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 Jar	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	parate instructio	ons.	
Your first name and middle initial Last name				t name					Your social security number			
				ANDGE						123 45 1392		
				ast name					Spouse's social security numbe			
AMRUTA LANI				NDGE					980 92 4375			
	(numb	er and street). If you have a P.O. box, see		_			Apt. no).		ntial Election Car	mpaigr	
31 MINEBROOK RD 161A										nere if you, or you		
		ice. If you have a foreign address, also co	mplete	spaces below. State Z					spouse if filing jointly, want \$3			
EDISON				NJ (08820			this fund. Check ow will not chanc		
Foreign country name				Foreign province/state/	count	у	Foreign post	al code		or refund.	J C	
										☐ You ☐ S	Spouse	
Filing Status	, [Single				Head of ho	ousehold (H	HOH)				
		Married filing jointly (even if only or	ne had	income)			•					
Check only one box.		Married filing separately (MFS)	QSS)									
	lf :	you checked the MFS box, enter the	name	of your spouse. If you	u che				_	ld's name if the	,	
	qu	ualifying person is a child but not you	ır depe	ndent:								
District	Λ+ o	ny timo during 2022, did your (a) roo	oivo (oo	a roward award ar	D0\/D	ant for proper	th or comic	200): 05	(b) coll			
Digital Assets		ny time during 2023, did you: (a) rece hange, or otherwise dispose of a digi	,						. ,	☐ Yes 🗵 N	No	
		neone can claim: You as a de					1): (OCC 1113	il dollor	13.)		-	
Standard Deduction	_	Spouse itemizes on a separate return	•			a dependent						
					alleri							
Age/Blindness	You	: Were born before January 2, 1	959	Are blind Spo	ouse	: Was bori	n before Ja			Is blind		
Dependent				(2) Social security	y	(3) Relationshi	ρ [fies for (see instruc	,	
If more	(1) F	First name Last name		number		to you	Chi	ild tax cr	edit	Credit for other dep	endents	
than four	ANI	USHKA LANDGE		979-94-691	.4	Daughter		<u> </u>		×		
dependents, see instruction	s —							<u> </u>				
and check												
here L					7							
Income	1a	Total amount from Form(s) W-2, bo	` ,						. 1a		306.	
Attach Form(s)	b	Household employee wages not re							. 1b			
W-2 here. Also	С	Tip income not reported on line 1a							1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	ctions)			1d			
1099-R if tax	е	Taxable dependent care benefits f							1e			
was withheld.	f	Employer-provided adoption bene	efits fror	n Form 8839, line 29					1f			
If you did not get a Form	9	Wages from Form 8919, line 6	. ,						1 <u>g</u>			
W-2, see	h	Other earned income (see instructi	,				· · ·		. 1h		0.	
instructions.	<u> </u>	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				90,8	206	
		Add lines 1a through 1h		· · · · · i	 L T.				1z			
Attach Sch. B if required.	2a		2a			axable interest rdinary dividen			2b			
	3a		3a			•			3b			
Standard	4a 5a		4a 5a			axable amount axable amount			4b 5b			
Deduction for—	6a		6a			axable amount			6b			
Single or Married filing	C			method check here				 _				
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)								1		
Married filing	8	Additional income from Schedule 1, line 10							8	+	0.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	90,8		
surviving spouse, \$27,700	10	Adjustments to income from Sche	-	•					10			
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11	90,8	 306	
\$20,800	12	Standard deduction or itemized	•	•					12			
If you checked any box under	13	Qualified business income deducti		•	,	5-A			13			
Standard Deduction,	14								14		700.	
see instructions.	15	Subtract line 14 from line 11. If zer				avable incom			15			

Form 1040 (2023	3)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	7,135.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,135.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	6,635.
	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	6,635.
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	3,785.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	7	
	30	Reserved for future use	7	
	31	Amount from Schedule 3, line 15	7	
	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	3,785.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number X 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		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		
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	2,962.
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions		⊠ No
	De nai	signee's Phone Personal ident no. number (PIN)	ification	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the best	of my knowledge and
_	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	h prepar	er has any knowledge.
Here	Yo	ur signature Date Your occupation If th	e IRS se	nt you an Identity
			tection P e inst.)	IN, enter it here
Joint return? See instructions.		SOFTWAKE ENGINEER		
Keep a copy for				nt your spouse an ection PIN, enter it here
your records.		HOME MAKER (see	e inst.)	
	Ph	one no. Email address		
Doid	Pre	parer's name Preparer's signature Date PTIN	_	Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247	0833	Self-employed
Preparer	Fire	n's name GLOBAL TAXES LLC Pho	ne no. (678)965-9522
Use Only	Fir		n's EIN	88-2145487