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



OMB No. 1545-0074

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			s	See separate instructions.		
Your first name and middle initial				Last name				Your social security number	
MANJUNA	гн		GUNDEPANGA					846 19 7709	
If joint return, spouse's first name and middle initial				Last name					s social security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.		Apt. no.	Р	reside	ntial Election Campaign
7613 LEC	BACY	TRL					c	heck h	nere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete :	e spaces below. State Z		ZIP code	ii code ·		if filing jointly, want \$3
JACKSON	/ILLI	Ξ		FL		32256	box below will not cha		this fund. Checking a ow will not change
Foreign country	/ name			Foreign province/state/county		Foreign postal co	Foreign postal code you		or refund.
									You Spouse
Filing Status	; X	Single			☐ Head of he	ousehold (HOH	1)		
Check only		Married filing jointly (even if only or							
one box.		Married filing separately (MFS)	SS)	,					
	lf y	ou checked the MFS box, enter the	he chi	ld's name if the					
	qu	alifying person is a child but not you							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payment for prope	rty or services)	: or (b) sell.	
Assets		ange, or otherwise dispose of a digi							☐ Yes
Standard	Som	eone can claim:	pender	nt	e as a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alien				
Ago/Blindnos	- Vau	Were born before January 2, 1	050 [Are blind Spo	Was bor	n before Janua	m/2 1	1050	☐ Is blind
			909 [<u> </u>		(4) 011-41			fies for (see instructions):
Dependents		instructions): irst name Last name		(2) Social security number	(3) Relationsh to you	Child to			Credit for other dependents
If more than four	(1)	Lastriane		Hamboi	10 you		7	-	
dependents,								-+	
see instructions	s —						_	-	
and check here	1						_	-	
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)				1a	
Income	b	Household employee wages not re	•					1b	
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	1c						
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							
W-2G and 1099-R if tax	e	Taxable dependent care benefits f						1e	
was withheld.	f	Employer-provided adoption bene						1f	
If you did not	g	Wages from Form 8919, line 6 .						1g	
get a Form W-2, see	h	Other earned income (see instructi	ions)					1h	
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)	1i				
	z	Add lines 1a through 1h						1z	
Attach Sch. B if required.	2a	Tax-exempt interest	2a		b Taxable interest	t		2b	
	3a	Qualified dividends	3a		b Ordinary divider	nds		3b	
<u> </u>	4a	IRA distributions	4a		b Taxable amount	t		4b	
Standard Deduction for—	5a	Pensions and annuities	5a		b Taxable amount	t		5b	
Single or	6a	Social security benefits	6a		b Taxable amount	t	. <u>.</u>	6b	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see instructions)		. ∐		
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo	7						
jointly or	8	Additional income from Schedule	-					8	37,436.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	come			9	37,436.
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26							2,577.
household, \$20,800	11	Subtract line 10 from line 9. This is						11 12	, , , , , , , , , , , , , , , , , , , ,
If you checked	12	Standard deduction or itemized deductions (from Schedule A)							· · · · · · · · · · · · · · · · · · ·
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							12.050
Deduction, see instructions.	14	Add lines 12 and 13	٠.					14	
220 111011 40110113.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -U This is y	our taxable incom	ie		15	21,009.

Form 1040 (2023	3)			Page 2				
Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	2,303.				
	17	Amount from Schedule 2, line 3	17					
	18	Add lines 16 and 17	18	2,303.				
	19	Child tax credit or credit for other dependents from Schedule 8812	19					
	20	Amount from Schedule 3, line 8	20					
	21	Add lines 19 and 20	21					
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	2,303.				
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,153.				
	24	Add lines 22 and 23. This is your total tax	24	7,456.				
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					
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26					
	27	Earned income credit (EIC)						
attacii Scii. Elo.	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						
	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					
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34					
	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 X X C Type: Checking Savings						
See instructions.	d	Account number						
	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 amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	7,456.				
	38	Estimated tax penalty (see instructions)						
Third Party Designee		you want to allow another person to discuss this return with the IRS? See structions	elow.	⊠ No				
	De	signee's Phone Personal identif	ication					
	nar							
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,				
Here				,				
	Yo		If the IRS sent you an Identity Protection PIN, enter it here					
Joint return? See instructions. Keep a copy for your records.		IT ENGINEER (see		, 6.116. 11.116.6				
	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the Ident	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)					
	Ph	one no. (510)634-9913 Email address NANIMANJU503@GMAIL.COM						
		eparer's name Preparer's signature Date PTIN		Check if:				
Paid		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470)833	Self-employed				
Preparer				678)965-9522				
Use Only			's EIN	88-2145487				