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 | . 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ding | | , 20 | | See sep | parate instructio | ons. | |
|--|--|--|-------------------------|----------------------------|-------------|----------------------------|--------------|-------------------|-----------------------------|---------------------------------------|-------------|--|
| Your first name and middle initial La | | | | Last name | | | | | Your social security number | | | |
| SATHEESH KUMAR \ | | | | VISWANADUN | | | | | | 123 45 0934 | | |
| | | | | ıme | | | | : | Spouse's | s social security n | numbe | |
| BHARGAVI | | , | VISW | VANADUN | | | | | 123 45 5345 | | | |
| | | er and street). If you have a P.O. box, see | | | | | Apt. n | 10. I | Presider | ntial Election Can | mpaigr | |
| 1112 WOC | DWA | Y BLUFF CR | | | | | | (| Check h | nere if you, or you | ur . | |
| | | ce. If you have a foreign address, also co | mplete s | spaces below. | Stat | е | ZIP code | | | if filing jointly, wa | | |
| CARY | | | | NC 2 | | | 27513 | | | this fund. Check ow will not chang | | |
| Foreign country name | | | | Foreign province/state/ | unty For | | | | or refund. | ,- | | |
| | | | | | | | (| | | ☐ You ☐ S | Spouse | |
| Filing Status | | Single | | | [| Head of ho | usehold (| НОН) | | | | |
| Check only | | Married filing jointly (even if only or | ne had i | income) | | | | | | | | |
| one box. | | Married filing separately (MFS) | | | [| Qualifying | surviving | spouse (C | QSS) | | | |
| | If y | you checked the MFS box, enter the | name o | of your spouse. If you | u che | cked the HOH | or QSS b | ox, enter | the chil | ld's name if the | | |
| | qu | alifying person is a child but not you | ır deper | ndent: | | | | | <u> </u> | | | |
| Digital | Δt ar | ny time during 2023, did you: (a) rece | eive (as | a reward award or | navm | ent for proper | ty or serv | ices): or (b | a) sell | | | |
| Assets | | nange, or otherwise dispose of a digi | , | • | | | • | ,, , | , | ☐ Yes 🗵 N | No | |
| Standard | | neone can claim: You as a de | | | | | | | , | | | |
| Deduction | _ | Spouse itemizes on a separate return | • | | | | | | | | | |
| A /Dlin. do | | | | | | □ Man harm | a la afana I | | 1050 | ☐ Is blind | | |
| | _ | : Were born before January 2, 1 | 959 [| | ouse: | | (4) 01- | anuary 2, | | fies for (see instruc | | |
| - | (see instructions): (1) First name Last name | | | (2) Social security number | У | (3) Relationship to you | ρ [| hild tax cre | | Credit for other depe | , | |
| If more than four | ABO | | | 455-96-555 | 5 | Son X | | | uit | | | |
| dependents, | ADC | VISWANADON | | 433 30 333 | 5011 | | + 🖺 | | | | | |
| see instructions | ; — | | | | | | | $\overline{\Box}$ | | | | |
| and check here \square | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | ox 1 (se | e instructions) . | | | | | 1a | 208,6 | 58. | |
| | 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 reported on Form(s) W-2 (see instructions) | | | | | | | 1d | | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | fits fron | n 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 inst | ructions) | | 1i | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | 1z | 208,6 | 558. | |
| Attach Sch. B | 2 a | Tax-exempt interest | 2a | | b Ta | xable interest | | | 2b | | | |
| if required. | 3a | Qualified dividends | 3a | | b Or | rdinary dividen | ds | | 3b | | | |
| Standard | 4a | | 4a | | | xable amount | | | 4b | | | |
| Deduction for— | 5a | | 5a | | b Ta | xable amount | | | 5b | | | |
| Single or | 6a | | b Taxable amount | | | | | | 6b | | | |
| Married filing separately, | С | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | 4 | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | -3,0 | | |
| jointly or Qualifying | 8 | Additional income from Schedule | • | | | | | | 8 | | 0. | |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | , | , | come | | | | 9 | 205,6 | <u>,58.</u> | |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | 10 | | | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | 11 | 205,6 | | |
| If you checked 12 Standard deduction or itemized deductions (from Schedule A) | | | | | | | | | 12 | | 00. | |
| any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | 13 | | 700 | | |
| Deduction, see instructions. 14 Add lines 12 and 13 | | | | | | | | | 14 | - | | |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|-------------------------------|--------------------------------|--|---------------------------|-------------------|---------------------|--------------------------|-----------------------------|---------------------|--------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | з 🗌 | | 16 | 29,766. |
| Credits | 17 | Amount from Schedule 2, lin | | | | - | · | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 29,766. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | 2,000. |
| | 20 | Amount from Schedule 3, lin | ne 8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 2,000. |
| | 22 | Subtract line 21 from line 18 | B. If zero or less, | enter -0 | | | | 22 | 27,766. |
| | 23 | Other taxes, including self-e | employment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | | 24 | 27,766. |
| Payments | 25 | Federal income tax withheld | I from: | | | | | | |
| • | а | Form(s) W-2 | | | | 25a 24 | 1,437 | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 24,437. |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 | 22 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit fro | m Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | 7 _ | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | , | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ndable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 24,437. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amoun | t you overpaid | | 34 | |
| | 35a | Amount of line 34 you want | refunded to you | ı. If Form 8888 | s is attached, chec | k here | . 🗆 | 35a | |
| Direct deposit? | b | Routing number X X X | | | | | Savings | , | |
| See instructions. | d | Account number X X X | | | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | I. This is the amo | ount vou owe. | | | | | |
| You Owe | | For details on how to pay, g | | | | | | 37 | 3,329. |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retur | n with the IRS? | See | | | |
| Designee | | structions | | , | | | omplete | below. | ⋈ No |
| | | signee's | Phone | | | ntification | | | |
| | | me | h - t h | no. | | | ber (PIN) | | -f l d |
| Sign | | der penalties of perjury, I declare t lief, they are true, correct, and com | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | | | nt you an Identity |
| | 10 | ui signature | | Date | Tour occupation | | - 1 | | IN, enter it here |
| Joint return? | | | | | SOFTWARE D | EVELOPER | (se | e inst.) | |
| See instructions. | | ouse's signature. If a joint return, | Date | | | | the IRS sent your spouse an | | |
| Keep a copy for your records. | | | | | | entity Prote e inst.) | ection PIN, enter it here | | |
| , | | | | | SOFTWARE D | EVELOPER | (50 | | |
| | | one no. | Droporaria sistema | Email address | | Data | PTIN | | Chook if: |
| Paid | Preparer's name Preparer's sig | | | | | | | 70000 | Check if: |
| Preparer | | MATA SAI PAVAN KUMAR DUDIPALLI | | PAVAN KUM | AK DUDIPALLI | | <u> </u> | 70833 | Self-employed |
| Use Only | Firm's name GLOBAL TAXES LLC | | | | | | | one no.(m's EIN | (678)965-9522 |
| - 3 | Fir | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | | 88-2145487 |

| D-400 (50) 8-16-23 Staple All Pages of Your Return and W-2s Here | | | <u>oli</u> na Do | | urn 20 of Reven | 023 ue | DOR Use Only | | | |
|---|---|---|------------------|---------------------------|-------------------------------|---------------------------------|---|---------------------------------|--------------------------------|-------------|
| For calendar year 2023, or fis | scal vear beginning | | | nded Return and ending | | Δre | you a veteran? | Ye | es 🔲 No l | x |
| SATHEESH KUMA | VISWANADUN | | BHARGA | _ | VISWAN | | our spouse a vete | | | X |
| 1112 WOODWAY BLUFT | - | | | | N: 123450 | | e you granted an a | | | |
| CARY NC 27513 WA | | 2. Married Filin | a lainthi | | N: 123455 | | 3 federal income t Yes | | J., Form 1040 | ? |
| 1 1 | | Named Fill S. Qualifying W | | ☐ 3. IVIAITIE | ed Filing Separa | | ar spouse died: | | | |
| Were you a resident of N.C. fo | | | X No | | eturn for dece | - | • | of death: | | |
| Was your spouse a resident f N.C. Education Endowment F | • | | X No | | eturn for dece | | | of death: | same or all | of. |
| your overpayment to the Fund | • | | | | • | - | 0. To des | _ 7 | | |
| to the Fund, enter the amoun | nt of your designation | on on Page 2, | Line 31. | (See instruct | ions for inform | nation abou | it the Fund.) | | . , , | _ |
| Select box if you, or if ma Select box if return is filed | | | | - | | | | esident. | | |
| Ociost box ii retain is met | a and signed by Ex | coator, 7 tarriir | notrator, o | r Court Appo | nica i cioona | ii Represen | itative. | | | |
| FS 2 PP Y | DT | N OC | N | TPRES | Y SP | | TV Y | N | SVT | N |
| | 7513 DS | N EA | N | TD | 102450 | SD | \ | | FDEXT | N |
| SATHEESH KUMA | | ANADUN | | | 123450 | | WAK | | | = |
| BHARGAVI | VISWA | ANADUN | | | 123455 | 345 | NC 275 | 113 | | |
| 1112 WOODWAY BLU | JFF CR | | | | CARY | | | | | |
| 06 205658 | 8 | 16 | | 0 | 2 | 6C | | 0 | | 7 |
| 07 | 0 | 18 Y | | 0 | 2 | 6E | | 0 | | 0201 |
| 09 | 0 | 20A | | 6062 | E. | U | | | | 5002 |
| 10A | 1 | 20B | | 2819 | 2 | 7 | | 0 | | - 63 |
| 10B (| 0 | 21A | | 0 | 2 | 9 | | 0 | | |
| 11 S Y I N | Ŋ | 21B | | 0 | 3 | 0 | | 0 | | |
| 11 25500 | 0 | 21C | | 0 | 3 | 1 | | 0 | | |
| 13 00000 | 0 | 21D | | 0 | 3 | 2 | | 0 | | |
| 14 180158 | 8 | 26A | | 0 | 3 | 4 | 3 | 23 | | |
| 15 8558 | 8 | 26B | | 0 | | | | | | |
| TN | | PN | 67896 | 59522 | P | P | P024708 | 33 | | |
| Sign Return Below X Refund Due 323 Payment Due 0 | | | | | | | | | | |
| I declare and certify that I have examined the best of my knowledge and belief, the | d this return and accompa | anying schedules omplete. | and stateme | nts, and to | Check here i to discuss th | if you author nis return and | ize the North Car d attachments with | olina Departr n the paid pre | nent of Rever eparer below. | ue |
| Your Signature | | Date Sp | oouse's Signa | ature (If filing joint | return, both must | sign.) | Date Cont | act Phone No. | (Include area co | de) |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | | | | | | | | | | |
| (CEO) OCE 0500 | | | | | | | | | | |
| VENKATA SAI PAVAN Paid Preparer's Signature | 965-9522 tact Phone Numbe | 9522 P02470833 e Number (Include area code) Preparer's FEIN, SSN, or PTIN | | | | | - | | | |
| If you ARE NOT due a | If REFUND, mail i refund, mail return, | | | | | | | iH, NC 27640 |)-0640 | |

(50)Last Name (First 10 Characters) VISWANADUN 123450934 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 205658 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 205658 9. Deductions From Federal Adjusted Gross Income 9. 0 10. Child Deduction a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 1 b. Enter the amount of the child deduction 10b. 0 11. N.C. Standard Deduction 11. Υ 11. N.C. Itemized Deduction 11. Ν **Deduction amount** 11. 25500 11. 12. a. Add Lines 9, 10b, and 11 12a. 25500 b. Subtract Line 12a from Line 8 12b. 180158 13. Part-year Residents and Nonresidents Taxable Percentage 0.0000 13. 14. N.C. Taxable Income 14. 180158 15. N.C. Income Tax 15. 8558 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 17. 8558 17. 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due Υ 19. Add Lines 17 and 18 19. 8558 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 6062 20b. Spouse's tax withheld 20b. 2819 Other Tax Payments 21a. 2023 estimated tax 21a. 0 Paid with extension 0 21b. 21b. Partnership 0 21c. 21c. 21d. S Corporation 21d. 0 22. **Additional Payments** 22. 0 23. Add Lines 20a through 22 23. 8881 24. Previous Refunds 24. 0 8881 25. Subtract Line 24 from Line 23 25. 26a. Tax Due 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU **Exception to Underpayment of Estimated Tax** EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. 0 27. Pay this Amount 27. 0 Overpayment 323 28. 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2024 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31. 0 31. N.C. Education Endowment Fund 0 32. N.C. Breast and Cervical Cancer Control Program 32.

Add Lines 29 through 32

Amount to be Refunded

33.

34.

0

323

33.

34.