E1040 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		n 20 2	3	OMB No. 1545	-0074	IRS Use O	nly—Do	o not w	rite or staple	e in this space.
For the year Jan	c. 31, 2023, or other tax year beginning		, 2023, ending , 20					Se	See separate instructions.			
Your first name	iddle initial	Last name	name					Yo	Your social security number			
DARSHAN	AKAR	J					8	874 04 8588				
DARSHAN DIWAKAR KOMARLU If joint return, spouse's first name and middle initial Last name									Sp	ouse's		ecurity number
REESHA		LASTTE	SITHA SANTHOSH					8	873 71 8356			
	(numbe	er and street). If you have a P.O. box, see					A	Apt. no.	_			ion Campaign
49114 RC	SE '	TER							- 1		ere if you	
		ce. If you have a foreign address, also co	mplete spac	es below.	Sta	te	ZIP c	ode				ntly, want \$3
FREMONT				CA			945				this fund www.ill.no	. Checking a
			Fore	Foreign province/state/county F			Foreig				or refund	
											You	Spouse
Filing Status		Single				Head of h	useh	old (HOH)		7		
-		Married filing jointly (even if only o	ne had inco	ome)				()				
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	surviv	ina spous	e (QS	SS)		
one box.	If \	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) If you 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										
		alifying person is a child but not you										
Digital		ny time during 2023, did you: (a) rec	•									V .
Assets		nange, or otherwise dispose of a dig					et)? (Se	ee instruct	ions.)		∐ Yes	⊠ No
Standard		neone can claim:	•	☐ Your spouse								
Deduction		Spouse itemizes on a separate retur	n or you we	ere a dual-status	alien							
Age/Blindness	You	: Were born before January 2, 1	959 🗌 A	Are blind Spo	ouse	: U Was bor	n befo	ore Januar	y 2, 1	959	☐ Is b	olind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	_{iip} (4) Check the	box it	f qualif	ies for (se	e instructions):
If more		irst name Last name		number to you				Child tax	credit	t	Credit for o	ther dependents
than four	SII	DDHARTH R DARSHAN		885-09-3856 Son				X]			
dependents,	_]			
see instructions and check	5]			
here]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see in	structions) .						1a	2	52,219.
	b	Household employee wages not re	eported on	Form(s) W-2.						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	orted on F	orm(s) W-2 (see in	nstru	ictions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from Form 2	2441, line 26						1e		5,000.
was withheld.	f	Employer-provided adoption bene	efits from Fo	orm 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	ions) .							1h		0.
instructions.	i	Nontaxable combat pay election (see instruct	tions)		1i						
	z	Add lines 1a through 1h								1z	2	57,219.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a		b T	axable amoun	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection met	thod, check here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		-3,000.
Married filing jointly or	8	Additional income from Schedule 1, line 10								8		0.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	2	54,219.
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26										
household,	11	Subtract line 10 from line 9. This is	s your adju s	sted gross incon	ne					11	2	54,219.
\$20,800 If you checked r	12	Standard deduction or itemized deductions (from Schedule A)								12		27,700.
any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
Standard Deduction,	14	Add lines 12 and 13								14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less, e	enter -0 This is y	our t	taxable incom	ne .			15	2	26,519.

Form 1040 (2023	3)			Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	41,165.		
Credits	17	Amount from Schedule 2, line 3	17			
	18	Add lines 16 and 17	18	41,165.		
	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	39,165.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	20.		
	24	Add lines 22 and 23. This is your total tax	24	39,185.		
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.		
lf you have a	26	2023 estimated tax payments and amount applied from 2022 return	26			
If you have a l 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	7			
	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	22,527.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
riciana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a			
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 36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	17,311.		
	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See				
Designee		structions	below.	X No		
	De	signee's Phone Personal ident				
		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						
	Yo		If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?			inst.)	,		
See instructions. Keep a copy for your records.			e IRS sent your spouse an			
		/	ntity Protection PIN, enter it here e inst.)			
		TECHNICAL MANAGER				
		one no. (518)334-0006 Email address DARSHAN.D.KOMARLU@GMAIL.COM				
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			Phone no. (678)965-9522			
	Fin	m's address 245 ROONEY CT F. BRIINSWICK N.T. 08816	Firm's FIN 88-2145487			