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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See se	parate inst	tructions.	
Your first name and middle initial				Last name					Your social security number			
SRIKANTI	H		KAIRAMKONDA						098	13 0	148	
		s first name and middle initial	Last na						Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Preside	ntial Election	on Campaign	
6844 WES	STBU	RY DR							Check I	Check here if you, or your		
City, town, or p									pouse if filing jointly, want \$3 o go to this fund. Checking a			
NORTH R	ICHL	AND HILLS			TX		76180	7 (1 () ()			change	
Foreign country	y name			Foreign province/state/o	count	у	Foreign postal	code	your tax	x or refund.	_	
									You Spouse			
Filing Status	s 🗵	Single				☐ Head of ho	ousehold (HO	H)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)					surviving spo					
	-	ou checked the MFS box, enter the			u che	cked the HOH	I or QSS box,	enter	the ch	ild's name	if the	
	qu	alifying person is a child but not you	r depei	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or services	s): or (b) sell.			
Assets		nange, or otherwise dispose of a digi					-			☐ Yes	⊠ No	
Standard	Som	eone can claim:	penden	t Your spouse	e as a	a dependent						
Deduction		Spouse itemizes on a separate return	n or you	u were a dual-status	alien							
Age/Blindness	. Vali	: Were born before January 2, 19	050 [Are blind Spo	ouse:	. Was bor	n before Janu	any 2	1050	☐ Is bli	ind	
	_		JJJ [T .			(4) Ob I					
Dependent		irst name Last name		(2) Social security number	′	(3) Relationshi to you	ip	(4) Check the box if qualifies for (see Child tax credit Credit for other			her dependents	
If more than four	(.,.							П		Г		
dependents,											Ħ	
see instructions and check	s —							П			Ħ	
here]							$\overline{\Box}$				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					1a		92 , 267.	
	b	Household employee wages not re	`	,					1b		<u> </u>	
Attach Form(s) W-2 here. Also	С									;		
attach Forms	d									ı		
W-2G and 1099-R if tax	е	Taxable dependent care benefits for	rom Fo	rm 2441, line 26 .					1e	,		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f	:		
If you did not	g	Wages from Form 8919, line 6							19	j		
get a Form W-2, see	h	Other earned income (see instructi	ons)						1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>						
	z	Add lines 1a through 1h							1z	<u>.</u> <u>.</u>	92,267.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest			2b	,		
if required.	3a	Qualified dividends	3a			rdinary divider			3b	,		
Standard	4a	IRA distributions	4a			axable amount			4b	,		
Deduction for—	5a	-	5a			axable amount			5b	,		
Single or Married filing	6a	,	6a			axable amount	t	· <u>·</u>	6b)		
separately,	С	If you elect to use the lump-sum el		•	`	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched						. L	7	_	11 000	
jointly or Qualifying	8	Additional income from Schedule 1	•						8		11,033.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9		81,234.	
\$27,700 • Head of	10	Adjustments to income from Sched							10		21 024	
household, \$20,800	11	Subtract line 10 from line 9. This is	-						11		81 , 234.	
If you checked	12	Standard deduction or itemized		•	,				12		13 , 850.	
any box under Standard	13	Qualified business income deducti		II FORM 8995 OF FORM	ı 899	o-A			13	_	12 050	
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zero				avabla inac			14		13,850. 67,384.	
	10	Subtract line 14 HOTH line 11. If Zer	o or ies	oo, enter -u THIS IS y	our t	axabie iiicom	.		15	, '	JI,J04.	

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	10,130.		
Credits	17	Amount from Schedule 2, lin	ie 3					17			
	18	Add lines 16 and 17						18	10,130.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ie 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,130.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	10,130.		
Payments	25	Federal income tax withheld	from:								
-	а	Form(s) W-2				25a 12	2,559.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	12,559.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
allacii Scii. Elc.	28	Additional child tax credit from	n Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,559.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,429.		
	35a								2,429.		
Direct deposit?	b	Routing number 1 2 1									
See instructions.	d	Account number 3 2 5	0 6 3 4	3 2 0 8	3 6						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another				See					
Designee		instructions							⋈ No		
		signee's		Phone		onal identi	fication				
		me	hat I have avamine	no.			ber (PIN)	ha haat	of my lime wheeless and		
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								, ,		
Here	Υn	ur signature		Date	Your occupation	lf the	IRS se	nt you an Identity			
	10	ur signature		Date	ate Tour occupation				IN, enter it here		
Joint return?		Spouse's signature. If a joint return, both must sign.			SOFTWARE ENGINEER				ee inst.)		
See instructions. Keep a copy for your records.	Sp			Date	Spouse's occupat	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
	Phone no. (510) 456-6956 Email address SRIKANTHKAIRAMKONDA111@GMAIL.COM										
	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	-	Check if:		
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/13/2024	P0208	2703	Self-employed		
Preparer	Fir	Firm's name GLOBAL TAXES LLC						ne no. ((678) 965-9522		
Use Only	Fir	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							84-3171965		

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

SRIKANTH KAIRAMKONDA

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.

Sequence No. 01

Your social security number
098-13-0148

Par	t I 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	-11,033.
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		
I	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 additional income . Ente		10	-11 033

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

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			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g	• • • • • • • • • • • • • • • • • • • •	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	046		
	, , , , , , , , , , , , , , , , , , ,	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			
	tax law violations	24i		
	Housing deduction from Form 2555	24j		
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	27)	-	
ĸ		24k		
z	Other adjustments. List type and amount:	Z-TK		
_	onor adjustments. List type and amount.	24z		
25	Total other adjustments. Add lines 24a through 24z		 25	
<u> 26</u>	Add lines 11 through 23 and 25. These are your adjustments to income			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA			le 1 (Form 1040) 2023
				

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.

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number

SRIK	KANTH KAIRAMK	ONDA						098-1	3-0148	
Part		r Loss From Rental Real Estate are in the business of renting personal pro			C See	instru	ctions If you	are an indiv	/idual_ren	ort farm
	rental income	e or loss from Form 4835 on page 2, line	40.				-			
		payments in 2023 that would require you will you file required Form(s) 1099?								
1a		s of each property (street, city, state,								
Α	H NO 2-42 M	UNEERABAD MEDCHAL, HYDERAI	BAD TEI	LANGANA	IN	5014	01			
В										
С										
1b	Type of Property (from list below)	operty list fair rental				ir Rental Days	Person Da		QJV	
Α	3	personal use days. Check the			Α		365	0		
В		if you meet the requirements qualified joint venture. See in			В					
С		qualified joint venture. See in	Structions	·	С					
Гуре	of Property:	•		•						
1	Single Family Resid	dence 3 Vacation/Short-Term F	Rental	5 Land			Self-Rental			
2	Multi-Family Resid	dence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
							Propert			
ncon	ne.				Α		В	103.		С
3			3			54.				
4		d				J 1 •				
Exper		<u> </u>	<u> </u>							
5 5			5							
6	_	see instructions)								
7	·	intenance	7		2,5	40.				
8	•		8							
9			9							
10		professional fees	10							
11		S			2,0	13.				
12	-	t paid to banks, etc. (see instructions								
13	Other interest .		13							
14	Repairs		14		2,4	87.				
15	Supplies		15		2,2	96.				
16	Taxes		16							
17	Utilities		17		2,3	51.				
18	Depreciation expe	ense or depletion	18							
19	Other (list)		19							
20	Total expenses. A	Add lines 5 through 19	20		11,6	87.				
21	result is a (loss), s file Form 6198 .	rom line 3 (rents) and/or 4 (royalties). see instructions to find out if you mu	ust 21	-	-11,0	33.				
22	on Form 8582 (se	real estate loss after limitation, if aree instructions)	22	(11,03		()	(
23a	Total of all amour	nts reported on line 3 for all rental pro	operties			23a		654.		

	result is a (1999), ess instructions to mild sat in you must				I		
	file Form 6198	21		-11,0	33.		
2	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(11,03	33.)	((
3a	Total of all amounts reported on line 3 for all rental proper	ties			23a	654.	
b	Total of all amounts reported on line 4 for all royalty prope	erties			23b		
_	Tatal of all agreements were used as line 40 few all reversesting				00-		

Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 23e 11,687. Total of all amounts reported on line 20 for all properties

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

11,033. 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 NPA