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	. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding _		, 20		See sep	oarate inst	ructions.
Your first name and middle initial Last name									Your so	cial securit	y number
SRIKANTH VAMSI TAT									884 23 6734		
				ame					Spouse's social security number		
PRIYANKA VUYYURU								060	73 20	018	
		er and street). If you have a P.O. box, see					Apt. no.				on Campaigr
6740 COI	JRTN	EY PARK RD							Check here if you, or your		
City, town, or post office. If you have a foreign address, also complete spaces below.						ate	ZIP code				tly, want \$3
CHARLOTT	Έ			NC			00017 I		•	tnis fund. (ow will not	Checking a
Foreign country name				Foreign province/state/	rovince/state/count		Foreign posta			or refund.	•
									You	Spouse	
Filing Status	; [Single				Head of ho	ousehold (H0	DH)			
Check only		Married filing jointly (even if only one had income)									
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)									
	lf :	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS box	k, enter	the chi	ld's name	if the
	qι	ualifying person is a child but not you	ır depe	ndent:							
Digital	Δta	ny time during 2023, did you: (a) rece	oive (as	a reward award or	navr	ment for proper	rty or service	se). Or (h) sell		
Digital Assets		hange, or otherwise dispose of a digi	,				•	,.	,	Yes	⊠ No
Standard		neone can claim: You as a de					7. (,		
Deduction	_	Spouse itemizes on a separate return	•			•					
		: Were born before January 2, 1	959 [Are blind Spo	ouse	:: ∐ Was bori	n before Jan			∐ Is bli	
Dependents	•	•		(2) Social security		(3) Relationshi	ib I.,			•	instructions):
If more		First name Last name		number		to you	Child tax c		eait	Credit for oth	ner dependents
than four dependents,	KI	ID TATA		165-16-556	6	Son		X		L	┽──
see instructions	s —							$\frac{\sqcup}{\Box}$		L	┽──
and check								$\frac{\sqcup}{\Box}$		L	┽──
here L	4 -	Table and the second Market	- 4/							L	1 016
Income	1a	Total amount from Form(s) W-2, bo	•	•					1a		31,016.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a (see instructions)							1c 1d		
W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
1099-R if tax	e	•	Taxable dependent care benefits from Form 2441, line 26						1e		
was withheld. If you did not	f				•				1f		
get a Form	g	Wages from Form 8919, line 6 .							1g		0.
W-2, see	h i	Other earned income (see instructions)							1h		<u> </u>
instructions.	'	Add lines 1a through 1h	5EE 11151	ructions)		"			1-	23	31,016.
Attach Sch. B	z 2a	·	2a	· · · · · · i	 h т	axable interest			1z 2b		4,086.
if required.	3a		3a			Ordinary divider			3b		
	4a	-	4a			axable amount			4b		
Standard	5a		5a			axable amount			5b		
Deduction for— Single or	6a		6a			axable amount			6b		
Married filing	С	If you elect to use the lump-sum election method, check here (see instructions)							1		
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		
Married filing jointly or	8	Additional income from Schedule 1, line 10							8	1	0.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	23	35,102.
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26							10		
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income							11		35,102.
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)							12		27,700.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		
Standard Deduction,	14								14		27,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or les	e enter -0 This is w	our:	tavable incom	•		15		7 402

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	36,576.	
Credits	17	Amount from Schedule 2, lir	ne 3					. 17		
	18	Add lines 16 and 17						. 18	36,576.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	2,000.	
	20	Amount from Schedule 3, lin	ne 8					. 20	1,256.	
	21	Add lines 19 and 20						. 21	3,256.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	33,320.	
	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 total tax					. 24	33,320.	
Payments	25	Federal income tax withheld								
_	а	Form(s) W-2				25a 2	2,03	9.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 25d	22,039.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			. 26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			28				
	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 payments and refundable credits								
	33	Add lines 25d, 26, and 32. These are your total payments							22,039.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		. 34		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								
Direct deposit?	b	Routing number X X X			, <u> </u>		Savin	gs		
See instructions.	d	Account number								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						. 37	11,688.	
	38	Estimated tax penalty (see in	nstructions) .			38	40	7.		
Third Party		you want to allow another	•			_				
Designee	ins	nstructions							X No	
		signee's me	Phone no.		sonal id nber (PII	entification				
Cian		ider penalties of perjury, I declare t	hat I have examined		accompanying sched			,	of my knowledge and	
Sign		lief, they are true, correct, and com							,	
Here	Yo	Your signature		Date		1	f the IRS se	nt you an Identity		
						F	Protection P	IN, enter it here		
Joint return?				EMPLOYEE				see inst.)		
See instructions. Keep a copy for		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				f the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.									ection File, enter it here	
		Phone no. (401)536-2393 Email address SRIKANTHISMAV@GMAIL.COM								
		eparer's name	Preparer's signat		PUTIVANIUTY	Date	PTIN		Check if:	
Paid		KATA SAI PAVAN KUMAR DUDIPALLI	'		AR DUDIPALLI			470833	Self-employed	
Preparer			THE DODITION	l			678)965-9522			
Use Only									88-2145487	
	LII	III S addiess ZIJ KOONE	irm's EIN	00-214340/						