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 , 2 | | | | , 20 | Se | See separate instructions. | | | |
|--|--------|--|--------------------|----------------------------|-----------------------|-----------------|---------|--------------------|---|------------------------------------|---|---|
| Your first name and middle initial | | | | Last name | | | | Yo | Your social security number | | | |
| GEETIKA | | | | CHILLARA | | | | | 7 | 752 57 5112 | | |
| If joint return, spouse's first name and middle initial | | | | Last name | | | | Sp | Spouse's social security number 123 12 3123 | | | |
| | | | | | | | | | | | | 1 |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | A | Apt. no. | | | tial Election Campaigr | |
| 407CANA | LVTE | WCTRCLE | | | | | | D Ch | | | Check here if you, or your | |
| | | ice. If you have a foreign address, also co | mplete | nplete spaces below. State | | | ZIP c | | | spouse if filing jointly, want \$3 | | |
| INDIANA | POLI | S | | IN | | | 462 | 1 (0 0 0 0 | | | this fund. Checking a w will not change | |
| Foreign country name | | | | Foreign province/state/o | province/state/county | | | oreign postal code | | | or refund. | |
| , | | | | | | | | | | ☐ You ☐ Spouse | | |
| Filing Status | s [| Single | - | | | Head of ho | ouseh | old (HOH) | | | | |
| _ | | ☐ Married filing jointly (even if only or | ne had | income) | | | | | | | | |
| Check only one box. | × | ✓ Married filing separately (MFS) ☐ Qualifying surviving spouse (Q | | | | | | | | S) | | |
| one box. | | f you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the | | | | | | | | | d's name if the | |
| | | ualifying person is a child but not you | | | | | | | | | | |
| | | | | | | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rece | | | | | | | | sell, | Dyss VIIIs | |
| Assets | | nange, or otherwise dispose of a digi | | | | | 1)? (50 | ee instruct | ions.) | | ☐ Yes ☒ No | |
| Standard | | neone can claim: You as a de | | | | | | | | | | |
| Deduction | | Spouse itemizes on a separate return | n or yo | ou were a dual-status | alien | | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 19 | 959 | Are blind Spo | ouse: | Was bor | n befo | ore Januar | y 2, 19 | 959 | ☐ Is blind | |
| Dependent | s (see | instructions): | | (2) Social security | , | (3) Relationsh | ip (4 |) Check the | e box if | qualifi | es for (see instructions): | |
| If more | (1) F | First name Last name | | number | | to you | , | Child tax | x credit | C | Credit for other dependents | |
| than four | TGO | GGH CHILLARA | | 295-77-687 | 7 | Son | | × | | | | |
| dependents, | | | | | | | | |] | | | |
| see instruction and check | s | | | | | | | | | | | |
| here | | | | | | | | |] | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | ox 1 (s | ee instructions) | | | | | | 1a | 96,035. | |
| | b | Household employee wages not re | eported | d on Form(s) W-2 | | | | | | 1b | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | 1c | | | |
| attach Forms | d | Medicaid waiver payments not rep | orted | on Form(s) W-2 (see in | nstru | ctions) | | | | 1d | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits for | rom Fo | orm 2441, line 26 | | | | | | 1e | | |
| was withheld. | f | Employer-provided adoption bene | fits fro | m Form 8839, line 29 | | | | | | 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 | see ins | tructions) | | 1i | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | 1z | 96,035. | |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | b Ta | axable interest | i . | | | 2b | | |
| if required. | 3a | Qualified dividends | 3a | | b 0 | rdinary divider | nds . | | | 3b | | |
| | 4a | IRA distributions | 4a | | b Ta | axable amount | t | | | 4b | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | b Ta | axable amount | t | | | 5b | | |
| Single or | 6a | Social security benefits | 6a | | b Ta | axable amount | t | | | 6b | | |
| Married filing separately, | С | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | |
| \$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 | -16,020. | |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | 9 | 80,015. | |
| \$27,700 | 10 | Adjustments to income from Schee | dule 1, | line 26 | | | | | | 10 | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | 11 | 80,015. | |
| \$20,800 | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | 12 | 13,850. | |
| If you checked any box under | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | 13 | | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | 14 | 13,850. | | |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | ovabla inaam | | | | 45 | 66 165 | |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|---------------------------------|---|---|---------------------------|-------------------|---------------------|-----------------------|----------|--|--------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 9,866. |
| Credits | 17 | | | | | | | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 9,866. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | 2,000. |
| | 20 | Amount from Schedule 3, li | ne 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 2,000. |
| | 22 | Subtract line 21 from line 18 | 3. If zero or less, | enter -0 | | | | 22 | 7,866. |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | 26 8 | 24 | 7,866. |
| Payments | 25 | Federal income tax withheld | d from: | | | | | | |
| | а | Form(s) W-2 | | | | | | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | ıs) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 12,450. |
| If you have a qualifying child, | 26 | 2023 estimated tax paymer | its and amount a | pplied from 20 | 022 return | | | 26 | V |
| | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit fro | m Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | t from Form 8863 | 3, line 8 | | 29 | 7 | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | l. These are your | total other pa | ayments and refu | ndable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. | | | | | | 33 | 12,450. |
| Refund | 34 | If line 33 is more than line 2 | 4, subtract line 2 | 4 from line 33. | This is the amoun | t you overpaid | | 34 | 4,584. |
| | 35a | | | | | | | | 4,584. |
| Direct deposit? | b | | | | | | | | |
| See instructions. | d | | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | 1. This is the amo | ount you owe | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | | |
| | 38 | Estimated tax penalty (see i | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow anothe | r person to disc | cuss this retu | rn with the IRS? | See | | | |
| Designee [*] | ins | structions | pelow. | X No | | | | | |
| | | signee's | Phone Personal | | | | fication | | |
| | name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the | | | | | | | | et and the second |
| Sign | | lief, they are true, correct, and con | | | | | | | |
| Here | | 2 | | Date | Your occupation | | F | | nt you an Identity |
| | 10 | Your signature | | Date | Tour occupation | | | | IN, enter it here |
| Joint return? | | | | | SOFTWARE E | NGINEER | (see | inst.) | |
| See instructions. | Spouse's signature. If a joint return, both must sign. | | | Date | Spouse's occupation | on | | IRS sent your spouse an | |
| Keep a copy for your records. | | | | | | | | dentity Protection PIN, enter it here see inst.) | |
| , our 1000140. | Phono no | | | | | | | 11131.) | |
| | | one no. eparer's name | Preparer's signat | Email address | | Data | PTIN | | Check if: |
| Paid | | | 10 (1900) | | | | 0022 | Self-employed | |
| Preparer | | | PAVAN KUMAR DUDIPALLI PO | | | | 0833 | | |
| Use Only | | | | | | | | ne no. 's EIN | (678) 965-9522 |
| | Fir | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | 88-2145487 |