1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or sta	aple 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 n				name					Your social security number			
GIRISH KOLUF											6839	
If joint return, spouse's first name and middle initial Last na												security number
				NEKULA						507		5388
-	(numbe	r and street). If you have a P.O. box, see							Apt. no.		•	ection Campaign
												ou, or vour
<u>173 STOCKWELL DR</u> City, town, or post office. If you have a foreign address, also complete s				paces below. State			te			spouse	if filing	jointly, want \$3
MOUNTAIN VIEW					CA			0 1 0 1 0				nd. Checking a
Foreign country name			Foreign province/state/cou							k or refu	not change Ind.	
0 ,				0							Y	
Filing Status		Single					Head of h	ouseh	old (HOH)			
•	X Married filing isintly (even if only one had income)											
Check only one box.	Married filing separately (MFS)		Qualifying surviving spouse (QSS)									
one box.	If v	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter th									ild's na	me if the
		Julifying person is a child but not your dependent:										
Digital		y time during 2023, did you: (a) rec										
Assets		ange, or otherwise dispose of a dig		,	8 A			et)? (Se	ee instruction	ns.)		es 🛛 No
Standard		eone can claim: 🗌 You as a de			•	1	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien						
Age/Blindness	You:	Were born before January 2, 1	959	Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959		s blind
Dependents				(2) S	Social security		(3) Relationsh	ip (4	-			see instructions):
If more than four dependents,	(1) First name Last name						to you		Child tax c	realt	Credit Id	or other dependents
		AIRA KOLURI			651-99-9048 Daughte							
see instructions	KRI	SH KOLURI		811	-12-507	8	Son		X			
and check here												
-	10	Total amount from Form(s) W-2, b	ov 1 (co	o instruo	tions					. 1a		222,538.
Income	1a b					10				. 1b		222,330.
Attach Form(s)		 b Household employee wages not reported on Form(s) W-2										
W-2 here. Also attach Forms		c Tip income not reported on line 1a (see instructions)								. 10 . 10		
W-2G and	u o	Taxable dependent care benefits f				IStru			• • •	. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	100					• •		. 1f		
If you did not	g	Wages from Form 8919, line 6 .						• •		. 1g		
get a Form	h	Other earned income (see instruct						•		. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s					11					
	z	Add lines 1a through 1h		actionic)					10.10.10	. 1z		222,538.
Attach Sch. B	2a	•	2a		<u> </u>	b T	axable interest	t .		. 2b	_	
if required.	3a		3a			b O	ordinary divider	nds.				
	4a		4a				axable amoun					
Standard	5a		5a				axable amoun			. 5b		
 Deduction for — Single or 	6 a		6a			b T	axable amoun	t		. 6b)	
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)										
\$13,850	7	Capital gain or (loss). Attach Scher							_	7		-590.
 Married filing jointly or 	8									. 8		-6,515.
Qualifying spouse,	9											215,433.
\$27,700	10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 10				
 Head of household, 							. 11		215,433.			
\$20,800	12 Standard deduction or itemized deductions (from Schedule A)							. 12	2	27,700.		
 If you checked any box under 	under 13 Qualified business income deduction from Form 8995 or Form 8995-A								. 13	;		
Standard Deduction,	14									. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter -	0 This is y	our t	taxable incom	ie .		. 15	;	187,733.

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

Form **1040** (2023)

Form 1040 (2023	5)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	. 16	31,916.	
Credits	17	Amount from Schedule 2, line 3	. 17		
	18	Add lines 16 and 17	. 18	31,916.	
	19	Child tax credit or credit for other dependents from Schedule 8812	. 19	4,000.	
	20	Amount from Schedule 3, line 8	. 20		
	21	Add lines 19 and 20	. 21	4,000.	
	22	Subtract line 21 from line 18. If zero or less, enter -0	. 22	27,916.	
	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	. 24	27,916.	
Payments	25	Federal income tax withheld from:			
	а	Form(s) W-2	8.		
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	. 25d	33,708.	
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			
	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	33,708.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	. 34	5,792.	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	5,792.	
Direct deposit?	b	Routing number X X X X X X X X X X c Type: Checking Saving	js 🛛		
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		o you want to allow another person to discuss this return with the IRS? See		_	
Designee	ins	structions		X No	
	Den	signee's Phone Personal ide me no. number (PIN			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t	,	of my knowledge and	
Sign		lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh			
Here	Yo	ur signature Date Your occupation If	f the IRS ser	nt you an Identity	
			Protection PIN, enter it here		
Joint return?		SOFTWARE ARCHITECT	see inst.)		
See instructions. Keep a copy for	Sp		If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.			(see inst.)		
	Ph	one no. (408)712-7900 Email address GIRISHKOLLURI@GMAIL.COM			
		eparer's name Preparer's signature Date PTIN		Check if:	
Paid			082703	Self-employed	
Preparer	Co-stat			678)965-9522	
Use Only	-		Firm's EIN	84-3171965	
Go to www.irs.or		m1040 for instructions and the latest information. BAA REV 03/07/24 PRO		Form 1040 (2023)	
		DAA REV 03/01/24 PRO			

BAA