1040		rtment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		urn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or sta	aple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					, 20	See separate instructions.			
Your first name and middle initial										Your so	Your social security number		
				DINENI						197		4099	
If joint return, spouse's first name and middle initial												security number	
				DINENI						143		8081	
	(numbe	r and street). If you have a P.O. box, see									ection Campaign		
	•	CROSS TRAIL							r			ou, or your	
		ce. If you have a foreign address, also co	mplete s	spaces bel	low.	Sta	ite	ZIP co	ode	spouse	if filing	jointly, want \$3	
FISHERVI	T.T.F					КУ	7	400	23	Ŭ,		nd. Checking a	
Foreign country name				Foreign province/state/c							k or refu	not change Ind.	
0 ,				0 1			,	0			Y		
Filing Status		Single					Head of h	ouseh	old (HOH)				
-		Married filing jointly (even if only o	ne had	income)				o doorn					
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	vina spouse	(QSS)			
one box.	lf v	ou checked the MFS box, enter the	name	of vour si	pouse. If vou	ı che					ild's na	me if the	
		alifying person is a child but not you			, ,								
Digital		ny time during 2023, did you: (a) rece											
Assets		ange, or otherwise dispose of a digi		·				t)? (Se	e instruction	ons.)	□ Ye	es 🛛 No	
Standard Deduction	_	eone can claim: You as a de			•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	allen							
		Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 📙 Was bor		ore January			s blind	
Dependents	s (see instructions):			(2) S	(2) Social security (3) Relation			thip (4) Check the box if Child tax credit					
If more	(1) First name Last name			0.51	number to you						Credit Io	or other dependents	
than four dependents,		KRA ATHIDI CHOWDARY MADDINENI			-97-776		Son						
see instructions	s <u>SRI</u> F	UCHIN CHOWDARY MADDINENI		971	-97-778	5	Son						
and check here													
	1a	Total amount from Form(s) W-2, b	ov 1 (cc	o instruc	stions)					. 1a		260,658.	
Income	b	Household employee wages not re	•			• •		• •		. 1b		200,050.	
Attach Form(s)	c	Tip income not reported on line 1a				• •		• •		. 10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep				 nstri		• •		. 10			
W-2G and	e	Taxable dependent care benefits f				10110		• •		. 16			
1099-R if tax was withheld.	f	Employer-provided adoption bene				• •		• •		. 1f			
If you did not	g	Wagaa from Form 2010 line 6						• •		. 1g	-		
get a Form	9 h	Other earned income (see instructi				• •		• •		· · · · · ·		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s				• •	1i	· ·					
instructions.	z	Add lines 1a through 1h		i dotiono,		• •				. 1z	,	260,658.	
Attach Sch. B	2a		2a			ь т	axable interest	• •		. 2b			
if required.	 3a		3a				Ordinary divider			. 3b			
	4a		4a				axable amoun			. 4b			
Standard	5a		5a				axable amoun			. 5b			
 Deduction for — Single or 	6a		6a				axable amoun			. 6b			
Married filing	c	If you elect to use the lump-sum e		method.									
separately, \$13,850	7	Capital gain or (loss). Attach Schee				•	,			7			
 Married filing jointly or 	8	Additional income from Schedule		•			·			. 8		-65,255.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,							. 9		195,403.	
surviving spouse, \$27,700	10	Adjustments to income from Sche					• · · · ·			. 10)		
 Head of household, 	11									. 11		195,403.	
\$20,800	11 Subtract line 10 from line 9. This is your adjusted gross income						. 12		27,700.				
 If you checked any box under 	12 Standard deduction of itemized deductions (non schedule A)							. 13	-	,			
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s. enter	-0 This is v	our 1	taxable incom	ie .		. 15		167,703.	
)								

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

Form **1040** (2023)

Form 1040 (2023	5)		Page		
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗌 4972 3 🗌	16 27,510.		
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18 27,510.		
	19	Child tax credit or credit for other dependents from Schedule 8812	19 1,000.		
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21 1,000.		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22 26,510.		
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23 177.		
	24	Add lines 22 and 23. This is your total tax	24 26,687.		
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 30,358.		
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)			
	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 30,358.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 3,671.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a 3,671.		
Direct deposit?	b	Routing number 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	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		structions			
	nar	signee's Phone Personal identifi ne no. Personal identifi	Ication		
Sign Here	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	he best of my knowledge and		
	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ı preparer has any knowledge.		
nere	Yo		e IRS sent you an Identity		
Joint return? See instructions.			Protection PIN, enter it here (see inst.)		
		SOFTWARE ENGINEER	PIRS sent your spouse an		
Keep a copy for	зþ		tity Protection PIN, enter it here		
your records.		HOME MAKER (see i	inst.)		
	Ph	one no. (201)680-9548 Email address RAJASEKHAR.MSN10@GMAIL.COM			
Daid	Pre	eparer's name Preparer's signature Date PTIN	Check if:		
Paid Proparar	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	0833 Self-employed		
Preparer	Fin	m's name GLOBAL TAXES LLC Phon	ne no. (678)965-9522		
Use Only	Fin	m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's	's EIN 88-2145487		
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/23/24 PRO	Form 1040 (2023		

BAA