AS AMENDED RETURN COPY E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return OMB No. 1545-0074

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For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2	023, endin	g			, 20	5	See sep	oarate i	instructions.	
Your first name and middle initial Last na				ne							١	Your social security number			
TEJESH			RADH	AKR	ISH	NA						714	48	5103	
If joint return, spouse's first name and middle initial			Last name							8	pouse's	social	security number		
	/										-		<u> </u>		
		er and street). If you have a P.O. box, see	Instruction	ons.					l A	pt. no.	- 1			ection Campaig	
		GG STREET ce. If you have a foreign address, also co	mnlete sr	naces he	alow/		State		ZIP co	nde.				ou, or your jointly, want \$3	
			mpiete st							to go to this fund.				•	
SAN MARCOS Foreign country name				Foreign province/state/county			CA		n postal c		box below will not change your tax or refund.				
				i oreign province, etails, eealing					. 0.0.9				You Spous		
Filing Status	_s X	Single						Head of he	ouseho	old (HOH					
_	, <u></u>	☑ Single ☐ Head of household (HOH) ☐ Married filing jointly (even if only one had income)													
Check only one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS								(SS)					
0110 DOX.	If y	you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter th								,	ld's na	me if the			
		alifying person is a child but not you													
Distribut	Λ+ or	ny time during 2023, did you: (a) rec	oivo (as i	o rowor											
Digital Assets		nange, or otherwise dispose of a dig					-		-				ΠYe	es X No	
Standard		neone can claim: You as a de						dependent	-,- (
Deduction		Spouse itemizes on a separate retur	•	_		•									
		·		_								4050		1.2.1	
	_	: Were born before January 2, 1	959 _	」Are b		Spou	ise:	Was bor	14					s blind	
Dependent	•	instructions): irst name Last name		(2)	Social num	security her		(3) Relationsh to you	iip (4)	Child t			,	see instructions or other dependent	
If more than four	(1)	ilst flame Last flame			III	DCI		to you		Orma t			- Crodit 10		
dependents,											_	\rightarrow		-	
see instruction	s										_	\rightarrow		-	
and check here \square] —										_	$\overline{}$		-	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instru	ctions	s)						1a	\top	7,852	
	b	Household employee wages not reported on Form(s) W										1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c						
attach Forms	d	Medicaid waiver payments not rep	ot reported on Form(s) W-2 (see instructions)								1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption bene	byer-provided adoption benefits from 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 instruct													
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			<u>li</u>							
	Z _	Add lines 1a through 1h										1z	+-	7,852	
Attach Sch. B if required.	2a	· —	2a					able interest				2b	+-		
	3a	· ·	3a					linary divide				3b	+-		
Standard	4a		4a					able amoun				4b	+-		
Deduction for—	5a	-	5a					able amoun				5b	+-		
Single or Married filing	6a	,	b Taxable amount							6b	_				
separately, \$13,850	7	·	ct to use the lump-sum election method, check here (see instructions)								. H	7	1	0	
Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								. ⊔	8	+			
jointly or Qualifying	9										9	+-	7,852		
surviving spouse, \$27,700	10	Adjustments to income from Sche	7, and 8. This is your total income								10	+	0		
Head of household,	11	Subtract line 10 from line 9. This is									11	+	7,852		
\$20,800	12	Standard deduction or itemized										12	+-	13,850	
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A									13	+			
Standard Deduction,	14											14	+	13,850	
see instructions.	15		o or less, enter -0 This is your taxable income								15		0		

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

Cat. No. 11320B

Form **1040** (2023)

Form 1040 (2023	3) TE	JESH RADHA AR SA	MEND	ED RE	ETURN (COPY	71	4-48	3-5103	Page 2		
Tax and	16	Tax (see instructions). Check						16		0.		
Credits	17	Amount from Schedule 2, lin	ne 3					17		0.		
	18	Add lines 16 and 17						18		0.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19				
	20	Amount from Schedule 3, lin	ne 8					20		0.		
	21	Add lines 19 and 20						21		0.		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22		0.		
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23				
	24	Add lines 22 and 23. This is	your total tax					24				
Payments	25	Federal income tax withheld										
•	а	a Form(s) W-2										
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c						25d		48.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26				
qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit fro				28						
	29	American opportunity credit	from Form 8863	3. line 8		29						
	30	Reserved for future use .		•		30						
	31	Amount from Schedule 3, lin				31						
	32	· ·						32				
	33									48.		
Refund	34									48.		
Herana	35a		-					34 35a		48.		
Direct deposit?	b	1 x 1 x										
See instructions.	d	<u> </u>										
	36											
Amount	37					1 00			1			
You Owe	31	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions								0.		
	38											
Third Party		you want to allow another										
Designee			•		· · · · · ·		Complete	below.	X No			
_ co.gco	De	signee's	Phone		rsonal ident	nal identification						
		name no. number (PIN)										
Sign		der penalties of perjury, I declare t lief, they are true, correct, and con							•	-		
Here			1	ised on all illionna	1		•					
	Yo	ur signature	Date Your occupation			I .	If the IRS sent you an Identity Protection PIN, enter it here					
Joint return?					STUDENT			inst.)	irv, critci it iici			
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on	If the	he IRS sent your spouse an				
Keep a copy for					_ · _ ·			entity Protection PIN, enter it her				
your records.		(see						inst.)				
		Phone no. 442-385-3196 Email address										
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:			
Preparer			SELF-PREF	ELF-PREPARED					Self-em	ployed		
Use Only	Fin	m's name					Pho	ne no.	ne no.			
Jae Only	Fin	Firm's address Firm's								's EIN		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form **1040** (2023)