## E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

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			Se	See separate instructions.		
Your first name and middle initial				Last name				Your social security number		
MOHANKRI	SHNA	Δ	PODILE				7	722   75   3680		
				ame					s social security number	
								1		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.		Apt. no.	Pr	esider	ntial Election Campaign	
8819 ROI	DEO I	OR,		1343	Check here if you, or your		ere if you, or your			
		ce. If you have a foreign address, also co	mplete :	spaces below. State Z		ZIP code	spouse if filing jointly, w			
IRVING				TX 7		75063	box below will not change		this fund. Checking a www.will not change	
Foreign country	/ name			Foreign province/state/o	county	Foreign postal co	ode yo	our tax	or refund.	
									You Spouse	
Filing Status	; X	Single			☐ Head of he	ousehold (HOH	l)			
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)	SS)							
	If y	ou checked the MFS box, enter the	ne chil	d's name if the						
	qu	alifying person is a child but not you	ır depe	ndent:				, 		
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payment for prope	rty or services)	: or (b)	sell.		
Assets		ange, or otherwise dispose of a digi							☐ Yes 🗵 No	
Standard	Som	eone can claim:	pender	nt	e as a dependent			-		
Deduction		Spouse itemizes on a separate returi	n or yo	u were a dual-status	alien					
Age/Rlindness	. Vou	Were born before January 2, 1	a5a [	Are blind Spo	ouse: Was bor	n before Janua	rv 2 1	959	☐ Is blind	
			000 [	<del>-</del> -		(4) Ob 1 - 4b			ies for (see instructions):	
Dependents		irst name Last name		(2) Social security number	(3) Relationsh to you	Child ta			Credit for other dependents	
If more than four	(1)	Last Harris			,		7	-+	П	
dependents,							_	-+		
see instructions	s						_	-	H	
and check here	]							-	H	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)				1a	72,018.	
	b	Household employee wages not re	,					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	1c							
attach Forms	d	Medicaid waiver payments not rep	1d							
W-2G and 1099-R if tax	е	Taxable dependent care benefits f						1e		
was withheld.	f	Employer-provided adoption bene						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	ions)					1h	0.	
instructions.	i	Nontaxable combat pay election (s	ee inst	tructions)	1i					
	z	Add lines 1a through 1h						1z	72,018.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a		<b>b</b> Taxable interest			2b		
	3a	Qualified dividends	3a		<b>b</b> Ordinary divider	nds		3b		
	4a	IRA distributions	4a		<b>b</b> Taxable amount	t		4b		
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> Taxable amount	t		5b		
Single or	6a	Social security benefits	6a		<b>b</b> Taxable amount	t	. <u>.</u>	6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see instructions)		. ∐			
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo	7							
jointly or	8	Additional income from Schedule	-					8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	come			9	72,018.	
\$27,700 • Head of	10	Adjustments to income from Sche	10							
household, \$20,800	11	Subtract line 10 from line 9. This is						11	72,018.	
If you checked	12	Standard deduction or itemized	12	13,850.						
any box under Standard	13	Qualified business income deducti	13	10.050						
Deduction, see instructions.	14	Add lines 12 and 13	٠.					14	13,850.	
230 mondonono.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -U This is y	our <b>taxable incom</b>	ie		15	58,168.	

Form 1040 (2023	3)			Page <b>2</b>								
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	8,106.								
Credits	17	Amount from Schedule 2, line 3	17									
	18	Add lines 16 and 17	18	8,106.								
	19	Child tax credit or credit for other dependents from Schedule 8812	19									
	20	Amount from Schedule 3, line 8	20									
	21	Add lines 19 and 20	21									
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	8,106.								
	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	8,106.								
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	6,723.								
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26									
	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										
	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	6,723.								
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34									
	35a	Amount of line 34 you want <b>refunded to you</b> . 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 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 <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	1,412.								
	38	Estimated tax penalty (see instructions)										
Third Party Designee		you want to allow another person to discuss this return with the IRS? See		∇ N-								
		structions		⊠ No								
		rsignee's Phone Personal identifi me no. number (PIN)	cation									
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity								
		Prote	ction Pl	IN, enter it here								
Joint return? See instructions. Keep a copy for your records.		IT EMPLOYEE (see i	nst.)									
	Sp		ity Prote	nt your spouse an ection PIN, enter it here								
	Ph	one no. (929)595-1565 Email address MOHANKRISHNA3516@GMAIL.COM										
	Pre	eparer's name Preparer's signature Date PTIN		Check if:								
Paid	VENK	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI PO2470	833	Self-employed								
Preparer				678)965-9522								
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's		88-2145487								