E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023
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OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See se	parate instruc	tions.	
Your first name and middle initial L				Last name					Your social security number		
SATHEESH KUMAR				VISWANADUN					123   45   0934		
				Last name					Spouse's social security number		
BHARGAVI				VANADUN				123   45   5345			
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Preside	ntial Election C	Campaig	
1112 WOODWAY BLUFF CR								Check here if you, or your			
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a		
CARY			NC			27513	box below will not				
Foreign country name			Foreign province/state		e/county F		Foreign postal code	de your tax or refund.		_	
									You	Spous	
Filing Status	; <u> </u>	Single			[	Head of ho	usehold (HOH)				
Check only	×	Married filing jointly (even if only o	ne had	income)		_					
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS							,		
	•	you checked the MFS box, enter the			u che	cked the HOH	or QSS box, ent	er the ch	ld's name if th	he	
	qu	alifying person is a child but not you	ır depe	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	paym	ent for proper	ty or services); or	r (b) sell,			
Assets	exch	ange, or otherwise dispose of a dig	ital asse	et (or a financial intere	est in	a digital asset	)? (See instructio	ns.)	☐ Yes 🗵	≺ No	
Standard	Som	eone can claim:   You as a de	pender	it	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status a	alien						
Age/Blindness	s You	: Were born before January 2, 1	959 [	Are blind Spo	ouse:	☐ Was born	n before January	2 1959	☐ Is blind		
Dependents			000 [	<del>-</del>			(4) (1)   -   -	-	ifies for (see inst		
•	•	irst name Last name		(2) Social security number	<b>,</b>	(3) Relationship to you	Child tax of		Credit for other d	,	
If more than four	ABC			455-96-555	5	Son	X				
dependents,		1 - 2 2		155 70 5055		2011					
see instructions and check	s —										
here	]				$\neg$						
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)				. 1a	208,	,658.	
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2				. 1b	1		
W-2 here. Also	С	Tip income not reported on line 1a	a (see in	structions)				. 10	;		
attach Forms	d	Medicaid waiver payments not rep	orted c	on Form(s) W-2 (see in	instruc	ctions)		. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26 .				. 1e	, 3,	,200.	
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29	٠.			. 1f			
If you did not	g	Wages from Form 8919, line 6 .						. 1g	1		
get a Form W-2, see	h	Other earned income (see instruct	ions)					. 1h	ı	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>					
	z	Add lines 1a through 1h						. 1z		,858.	
Attach Sch. B	2a		2a			xable interest		. 2b			
if required.	3a_		3a			dinary dividen		. 3b			
Standard	4a		4a			xable amount		. 4b			
Deduction for-	5a		5a			xable amount		. 5b			
Single or Married filing	6a		6a			xable amount		. 6b			
separately,	_C	If you elect to use the lump-sum e	# =		000						
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sche	□ <u>7</u> . 8	-3,	,000.						
jointly or Qualifying	8	Additional income from Schedule 1, line 10							200	0.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							208,	,858.	
• Head of	10	Adjustments to income from Schedule 1, line 26								0.50	
household, [	11	Subtract line 10 from line 9. This is	•					. 11		<u>,858.</u>	
If you checked	12	Standard deduction or itemized		`	,			. 12		<u>,700.</u>	
any box under Standard	13	Qualified business income deduct			1 0995	J-74		. 13		,700.	
Deduction, see instructions.	14 15	Add lines 12 and 13				 avahla incom		. 14		, / U U . 158	

Form 1040 (2023	3)								Page <b>2</b>		
Tax and	16	Tax (see instructions). Chec	k if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌 _		16	30,470.		
Credits	17	· · · · · · · · · · · · · · · · · · ·									
	18	Add lines 16 and 17						18	30,470.		
	19	Child tax credit or credit fo	r other dependen	ts from Sched	ule 8812			19	2,000.		
	20	Amount from Schedule 3, I	ine 8					20			
	21	Add lines 19 and 20						21	2,000.		
	22	Subtract line 21 from line 1	8. If zero or less,	enter -0				22	28,470.		
	23	Other taxes, including self-	employment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	s your <b>total tax</b>					24	28,470.		
Payments	25	Federal income tax withhel	d from:								
	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instructio	ns)			25c					
	d	Add lines 25a through 25c						25d	24,437.		
If you have a	26	2023 estimated tax payme	nts and amount a	pplied from 20	22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
allach Sch. ElC.	28	Additional child tax credit from	om Schedule 8812	!		28					
	29	American opportunity cred	it from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, I	ine 15			31					
	32	Add lines 27, 28, 29, and 3	1. These are your	total other pa	ayments and refu	ndable credits		32			
	33	Add lines 25d, 26, and 32.	These are your to	tal payments				33	24,437.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>									
	35a										
Direct deposit?	b	Routing number X X X									
See instructions.	d	Account number   X   X   X   X   X   X   X   X   X									
	36	Amount of line 34 you want									
Amount You Owe	37	Subtract line 33 from line 2 For details on how to pay,						37	4,094.		
	38	Estimated tax penalty (see	instructions) .			38	61				
Third Party	Do	you want to allow another	er person to disc	cuss this retur	n with the IRS?	See					
Designee		instructions							<b>⋈</b> No		
		Designee's						itification			
		name no. number (PIN)									
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		ur signature		Date	Your occupation				nt you an Identity		
	10	ur signature		Date	Tour occupation				PIN, enter it here		
Joint return?					SOFTWARE D	EVELOPER	(se	e inst.)			
See instructions.	Sp	ouse's signature. If a joint return	Date	Spouse's occupation				nt your spouse an			
Keep a copy for your records.					COETHADE DEVELOPED				ection PIN, enter it here		
, 541 1000146.		Phone no.			SOFTWARE DEVELOPER (see						
		one no. eparer's name	Preparer's signat	Email address		Date	PTIN		Check if:		
Paid			, ,		יייגמימות מג	Dale		70022	Self-employed		
Preparer		VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI PO247									
Use Only								(678)965-9522 88-2145487			
	rır	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							88-Z14548/		