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

2023

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

For the year Jan	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling	, 20	s	ee sepa	arate instructions.	
Your first name and middle initial Last name							Y	Your social security number		
VAIBHAVI MAHESKUMA PATEL								123	45 5594	
If joint return, spouse's first name and middle initial Last							S	Spouse's social security number		
MANAV			KOTA	ΑK				236	56 8798	
	(numb	er and street). If you have a P.O. box, see				Apt. no.			ial Election Campaigr	
128 MAIN	I ST					2B	С	heck he	re if you, or your	
		ice. If you have a foreign address, also co	mplete s	spaces below.	ZIP code			filing jointly, want \$3		
BINGHAMT	CON				13905		to go to this fund. Checkin box below will not change			
Foreign country	y name	•		Foreign province/state/	county	Foreign postal co			or refund.	
									You Spouse	
Filing Status	, [Single			☐ Head of h	nousehold (HOH	1)			
-	_	Married filing jointly (even if only or	ne had i	income)		•				
Check only one box.		Married filing separately (MFS)	SS)							
	lf	you checked the MFS box, enter the	name o	of your spouse. If you				_	s name if the	
		ualifying person is a child but not you								
<u></u>	^+ ~	nu time duving 2002 did very (a) rec	oiv.o. /oo		novement for near					
Digital Assets		ny time during 2023, did you: (a) reco hange, or otherwise dispose of a digi	,	•			. ,	· · -	☐ Yes	
		neone can claim: You as a de			e as a dependent		,110113.	, .		
Standard Deduction	_	Spouse itemizes on a separate return	•	•						
Deddetion	ш		11 O1 yOC		alleri					
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind Spo	ouse: Was bo	rn before Janua	ıry 2, 1	1959	s blind	
Dependents	s (see	instructions):		(2) Social security	(3) Relations	inb I.,			es for (see instructions):	
If more	(1) F	First name Last name		number	to you	Child to	ax cred	it Cr	redit for other dependents	
than four										
dependents, see instructions	s —								<u> </u>	
and check	. —								<u> </u>	
here L										
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .				1a	55,633.	
Attach Form(s)	b	Household employee wages not re						1b		
W-2 here. Also	С	Tip income not reported on line 1a						1c 1d		
attach Forms W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							
1099-R if tax	е	Taxable dependent care benefits f						1e		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29				1f		
If you did not get a Form	g	Wages from Form 8919, line 6.						1g		
W-2, see	h	Other earned income (see instructi						1h	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)	<u> 1</u>	i		_	FF 633	
		Add lines 1a through 1h						1z	55,633. 13.	
Attach Sch. B if required.	2a		2a		b Taxable interes			2b	13.	
roquiicu.	3a		3a		b Ordinary divide			3b		
Standard	4a		4a		b Taxable amourb Taxable amour			4b		
Deduction for—	5a		5a 6a		b Taxable amour			5b 6b		
Single or Married filing	6a			mathad abadi bara		ш	· .	OD		
separately, \$13,850		If you elect to use the lump-sum election method, check here (see instructions)								
Married filing	7 8								0.	
jointly or Qualifying	9	Additional income from Schedule 1, line 10							55,646.	
surviving spouse, \$27,700	10			•				9 10	33,040.	
Head of		Adjustments to income from Schedule 1, line 26							5E 616	
household, [\$20,800	11 12	Standard deduction or itemized	•					11	55,646. 27,700.	
If you checked any box under	13	Qualified business income deduction		•	,			13	27,700.	
Standard	14							14	27,700.	
Deduction, see instructions.	15	Subtract line 14 from line 11 If zer			our tavable incom	 ne		15	27,700.	

Form 1040 (2023	3)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	2,911.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	2,911.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20	164.	
	21	Add lines 19 and 20	21	164.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	2,747.	
	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	2,747.	
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	4,545.	
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26		
qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	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	4,545.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,798.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	1,798.	
Direct deposit?	b	Routing number X X X X X X X X X			
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			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe	٥.	For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	o you want to allow another person to discuss this return with the IRS? See			
Designee		structions	below.	⋈ No	
		Personal ident	ification		
<u> </u>		ume no. number (PIN) nder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	tha baat	of my lenguing and	
Sign		lider penalties of perjury, i declare that i have examined this return and accompanying scriedules and statements, and to slief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic		, ,	
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?		SOFTWARE ENGINEER (see	inst.)		
See instructions. Keep a copy for	Sp		f the IRS sent your spouse an		
your records.			dentity Protection PIN, enter it here (see inst.)		
,		SOFIWARE ENGINEER (**			
		none no. Email address eparer's name Preparer's signature Date PTIN		Check if:	
Paid			0022	Self-employed	
Preparer		KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247		L	
Use Only				678)965-9522	
	Fir	rm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm	n's EIN	88-2145487	