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

2023

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For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2	023, endir	ng			, 20		See se	parate i	nstructions.
Your first name								Your so	cial sec	urity number				
YASWANT	YASWANTH BADUGU								809	75	4687			
If joint return, spouse's first name and middle initial Last name							Spouse	's social	security number					
Home address	instructi	instructions. Apt. no.							1			ction Campaign		
		AVAN AVE					0			LOW				ou, or your jointly, want \$3
		ce. If you have a foreign address, also co										nd. Checking a		
BUFFAL(NY 14213 Foreign province/state/county Foreign postal							not change				
Foreign country name				Foreign province/state/county Foreign					gri postai	code	your tax	k or refu Yo		
Filing Status	<u> </u>	Single					Г	Head of h	OUSA	old (HC)H)			
_	S ===	☑ Single ☐ Head of household (HOH) ☐ Married filing jointly (even if only one had income)												
Check only one box.	F	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)												
0110 20%	lf y	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the											ild's naı	me if the
	qu	qualifying person is a child but not your dependent:												
Digital	Δt aı	ny time during 2023, did you: (a) rec	eive (as	a rewar	d aw	ard or n	avm	ent for prope	erty or	service	s): or (h) sell		
Assets		nange, or otherwise dispose of a dig												s X No
Standard		neone can claim: You as a de						a dependent	, ,					
Deduction		Spouse itemizes on a separate retur	n or you	ı were a	dual-	-status a	lien							
Age/Rlindnes	s You	: Were born before January 2, 1	959 F	Are b	lind	Spor	ISE.	☐ Was bo	rn hef	ore Jani	ıarv 2	1959	П	s blind
Dependent	_		000 <u></u>	Ī			130.		-					see instructions):
•		irst name Last name		, , ,			(3) Relationsh to you	Child tax cred				. `	r other dependents	
If more than four														
dependents,	_													
see instruction and check	s													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instru	ctions	s)						1a	1	86,506.
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)								10				
W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f	_			
If you did not	a a	Wages from Form 8919, line 6								1g				
get a Form W-2, see	h	Other earned income (see instructions)								1h				
instructions.	i	Nontaxable combat pay election (1i	i					
	z	Add lines 1a through 1h										1z	:	86,506.
Attach Sch. B	2a	Tax-exempt interest	2a			b	T a	xable interes	t.			2 b)	
if required.	3a_	_	3a					dinary divide				3b		
Standard	4a	-	4a					xable amoun				4b		
Deduction for—	5a	-	5a					xable amoun				5b		
Single or Married filing	6a c	· · · · · · · · · · · · · · · · · · ·	cial security benefits 6a b Taxable amount								6b	<u>'</u>		
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7		0.	
Married filing jointly or	8	Additional income from Schedule 1, line 10								8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	1	86,506.		
\$27,700	10	Adjustments to income from Schedule 1, line 26									10		0.	
Head of household,	11	Subtract line 10 from line 9. This is your adjusted gross income								11		86,506.		
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fro	om Sc	hedule A	A)					12	2	13,850.
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A								13	3			
Deduction,	14	Add lines 12 and 13								14		13,850.		
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									15	<u> </u>	72,656.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2023)

Form 1040 (2023) YA	SWANTH BADUGU						8	09-75	-4687 Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌			16	11,296.		
Credits	17	Amount from Schedule 2, lir	ne 3						17	0.		
	18	Add lines 16 and 17							18	11,296.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lir	ne 8						20	0.		
	21	Add lines 19 and 20								0.		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	11,296.		
	23	Other taxes, including self-e								,		
	24	Add lines 22 and 23. This is	your total tax						24	11,296.		
Payments	25	Federal income tax withheld								,		
,	а	Form(s) W-2	6.									
	b	Form(s) 1099										
	С	Other forms (see instructions)										
	d	Add lines 25a through 25c	•						25d	12,456.		
If you have a	26	2023 estimated tax paymen							26	,		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27						
	28	Additional child tax credit from				28						
	29	American opportunity credit	from Form 8863	3. line 8		29						
	30	Reserved for future use .		-		30						
	31	Amount from Schedule 3, lir										
	32		32									
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments								12,456.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								1,160.		
Horana	35a									1,160.		
Direct deposit?	b	Routing number 1 2 4 0 8 5 2 6 0 c Type: Checking X Savings								,		
See instructions.	d	Account number 3 0 0 0 7 2 4 8 9 9 5 4										
	36	Amount of line 34 you want										
Amount	37	Subtract line 33 from line 24										
You Owe	0.	For details on how to pay, go to www.irs.gov/Payments or see instructions								0.		
	38	Estimated tax penalty (see instructions)										
Third Party	Do	you want to allow another				See						
Designee	ins	instructions							e below.	X No		
		esignee's		Phone		onal identification						
0:		name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my know										
Sign		lief, they are true, correct, and com		,								
Here	Yo	our signature	Date		l If	the IRS se	nt you an Identity					
					Your occupation				Protection PIN, enter it here			
Joint return?				DATA ENGIN	IEER			see inst.)				
See instructions. Keep a copy for	Sp	oouse's signature. If a joint return,	Date	Spouse's occupat	ion			the IRS sent your spouse an				
your records.										Identity Protection PIN, enter it here (see inst.)		
	Ph	none no. 716-348-	4876	Email address			· ·					
		Phone no. 716-348-4876 Email address Preparer's name Preparer's signature Date PTIN								Check if:		
Paid		-h		SELF-PREPARED						Self-employed		
Preparer								hone no.				
Use Only												
	Firm's address Firm's									IIIN		