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



£1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this spa	ice.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				, 20		See separate instructions.			
Your first name and middle initial Last na										Your social security number			er	
SOMA SIDDHARTHA N THEI				ł.r.a						864	12	2733		
If joint return, spouse's first name and middle initial Last na											security nu	mbei		
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Camp	naign
		FISH LANE								1			ou, or your	, g.
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode			•	jointly, wan	
HUTTO Foreign country name				TX			Σ	78634			•		nd. Checkin not change	_
				Foreign province/state/county Fo				Foreig	oreign postal code					
Filing Status	s 🗵	Single					Head of he	useh	old (HOH	 -)				
Check only		☐ Married filing jointly (even if only one had income)												
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS												
	lf :	ou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the												
	qι	ualifying person is a child but not you	ur depen	dent:										
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🗵 No	,
Standard	Son	neone can claim: 🗌 You as a de	pendent	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindness	s You	: Were born before January 2, 1	959	Are bli	ind Sp o	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instructi	ons):
If more		(1) First name Last name			number to yo			· I		ax cre	edit	Credit fo	r other depen	dents
than four									[
dependents,									[
see instruction and check	5								[
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		107,52	0.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b					
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
1099-R if tax	е		dependent care benefits from Form 2441, line 26						1e					
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f					
If you did not	g								1g					
get a Form W-2, see	e n Other earned income (see instructions)							1h	_		0.			
instructions.	i	Nontaxable combat pay election (see instr	uctions)			<u>li</u>						105 50	^
	Z	Add lines 1a through 1h	2 7 .		· · ;						1z		107,52	υ.
Attach Sch. B if required.	2a	. –	2a				axable interest				2b			
	3a_	· · ·	3a				rdinary divide				3b			
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a	11	-1:1 - 1		axable amoun	τ		٠ -	6b			
separately, \$13,850	C C	If you elect to use the lump-sum election method, check here (see instructions)								1 -				
Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7			
jointly or Qualifying	8	Additional income from Schedule 1, line 10							8		107 50	0		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		107,52	υ.	
\$27,700 Head of	10	•								10		107 50		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		107,52	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)							12		13,85	U.		
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							13		12 05			
Deduction, see instructions.	14	Add lines 12 and 13									14		13,85	

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	15,916.		
Credits	17	Amount from Schedule 2, lin	ne3					17			
	18	Add lines 16 and 17						18	15,916.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	15,916.		
	23	Other taxes, including self-e			,			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	15,916.		
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a 1	5,915.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	15,915.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	.,		26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
	28	Additional child tax credit fro	m Schedule 8812	!		28					
	29	American opportunity credit	from Form 8863	3, line 8 . .		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments							15,915.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid									
	35a	<u> </u>									
Direct deposit?	b										
See instructions.	d	Account number X X X X X X X X X									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g	37	1.							
	38	Estimated tax penalty (see in	· ·	•		38					
Third Party		you want to allow another									
Designee	instructions										
		signee's	Phone			identification					
		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		Your signature			Your occupation		If the IRS sent you an Identity				
	10	Tour signature			Date Your occupation			Protection PIN, enter it here			
Joint return?				ENGINEER	(see	(see inst.)					
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat	ion	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	Phone no.									
Paid	Pre	eparer's name	ure		PTIN		Check if:				
	SYA	M PRIYA RAM SAGAR GUPTA	A RAM SAGAR GUPTA 04/16/2024 1				2703	Self-employed			
Preparer	Fir	Firm's name GLOBAL TAXES LLC P							678)965-9522		
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fi							ı's EIN	84-3171965		