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, enc	ding		, 20		See sep	oarate instruc	tions.	
Your first name and middle initial Last name									Your so	cial security n	umber	
SRIKANTH VAMSI TAT										884 23 6734		
				ist name						Spouse's social security numbe		
PRIYANKA		YYURU					060 73 2018					
Home address	(numb	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.		Presider	ntial Election (
6740 COT	JRTN	EY PARK RD							Check here if you, or your			
City, town, or p	ost off	fice. If you have a foreign address, also co	mplete s	e spaces below. State 2			ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a		
CHARLOT	ΓE			NC 2			28217	8217 box below will				
Foreign country name			Foreign province/state/county Foreign po			Foreign posta	al code	your tax	or refund.	_		
										You	Spouse	
Filing Status	; [Single				Head of ho	usehold (H	OH)				
Check only	×	Married filing jointly (even if only one had income)										
one box.		☐ Married filing separately (MFS)	QSS)									
		you checked the MFS box, enter the			u che	cked the HOH	or QSS bo	x, enter	the chil	ld's name if t	he	
	qι	ualifying person is a child but not you	ır deper	ndent:								
Digital	At a	any time during 2023, did you: (a) rece	eive (as	a reward, award, or	payn	nent for proper	ty or servic	es); or (b) sell,			
Assets	excl	hange, or otherwise dispose of a digi	ital asse	et (or a financial inter	est in	a digital asset	t)? (See inst	ructions	s.)	☐ Yes ∑	√ No	
Standard	Son	neone can claim:	penden	t Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate return	n or you	u were a dual-status	alien							
Age/Blindness	s You	: Were born before January 2, 1	959 F	Are blind Spo	ouse:	□ Was born	n before Jar	nuary 2	1959	☐ Is blind		
Dependent				-			(4) 01			fies for (see inst		
-		First name Last name		(2) Social security number	,	(3) Relationshi to you	ρ [d tax cre		Credit for other of	,	
If more than four	KI			165-16-556	6	Son		X				
dependents,	-											
see instruction	s —											
here]											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions) .					1a	231	,016.	
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 rep	orted o	n Form(s) W-2 (see i	instru	ctions)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26					1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29	٠.				1f			
If you did not	g	Wages from Form 8919, line 6.							1g			
get a Form W-2, see	h	Other earned income (see instructi	,						1h		0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				021	016	
	Z	Add lines 1a through 1h							1z		,016.	
Attach Sch. B if required.	2a		2a			axable interest			2b		,086.	
	3a		3a			rdinary dividen			3b			
Standard	4a		4a			axable amount			4b			
Deduction for—	5a		5a			axable amount axable amount			5b			
Single or Married filing	6a c		6a	mothed check here				· · ·	6b	_		
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)										
Married filing	8	Additional income from Schedule 1, line 10							8	_53	,689.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		,413.	
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									,413.	
\$20,800	12		Standard deduction or itemized deductions (from Schedule A)								,700.	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							12		,	
Standard Deduction,	14	Add lines 12 and 13							14		,700.	
see instructions.	15	Subtract line 1/1 from line 11. If zer			our t	avable incom	•		15		713	

Form 1040 (2023	3)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	24,432.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	24,432.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 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	21,176.
	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	21,176.
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	22,039.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child,	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 total payments	33	22,039.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	863.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	863.
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 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 amount you owe . 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
Designee		esignee's Phone Personal identifi		<u></u>
		me no. number (PIN)		
Sign Here		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to th lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
пеге	Yo			nt you an Identity IN, enter it here
Joint return?		EMPLOYEE (see i		
See instructions. Keep a copy for your records.	Sp	Identi	ity Prote	nt your spouse an ection PIN, enter it here
		EMPLOYEE (see i	nst.)	
		one no. (401)536-2393 Email address SRIKANTHISMAV@GMAIL.COM		
Paid		eparer's name Preparer's signature Date PTIN		Check if:
Preparer	VENK	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470		Self-employed
Use Only	Fir	m's name GLOBAL TAXES LLC Phon		678)965-9522
	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	s EIN	88-2145487