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

2023

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					See separate instructions.	
Your first name and middle initial Last na				me				١	our so	cial security number
DARSHAN DIWAKAR KOMA				RLU					874	04   8588
If joint return, spouse's first name and middle initial Last name										s social security number
REESHA LASI				THA SANTHOSH	г				873	71   8356
	(numbe	er and street). If you have a P.O. box, see			-		Apt. no.			ntial Election Campaign
49114 RO	SE T	reb						1		nere if you, or your
		ce. If you have a foreign address, also co	mplete s	paces below. State ZIF			ZIP code	s	spouse	if filing jointly, want \$3
FREMONT				CA			94539	to go to this fund. Chec		
Foreign country	/ name		F	Foreign province/state/o						or refund.
				,		·				☐ You ☐ Spouse
Filing Status	, [	Single				Head of ho	ousehold (H	OH)		
Check only		✓ Married filing jointly (even if only one had income)								
one box.		Married filing separately (MFS)				Qualifying	surviving sp	ouse (Q	SS)	,
	lf y	ou checked the MFS box, enter the	name c	of your spouse. If you	u che	cked the HOH	or QSS box	k, enter	the chil	ld's name if the
	qu	alifying person is a child but not you	ır depen	ndent:						
Digital	Δt ar	ny time during 2023, did you: (a) rece	aiva (ac	a reward award or	navm	nent for prope	rty or convice	e): or (b	a) cell	
Digital Assets		ange, or otherwise dispose of a digi								☐ Yes    X No
Standard		eone can claim:  You as a de					7. (2.2			
Deduction	_	Spouse itemizes on a separate return		•		а цоропион				
		· · · · · · · · · · · · · · · · · · ·	•	_					1050	
		Were born before January 2, 19	959 _	_ Are blind Spo T	ouse:	Was bor	n before Jar			☐ Is blind
Dependent				(2) Social security	'	(3) Relationsh	ib I, ,			fies for (see instructions):
If more	<u> </u>	irst name Last name		number to you		-	Child tax credi		uit	Credit for other dependents
than four dependents,	SII	DDHARTH R DARSHAN		885-09-385	6	Son		X		<u> </u>
see instruction	s							<u> </u>		
and check	1 ——							<u> </u>		
here L					7			Ш		
Income	1a	Total amount from Form(s) W-2, bo	` `			· · · ·			1a 1b	252,219.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)								
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	
1099-R if tax	е	Taxable dependent care benefits fr							1e	5,000.
was withheld.	f	Employer-provided adoption bene							1f	
If you did not get a Form	g	Wages from Form 8919, line 6.							1g	0
W-2, see	h	Other earned income (see instructi	,						1h	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>l 1i</u>				0.5.7. 0.1.0
	<u>z</u>	Add lines 1a through 1h							1z	257,219.
Attach Sch. B if required.	2a		2a			axable interest			2b	
ii required.	3a		3a			rdinary divider			3b	
Standard	4a		4a			axable amount			4b	
Deduction for—	5a		5a			axable amount			5b	
Single or Married filing	6a		6a			axable amount	t		6b	
separately,	С	If you elect to use the lump-sum election method, check here (see instructions)								
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched						. Ц	7	-3,000.
jointly or Qualifying	8	Additional income from Schedule 1	•						8	-65,942.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			come				9	188,277.
\$27,700 Head of	10	Adjustments to income from Scheo							10	1
household, \$20,800	11	Subtract line 10 from line 9. This is							11	188,277.
If you checked	12	Standard deduction or itemized							12	27,700.
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	
Deduction, see instructions.	14	Add lines 12 and 13							14	
SUE ITISH UCHORS.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -0 This is $y_i$	our <b>t</b> a	axable incom	ie		15	160,577.

Form 1040 (2023	3)			Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🗍	16	25,942.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	25,942.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.	
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21	2,000.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	23,942.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	20.	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	23,962.	
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	22,527.	
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	7		
	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 <b>total payments</b>	33	22,527.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a		
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings			
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 You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	1,435.	
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee		structions	below.	<b>⋈</b> No	
		signee's Personal ident	ification		
		me no. number (PIN)			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to lief, 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.			he IRS sent your spouse an		
Keep a copy for your records.		1	ntity Prote e inst.)	ection PIN, enter it here	
, , , , , , , , , , , , , , , , , , , ,		TECHNICAL MANAGER			
		one no. (518)334-0006 Email address DARSHAN.D.KOMARLU@GMAIL.COM		Chook if	
Paid		eparer's name Preparer's signature Date PTIN		Check if:	
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247		Self-employed	
Use Only				678)965-9522	
- 3	Fin	m's address 245 ROONEY CT E BRIINSWICK N.I 08816	n's FIN	88-2145487	