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 | ı. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ding | | , 20 | | See sep | arate instructions. | |
|--|--------------|--|---------------------|-------------------------------|---------|-------------------------------------|-----------------|-------------------------------|--|-----------------------------|--|
| Your first name and middle initial Last no | | | | st name | | | | | Your social security number | | |
| DIPAKKUMAR H MIS | | | | ISTRY | | | | | 815 23 4477 | | |
| | | | | ast name | | | | | Spouse's social security number | | |
| S | | | | | | | | | 156 41 6541 | | |
| | (numb | er and street). If you have a P.O. box, see | ions. | Apt. no. | | | | Presidential Election Campaig | | | |
| 212 CONC | RES | SIONAL LN | | | | | 104 | | Check here if you, or your | | |
| | | ce. If you have a foreign address, also co | mplete | plete spaces below. State Z | | | ZIP code | | | f filing jointly, want \$3 | |
| ROCKVILI | ĿΕ | | MD | | | | 20852 | | to go to this fund. Checking box below will not change | | |
| Foreign country | / name | | | Foreign province/state/county | | | Foreign posta | | | | |
| | | | | | | | | | | ☐ You ☐ Spouse | |
| Filing Status | ; [| Single | | | | Head of ho | ousehold (H | OH) | | | |
| | | Married filing jointly (even if only one had income) | | | | | | | | | |
| Check only one box. | | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS | | | | | | | | | |
| | lf y | you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the | | | | | | | | d's name if the | |
| | qu | alifying person is a child but not you | ır depe | ndent: | | | | | | | |
| | Λ± α | ovitimo durina 2002 did vovi (a) roca | -iva (aa | a remard amond as | | ment for proper | tri or comic | 20/1 04 (| h) aall | | |
| Digital Assets | | ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi | , | | | | | ٠, , | , | ☐ Yes ☒ No | |
| | | neone can claim: You as a de | | | | | t): (OCC III3ti | uctions | 3.) | 163 110 | |
| Standard Deduction | _ | Spouse itemizes on a separate return | • | | | | | | | | |
| Deddotton | ш. | | 11 O1 yO | — | anci | | | | | | |
| Age/Blindness | You | : Were born before January 2, 1 | 959 | Are blind Spo | ouse | : Was bor | n before Jar | | | Is blind | |
| Dependents | • | • | | (2) Social security | / | (3) Relationshi | P | | | les for (see instructions): | |
| If more | (1) F | irst name Last name | | number | | to you | Child tax c | | edit (| Credit for other dependents | |
| than four | KII | KID MISTRY | | 922-55-6666 | | Son | | | | X | |
| dependents, see instructions | s KII |) MISTRY | | 123-45-1234 Daught | | | × | | | | |
| and check | · | | | | | | | <u>Ц</u> | | <u> </u> | |
| here L | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | • | | | | | | 1a | 131,348. | |
| Attach Form(s) | b | b Household employee wages not reported on Form(s) W-2 | | | | | | | 1b | | |
| W-2 here. Also | C | Tip income not reported on line 1a | | | | | | | 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 | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | 1e | | |
| was withheld. | f | Employer-provided adoption bene | Form 8839, line 29 | | | | | 1f | | | |
| If you did not get a Form | 9 | Wages from Form 8919, line 6 | . , | | | | | | 1g 1h | | |
| W-2, see | h | Other earned income (see instructions) | | | | | | | | 0. | |
| instructions. | <u> </u> | Nontaxable combat pay election (s | see inst | ructions) | | <u>li</u> | | | | 131,348. | |
| | <u>z</u> | Add lines 1a through 1h Tax-exempt interest |) i | · · · · · i | L T | | | | 1z | 66. | |
| Attach Sch. B if required. | 2a | | 2a | | | axable interest Ordinary dividen | | | 2b | 00. | |
| | 3a_ | | 3a | | | axable amount | | | 3b | | |
| Standard | 4a | | 4a 5a | | | axable amount | | | 4b 5b | | |
| Deduction for— | 5a | | | | | | | | 6b | | |
| Single or Married filing | 6a c | | 6a b Taxable amount | | | | | · - | 1 00 | | |
| separately, \$13,850 | 7 | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | 7 | -3,000. | |
| Married filing | 8 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | 8 | -31,367. | |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | 9 | 97,047. | |
| surviving spouse, \$27,700 | 10 | | | | | | | | 10 | | |
| Head of | 11 | Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | 11 | 97,047. | |
| household, [\$20,800 | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | 12 | 27,700. | |
| If you checked any box under | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | 13 | 27,700. | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | 14 | 27,700. | |
| see instructions. | 15 | Subtract line 14 from line 11. If zero or less, enter -0. This is your tayable income | | | | | | | | 69 347 | |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 | |
|---------------------------------------|------|--|---------------------|--------------------|--------------------------|-----------------------|-----------|--------------------------------|---|--|
| Tax and | 16 | Tax (see instructions). Chec | k if any from Form | ı(s): 1 881 | 4 2 🗌 4972 | з 🗌 _ | | 16 | 7,879. | |
| Credits | 17 | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 7,879. | |
| | 19 | Child tax credit or credit for | or other dependen | ts from Sched | ule 8812 | | | 19 | 2,500. | |
| | 20 | Amount from Schedule 3, | line 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 2,500. | |
| | 22 | Subtract line 21 from line | 8. If zero or less, | enter -0 | | | | 22 | 5,379. | |
| | 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 | | | | | | | 5,379. | |
| Payments | 25 | Federal income tax withhe | ld from: | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 13 | L,586 | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | ns) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 11,586. | |
| If you have a | 26 | 2023 estimated tax payme | nts and amount a | pplied from 20 | 22 return | | | 26 | | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC |) | | No . | 27 | | | | |
| allach Sch. ElC. | 28 | Additional child tax credit fr | om Schedule 8812 | 2 | | 28 | | | | |
| | 29 | American opportunity cred | lit from Form 8863 | 8, line 8 . . | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, | line 15 | | | 31 | | | | |
| | 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 to | tal payments | | | | 33 | 11,586. | |
| Refund | 34 | If line 33 is more than line | 24, subtract line 2 | 4 from line 33. | This is the amoun | t you overpaid | | 34 | 6,207. | |
| | 35a | | | | | | | | 6,207. | |
| Direct deposit? | b | Routing number X X X | | | | | Savings | 3 | | |
| See instructions. | d | 1 Account number X X X X X X X X X | | | | | | | | |
| | 36 | Amount of line 34 you wan | | | | | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 2 For details on how to pay, | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see | instructions) . | | | 38 | | | | |
| Third Party Designee | | you want to allow anoth tructions | | cuss this retur | n with the IRS? | | omplete | below. | ⊠ No | |
| Designee | | Designee's | | | Phone Personal i | | | | | |
| | na | | | no. | | | ber (PIN) | | | |
| Sign | | der penalties of perjury, I declare ief, they are true, correct, and co | | | , , , , | | | | , , | |
| Here | Yo | ur signature | | Date | Your occupation | | | | ent you an Identity PIN, enter it here | |
| Joint return? | | | | | SOFTWARE E | NGTNEER | | e inst.) | iii, ontor it noro | |
| See instructions. | Sp | Spouse's signature. If a joint return, both must sign. | | | Date Spouse's occupation | | | If the IRS sent your spouse an | | |
| Keep a copy for your records. | | | | - | | | | - | ection PIN, enter it here | |
| your records. | | | | | HOME MAKER | | (SE | e inst.) | | |
| | | one no. | | Email address | MISTRY.DEEP | | | | | |
| Paid | | parer's name | Preparer's signat | | | Date | PTIN | | Check if: | |
| Preparer | VENE | ATA SAI PAVAN KUMAR DUDIPALL | I VENKATA SAI | PAVAN KUM | AR DUDIPALLI | | P024 | 70833 | Self-employed | |
| Use Only | Fir | Firm's name GLOBAL TAXES LLC | | | | | Ph | one no. | (678)965-9522 | |
| Jiny | Fir | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | | | | m's EIN | 88-2145487 | |