 11			
W-2, see instructions.	i	Nontaxable combat pay election (s				1 _{1i}	1				
	z	Add lines 1a through 1h				· · <u> </u>		. 12	213,093.		
Attach Sch. B		1	2a		ь т.	axable interest		. 2h	2 004		
if required.	3a		3a	986.		ordinary divider		01	1 00=		
	4a		4a	6,000.		axable amount					
Standard	5a		5a	,		axable amount		. 5k			
• Single or	6a		6a			axable amount		. 6k			
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)									
separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here						,			-3,000.		
 Married filing jointly or 	8	Additional income from Schedule		•		•		. 8			
Qualifying	Jalifying 0 Add lines 17 2h 3h 4h 5h 6h 7 and 8 This is your total income						. 9				
\$27,700	27,700 10 Adjustments to income from Schedule 1, line 26							. 10			
 Head of household, 								. 11			
\$20,800	\$20,800 12 Standard deduction or itemized deductions (from Schedule A)						. 12				
any box under Standard Deduction, 44 Add lines 12 and 13						. 13					
						. 14					
see instructions.	15	Subtract line 14 from line 11. If zer			our t	taxable incom	e	. 18			

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Che	ck if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	31,800.
Credits	17	Amount from Schedule 2,	line 3					17	
	18	Add lines 16 and 17						18	31,800.
	19	Child tax credit or credit for	or other dependen	ts from Sched	ule 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	29,800.
	23	Other taxes, including self	-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This	is your total tax					24	29,800.
Payments	25	Federal income tax withhe							
	а	Form(s) W-2				25a 23	1,539		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	ons)			25c			
	d	Add lines 25a through 25c						25d	21,539.
If you have a	26	2023 estimated tax payme	ents and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC	3)		No .	27			
attach Sch. EIC.	28	Additional child tax credit f	rom Schedule 8812			28			
	29	American opportunity cred	dit from Form 8863	, line 8		29	7 _		
	30	Reserved for future use .				30			
	31	Amount from Schedule 3,				31			
	32	Add lines 27, 28, 29, and 3	31. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32	. These are your to	tal payments				33	21,539.
Refund	34	If line 33 is more than line	24, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	
	35a	Amount of line 34 you war	nt refunded to you	ı. If Form 8888	s is attached, chec	k here	. 🗆	35a	
Direct deposit?	b	Routing number X X Z	$X \mid X \mid X \mid X \mid X$	XX	c Type:	Checking	Savings	3	
See instructions.	d	Account number X X							
	36	Amount of line 34 you war							
Amount You Owe	37	Subtract line 33 from line for details on how to pay,						37	8,261.
	38	Estimated tax penalty (see				38		0.	0,201.
Third Party		you want to allow anoth							
Designee		tructions					omplete	e below.	⋉ No
	De	signee's	Phone Personal i				ntification		
	na			no.			ber (PIN)		
Sign Here		der penalties of perjury, I declardief, they are true, correct, and co							, ,
Here	Yo	ur signature		Date	Your occupation		- 1		nt you an Identity
								otection P e inst.)	PIN, enter it here
Joint return? See instructions.				5	SOFTWARE E		`		
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation				nt your spouse an ection PIN, enter it here
your records.					SOFTWARE ENGINEER			e inst.)	,
	Ph	one no.		Email address	<u> </u>				
	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALI	I VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Preparer									(678)965-9522
Use Only		Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							88-2145487