

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2024)

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year (enter year) 2023 or fiscal year (enter month and year ended)

Form header section containing personal information: Your first name and middle initial (PAWAN KUMAR), Last name (SAH), Your social security number (759-64-0283), Home address (3149 PARADISE VALLELY DR), City (PLANO), State (TX), ZIP code (75025).

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

[X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part II on page 2 to explain any changes.

Table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Adjusted gross income (24,821), Itemized deductions (13,850), and Taxable income (13,961).

Table for Tax Liability with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Tax (1,098), Nonrefundable credits (0), and Total tax (1,098).

Table for Payments with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Federal income tax withheld (3,717), Estimated tax payments (0), and Total payments (4,018).

Table for Refund or Amount You Owe with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Overpayment (2,619), Amount you owe (58), and Amount of line 21 you want refunded to you (0).

Complete and sign this form on page 2.

**Part I Dependents**

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

|           |                                                                                  | A. Original number of dependents reported or as previously adjusted | B. Net change—amount of increase or (decrease) | C. Correct number |
|-----------|----------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|-------------------|
| <b>24</b> | Reserved for future use . . . . .                                                | <b>24</b>                                                           |                                                |                   |
| <b>25</b> | Your dependent children who lived with you . . . . .                             | <b>25</b>                                                           | 0                                              | 0                 |
| <b>26</b> | Reserved for future use . . . . .                                                | <b>26</b>                                                           |                                                |                   |
| <b>27</b> | Other dependents . . . . .                                                       | <b>27</b>                                                           | 0                                              | 0                 |
| <b>28</b> | Reserved for future use . . . . .                                                | <b>28</b>                                                           |                                                |                   |
| <b>29</b> | Reserved for future use . . . . .                                                | <b>29</b>                                                           |                                                |                   |
| <b>30</b> | List <b>ALL</b> dependents (children and others) claimed on this amended return. |                                                                     |                                                |                   |

**Dependents** (see instructions):

| If more than four dependents, see instructions and check here <input type="checkbox"/> | (a) First name | Last name | (b) Social security number | (c) Relationship to you | (d) Check the box if qualifies for (see instructions): |                             |
|----------------------------------------------------------------------------------------|----------------|-----------|----------------------------|-------------------------|--------------------------------------------------------|-----------------------------|
|                                                                                        |                |           |                            |                         | Child tax credit                                       | Credit for other dependents |
|                                                                                        |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

**Part II Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

I PAWAN KUMAR SAH HOLDING F1 VISA FOR TAX YEAR 2023 AS PER IRS I AM LIABLE TO FILE 1040NR WITH THE IRS ERRENOUSLY FILED FORM 1040 FOR THE TAX YEAR 2023 AND I MISSED TO INCLUDE WAGE INCOME (TEXAS TECH UNIVERSITY SYSTEM) IN TAX RETURN NOW THROUGH THIS NOW THROUGH THIS AMMENDMENT I INCLUDED WAGE STATEMENT AND I AM LIABLE TO PAY EXCESS AMOUNT OF \$58. I REQUEST THE IRS TO ACCEPT CHANGES.

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                   |                                                                           |                                        |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------|
| <b>Sign Here</b>                                              | <b>Remember to keep a copy of this form for your records.</b>                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                   |                                                                           |                                        |
|                                                               | Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge. |                                    |                                                                                   |                                                                           |                                        |
|                                                               | Your signature                                                                                                                                                                                                                                                                                                                                                                                   | Date                               | Your occupation                                                                   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |                                        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  | SOFTWARE ENGINEER                  |                                                                                   |                                                                           |                                        |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                                                                                                                                                                                                                                                                                                                                                                             | Spouse's occupation                | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |                                                                           |                                        |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                   |                                                                           |                                        |
| Phone no. (806) 317-0381                                      | Email address                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                   |                                                                           |                                        |
| <b>Paid Preparer Use Only</b>                                 | Preparer's name                                                                                                                                                                                                                                                                                                                                                                                  | Preparer's signature               | Date                                                                              | PTIN                                                                      | Check if:                              |
|                                                               | SYAM PRIYA RAM SAGAR GUPTA                                                                                                                                                                                                                                                                                                                                                                       | SYAM PRIYA RAM SAGAR GUPTA         | 03/30/2024                                                                        | P02082703                                                                 | <input type="checkbox"/> Self-employed |
|                                                               | Firm's name                                                                                                                                                                                                                                                                                                                                                                                      | Firm's address                     |                                                                                   |                                                                           | Phone no. (678) 965-9522               |
|                                                               | GLOBAL TAXES LLC                                                                                                                                                                                                                                                                                                                                                                                 | 245 ROONEY CT E BRUNSWICK NJ 08816 |                                                                                   |                                                                           | Firm's EIN                             |