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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending					, 20 See			See separate instructions.		
Your first name and middle initial				Last name						Your social security number			
PRAMOD K				KALVALA						101 89 4633			
				ame						Spouse's social security number			
PRIYANKA				LAMARAJU						981 97 4093			
		er and street). If you have a P.O. box, see						Apt. no.				ion Campaign	
430 BUCK	TNG	HAM ROAD					415	İ	Check here if you, or your				
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP			•	0,	ntly, want \$3	
RICHARDS	ON							081			this fund. Iow will not	Checking a	
Foreign country								gn postal o	ode	your tax or refund.			
										You Spouse			
Filing Status		Single				☐ Head of he	ousel	nold (HOI	—- Н)				
Check only		Married filing jointly (even if only or	ne had	income)				,	,				
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ving spo	use (QSS)			
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u che						ild's name	e if the	
	qu	alifying person is a child but not you	ır depe	ndent:									
<u> </u>	^+ ~-	ny time during 2023, did you: (a) rece	ois (o (oc										
Digital Assets		ry time during 2023, did you: (a) rect lange, or otherwise dispose of a digi					-				Yes	⊠ No	
	_	eone can claim: You as a de					,t): (O	CC IIISII U	Ction	3.)			
Standard Deduction		Spouse itemizes on a separate return	•			•							
Deduction	Ц,	Spouse iternizes on a separate return	ii oi yo	u were a duar-status	allel	<u> </u>							
Age/Blindness	You	Were born before January 2, 1	959	Are blind Spo	ouse	: Was bor	rn bef	ore Janu	ary 2	, 1959	☐ Is b	lind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check t	the bo	x if qual	1	e instructions):	
If more	(1) F	irst name Last name		number		to you		Child	tax cre	edit	Credit for ot	ther dependents	
than four													
dependents, see instructions													
and check													
here \square													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instructions) .						1a	1	41,768.	
Attach Form(s)	b								1b)			
W-2 here. Also	С								10	;			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							10	1			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e	,			
was withheld.	f	mployer-provided adoption benefits from Form 8839, line 29						1f	<u> </u>				
If you did not get a Form	g	Wages from Form 8919, line 6 .								19	<u>, </u>		
W-2, see	h	Other earned income (see instructi	,				ή.			1h	<u> </u>	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>l 1i</u>						41 860	
										1z		41,768.	
Attach Sch. B if required.	2a	'	2a			axable interest				2b			
	3a		3a			Ordinary divider				3b			
Standard	4a		4a			axable amoun				4b			
Deduction for—	5a	_	5a			axable amoun				5b			
Single or Married filing	6a	Social security benefits 6a b Taxable amount							6b	<u> </u>			
separately, \$13,850	c	· ·		*	`	,							
Married filing	7	Capital gain or (loss). Attach Sched							. L	J 7		10 200	
jointly or Qualifying	8	Add lines 1= 2b, 2b, 4b, 5b, 6b, 7	-							8		18,390.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	om	e				9		23,378.	
Head of	10	Adjustments to income from Schedule 1, line 26								10		222	
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income										23 , 378.	
If you checked _	12					 DE A				12		<u> 27,700.</u>	
any box under Standard	13	Qualified business income deducti	ion iror	IIIOIIIIO SYSO UI FORM	098	л				13		27 700	
Deduction, see instructions.	14 15	Add lines 12 and 13	o or lo	 se antar -∩- This is w		tavahle incom				14		27 , 700.	

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	11,664.		
Credits	17 Amount from Schedule 2, line 3											
	18	Add lines 16 and 17							18	11,664.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lir	ne 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	11,664.		
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				23	0.		
	24	Add lines 22 and 23. This is	your total tax						24	11,664.		
Payments	25	Federal income tax withheld										
•	а	Form(s) W-2				25a	15,7	68.				
	b	Form(s) 1099				25b						
	С	Other forms (see instruction	s)			25c						
	d	Add lines 25a through 25c						. 2	25d	15 , 768.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				26			
qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28						
	29	American opportunity credit	from Form 8863	3, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin	ne 15			31						
	32	Add lines 27, 28, 29, and 31				ndable cre	dits .		32			
	33	Add lines 25d, 26, and 32. T							33	15,768.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you over	oaid .		34	4,104.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here .			35a	4,104.		
Direct deposit?	b	b Routing number 1 1 1 1 0 0 0 6 1 4 c Type: ▼ Checking □ Savings										
See instructions.	d	Account number 0 0 0	0 0 0 7	6 0 1 (
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24	. This is the am o	ount 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 i	nstructions) .			38						
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				_		
Designee	ins	instructions								⊠ No		
		Designee's name			Phone Personal no. number (identification PIN)		
Sign		der penalties of perjury, I declare t	hat I have examine		accompanying sched	dules and stat			best	of my knowledge and		
		lief, they are true, correct, and com										
Here	Yo	Your signature			Date Your occupation					If the IRS sent you an Identity		
				·					Protection PIN, enter it here			
Joint return?				SOFTWARE ENGINEER				`	(see inst.)			
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	on				nt your spouse an ection PIN, enter it here			
your records.					HOME MAKER					, , , , , , , , , , , , , , , , , , , ,		
	Phone no. (732) 319–2708 Email address PRAMODKALVALA5@GMAIL.COM											
D-:-I	Pre	eparer's name	Preparer's signat			Date	PT	ΊΝ		Check if:		
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/08/2	024 P0	20827	03	Self-employed		
Preparer								678) 965-9522				
Use Only								Firm's EIN 84-3171965				

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

PRAM	MOD K KALVALA & PRIYANKA PULLAMARAJU		101-8	9-463	33
Par	t I Additional Income				
1 2a b	Taxable refunds, credits, or offsets of state and local income taxes Alimony received		[1 2a	
3 4 5	Business income or (loss). Attach Schedule C			3 4 5	-18,390.
6 7 8	Farm income or (loss). Attach Schedule F			6 7	10,000.
a b c	Net operating loss	8a (8b 8c)		
d e f	Foreign earned income exclusion from Form 2555	8d (8e 8f)		
g h i	Alaska Permanent Fund dividends	8g 8h 8i			
j k	Activity not engaged in for profit income	8j 8k			
l m	for profit but were not in the business of renting such property Olympic and Paralympic medals and USOC prize money (see instructions)	8I 8m			
n o	Section 951(a) inclusion (see instructions)	8n 8o			
p q r	Section 461(I) excess business loss adjustment	8p 8q 8r			
s t	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
	a nongovernmental section 457 plan	8t			

Z Other income. List type and amount: __

9

10

-18,390.

9

10

8z

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				
	-	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			
0 -					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

. ,	on a state and								a security	
		& PRIYANKA PULLAMARAJU						101-8	9-4633	
Part		Loss From Rental Real Estate an			• • •		. Para Maria		tal all as a	
	rental income	re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	ınstru	ctions. If you are	an indiv	viduai, rep	ort farm
A [ayments in 2023 that would require you	to file	Form(s) 1	099? S	See ins	structions		. \(\text{Ye} \)	s X No
		will you file required Form(s) 1099? .								
1a		of each property (street, city, state, ZIF								
				<u> </u>						
A	H.NO.2-3-890) FLAT # 301 HYDERABAD TELA	MGAN	NA IN 5	0006	8				
В										
С										
1b	Type of Property							Person		QJV
	(from list below)	above, report the number of fair reports the number of fair reports the Quarter above.		x only A 365			Days	Da	•	
A	3	if you meet the requirements to fi					365		0	
В		qualified joint venture. See instru			В					
С	- (D				С					
	of Property:	dana a Colon di Colon di Tarra Dana	1	5 J		7	Oalf Davital			
	Single Family Resid		tai	5 Land			Self-Rental	- \		
2	Multi-Family Reside	ence 4 Commercial		6 Roya	ities	8	Other (describ	oe)		
							Properties	s:		
Incom	ne:				Α		В			С
3	Rents received .		3		6	97.				
4	Royalties received	1	4							
Expen	ises:									
5	Advertising		5							
6		ee instructions)	6							
7		ntenance	7	2,941.						
8	Commissions .		8							
9	Insurance		9							
10	-	rofessional fees	10							
11	Management fees		11		3,314.					
12		paid to banks, etc. (see instructions)	12							
13			13							
14			14			55.				
15	Supplies		15		2,7	10.				
16			16							
17			17			78.				
18		ense or depletion	18		3,5	89.				
19	Other (list)		19							
20	•	dd lines 5 through 19	20		19,0	87.				
21		om line 3 (rents) and/or 4 (royalties). If								
		ee instructions to find out if you must			10 2					
			21	-	-18 , 3	90.				
22		real estate loss after limitation, if any,		,	10 00	, ,	,		,	
00		e instructions)			18,39)	()
23a		ts reported on line 3 for all rental proper				23a		697.		
b		ts reported on line 4 for all royalty properties				23b				
C		ts reported on line 12 for all properties				23c				
d										
е	Total of all amounts reported on line 20 for all properties									
24	•	itive amounts shown on line 21. Do not		-				24	/	10 200 \
25	•	ry losses from line 21 and rental real estate						25	(18 , 390.)
26		estate and royalty income or (loss).								
		I, and IV, and line 40 on page 2 do not 1040), line 5. Otherwise, include this ar						26		-18.390