# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<u>1040</u>		artment of the Treasury—Internal Revenue Serv  S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use (	Only—	Do not w	rite or stap	ole in this	space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate ir	nstructi	ions.
Your first name	e and m	iddle initial	Last na	me						Τ,	Your so	cial secu	ırity nuı	mber
SWETHA			AMBA	TI							888	07	0622	2
If joint return,	spouse's	s first name and middle initial	Last na	me							Spouse'	s social s	security	numbe
											603	65	9164	ĺ
Home address	s (numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.	ı	Preside	ntial Elec	ction Ca	ampaig
8054 EX	CHAN	GE DRIVE						1	305			ere if yo		
City, town, or	post offi	ice. If you have a foreign address, also co	omplete s <sub>l</sub>	paces belov	W.	Sta	te	ZIP c	ode			if filing jo this fun		
AUSTIN						TΧ	ζ	787	54		0	ow will n		U
Foreign count	ry name		F	oreign prov	/ince/state/o	count	ty	Foreig	n postal co	ode y	our tax	or refur	_	
												∐ You	1	Spous
Filing Statu	s	Single					☐ Head of h	ouseh	old (HOH	)				
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying		• .	•	•			
		you checked the MFS box, enter the						or Q	SS box, e	enter	the chi	ld's nan	ne if the	е
	qu	ualifying person is a child but not you	ur depen	dent: NA	RESH G	ANU	UGU							
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward.	award. or	pavr	ment for prope	rtv or	services):	or (b	o) sell.			
Assets		nange, or otherwise dispose of a dig						-				☐ Ye	s X	No
Standard	Som	neone can claim:  You as a de	pendent	: Y	our spouse	e as	a dependent				-			
Deduction	ı 🔲 :	 Spouse itemizes on a separate retur	•		•		•							
A /Dl'l											4050		1.121	
		: Were born before January 2, 1	959 _	」Are blin	a <b>Spc</b>	ouse	: 📋 was bor		ore Janua				blind	
Dependent					cial security umber	'	(3) Relationsh	nip (4	Check th Child ta			ries for (s Credit for		
If more	(1) F	First name Last name	Hamber		umber		to you		Cililu ta		uit	Credit ior	Other de	pendent
than four dependents,										<del> </del>				
see instruction	ns									<del>_</del>				
and check here [	¬ —									<del> </del>				
	10	Total amount from Form(a) W 2 b	ov 1 (00)	o inatruati	220						10		132	952.
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re	,		,						1a 1b		132,	934.
Attach Form(s)	)	Tip income not reported on line 1a	•	•	•						1c			
W-2 here. Also attach Forms	, c d	Medicaid waiver payments not rep	•	,							1d			
W-2G and	-	Taxable dependent care benefits									1e			
1099-R if tax was withheld.	e f	Employer-provided adoption bene									1f			
If you did not		Wages from Form 8919, line 6.	31115 11011	11 01111 000	59, III IE 29	•					1g			
get a Form	g	•	ions)								1h			0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (		uctions)				i .			III			
instructions.	Z	Add lines 1a through 1h	000 111011	acii0113)			!!				1z		132.	952.
Attach Sch. B	<u></u> 2a		2a			Ь Т	axable interes	 t			2b			
if required.	3a		3a				ordinary divide				3b			
			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	_	nethod ch						. I				
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		`	,				7			
Married filing jointly or	8	Additional income from Schedule								. <u> </u>	8		-14.	770.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9			182.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10		,	
Head of household,	11	Subtract line 10 from line 9. This is									11		118.	182.
\$20,800	12	Standard deduction or itemized	-								12			850.
If you checked any box under	13	Qualified business income deduct									13			<u> </u>
Standard Deduction,	14										14		13.	850.
see instructions.	15	Subtract line 1/1 from line 11. If zer								-	15		101	

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	18,440.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	18,440.	
	19	Child tax credit or credit for c	ther dependent	ts from Sched	ule 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	18,440.	
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	72.	
	24	Add lines 22 and 23. This is y	our <b>total tax</b>					24	18,512.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				<b>25a</b> 1	9,241.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)	)			25c	0.			
	d	Add lines 25a through 25c .						25d	19,241.	
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	122 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit f	rom Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	9 15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. Th	ese are your <b>to</b>	tal payments				33	19,241.	
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	729.	
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, chec	ck here	🗆	35a	729.	
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 4 8 8	1 0 8 1	8 3 1 2	2 4					
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		
	38	Estimated tax penalty (see in:	_	-		38				
Third Party Designee	Do	you want to allow another structions	person to disc	cuss this retu	n with the IRS?	See	Complete I	pelow.	⊠ No	
Doolgilloo	De	signee's		Phone			sonal identi			
	na	me		no.		num	nber (PIN)			
Sign Here		der penalties of perjury, I declare the lief, they are true, correct, and comp								
11010	Yo	ur signature		Date	Your occupation				nt you an Identity	
					  SOFTWARE E	NCTNEED		ection P inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>b</b> e	oth must sign	Date	Spouse's occupati				nt your spouse an	
Keep a copy for your records.		ouse's signature. If a joint return, b	our must sign.	Spouse s occupation			Iden	Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (551) 580-2050	)	Email address	AMBATISWETHA	1988@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/10/2024	P0208	2703	Self-employed	
Use Only	Fir	m's name GLOBAL TAX	ES LLC				Phor	ne no. (	(678) 965-9522	
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965	
o	/-	10101 : 1 1: 11				<del></del>			= 1040 ()	

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SWETHA AMBATI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 888-07-0622

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-14,770.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040 1040-SR or 1040-NR line 8	r here and on Form	10	-14.770

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<b>-</b>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
				-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

# SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

#### **Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SWETHA AMBATI

Your social security number 888-07-0622

Pai	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t    Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	72.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

Schedule 2 (Form 1040) 2023 Page **2** 

### Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home	4-1		
	see instructions	17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	<b>17</b> 0		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b>		0.4	_
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$ .		21	72.

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

SWE	THA AMBATI						888-0	7-06	522		
Par											
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	<b>C</b> . See	instru	ctions. If you ar	e an indiv	/idual	, report	farm	
_		4- £1-	Γ- w /-\ :	10000	\ !				1 <b>V</b>	<b>∇</b> Na	_
A B	Did you make any payments in 2023 that would require you									No □ No	
	If "Yes," did you or will you file required Form(s) 1099? .							· L	1 65		_
1a											
A	6-99 DEEPTHI SRINAGAR MADINAGUDA, HYDI	ERABA	D TELA	NGAN	A IN	500049					
В											
C											
1b	71				Fa	ir Rental	Person		se	QJV	
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da				_
<u>A</u>	jersonal use days. Check the Q			Α		365		0			_
B	qualified joint venture. See instru			В							_
<u>C</u>				С							_
	of Property:				_						
	Single Family Residence 3 Vacation/Short-Term Ren	ital	5 Land			Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)				
						Propertie	es:				
Inco	me:			Α		В			C	;	
3	Rents received	3		6	58.						
4	Royalties received	4									
Expe	enses:										
5	Advertising	5									
6	Auto and travel (see instructions)	6									_
7	Cleaning and maintenance	7		2,5	84.						_
8	Commissions	8									_
9	Insurance	9									_
10	Legal and other professional fees	10									_
11	Management fees	11		2,6	91.						_
12	Mortgage interest paid to banks, etc. (see instructions)	12									_
13	Other interest	13		0 7	4 =						_
14	Repairs	14		2,7							_
15	Supplies	15		2,8	10.						_
16 17	Taxes	16 17		2 4	7 2						_
18	Depreciation expense or depletion	18		2,4							_
19	Other (list)	19		۷, ۱	23.						-
20	Total expenses. Add lines 5 through 19	20		15,4	28						_
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		± J , 4							-
21	result is a (loss), see instructions to find out if you must										
	file <b>Form 6198</b>	21		-14 <b>,</b> 7	70.						
22	Deductible rental real estate loss after limitation, if any,										_
	on Form 8582 (see instructions)	22	(	14,77	0.)	(	)	(			
23a	Total of all amounts reported on line 3 for all rental prope	-			23a		658.				
b					23b						
С					23c						
d	Total of all amounts reported on line 18 for all properties				23d	2,	125.				
е	Total of all amounts reported on line 20 for all properties				23e	15,	428.				
24	Income. Add positive amounts shown on line 21. Do no	<b>t</b> includ	de any lo	sses			24				
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lin	e 22. E	nter to	tal losses here	25	(	14	770.	
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no						ו   ר				
	Schedule 1 (Form 1040) line 5. Otherwise include this a	mount	in the to	tal on li	no /11	on nage 2	0.0		_ 1	1 770	

Department of the Treasury Internal Revenue Service

#### **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Name(s) shown on return Your social security number SWETHA AMBATI 888-07-0622

Attachment Sequence No. **71** 

D. I		0, 002	
Part			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5	·	
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 125,000		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	7,952.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	72.
Part	Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
_	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
13	go to Part III	13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation	10	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
14	(see instructions)		
15	Enter the following amount for your filing status:	-	
15			
	Married filing separately		
40	Single, Head of household, or Qualifying surviving spouse \$200,000 15	40	
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).	1 1	
Dowl	Enter here and go to Part IV	17	
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS		
D. 1	filers, see instructions), and go to Part V	18	72.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	0.

BAA