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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	ple in this	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	nstructi	ions.
Your first name and middle initial Last na											Your social security number			mber
DAVID RAJ BADU											732 52 5639)
If joint return, s	s first name and middle initial	me							Spouse's social security numb					
ASHA SARANYA MATTA											APP	LI	ED F	1
		er and street). If you have a P.O. box, see						A	Apt. no.				ction Ca	
1320 HI	GH S	ITE DRIVE						3	301		Check I	nere if y	ou, or yo	our
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		•	٠.	ointly, w	
SAINT PA	AUL					MN	1	551	21		•		nd. Chec not chan	•
Foreign countr	y name		F	oreign pr	ovince/state/	count	ty	Foreig	ın postal d	- 1		or refu	nd	Spouse
Filing Status	s [Single					☐ Head of h	useh	old (HOI	— Н)				
Check only	_	Married filing jointly (even if only o	ne had ii	ncome)					•					
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ild's nar	ne if the	е
	qu	ıalifying person is a child but not you	ır depen	dent:										
Digital	Δt a	ny time during 2023, did you: (a) rec	eive (as	a reward	l award or	navn	ment for prope	rtv or	services): or (h) sell			
Assets		nange, or otherwise dispose of a dig											s X	No
Standard	Som	neone can claim:	pendent	t 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Sp o	ouse:	: Was bor	n befo	ore Janu	arv 2	1959	□ Is	blind	
Dependent				Ī	Social security		(3) Relationsh	11) Check t					uctions):
If more		(1) First name Last name			number to you			p	Child tax cr		edit	Credit fo	r other de	pendents
than four														
dependents,														
see instruction and check	ıs ——													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a	1	121,	101.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b)		
W-2 here. Also	С	Tip income not reported on line 1a	Tip income not reported on line 1a (see instructions)								1c	:		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e	,		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g	1		
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h	1		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i							
	z	Add lines 1a through 1h									1z		121,	<u>101.</u>
Attach Sch. B	2 a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a			b 0	ordinary divide	nds .			3b			
Pton doud	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a		5a				axable amoun				5b	_		
Single or	6a	,	6a				axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e		•		`	,							
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, che									. L	7		<u>-3,</u>	000.	
jointly or	8	Additional income from Schedule 1, line 10								8				
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-	our total inc	ome	e				9		118,	<u>101.</u>
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household,	11	Subtract line 10 from line 9. This is	-								11			101.
\$20,800 If you checked	12	Standard deduction or itemized									12		27 ,	700.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			
Deduction,	14										14			700.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor	O This is w	Our t	tavabla incom	•			15	: 1	an .	1 ∩ 1

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	10,509.		
Credits	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17						18	10,509.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	e8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,509.		
	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	10,509.		
Payments	25	Federal income tax withheld	from:								
•	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	16,759.		
If you have a	26	2023 estimated tax paymen	s 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 from	n 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				31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	16,759.		
Refund	34	If line 33 is more than line 24						34	6,250.		
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, chec	k here		35a	6,250.		
Direct deposit?	b	Routing number 1 2 1					Savings				
See instructions.	d	Account number 3 2 5 0 4 9 1 1 4 6 8 7									
	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 amo	ount you owe.							
You Owe		For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_		
Designee	ins	structions				. LYes. C	omplete	below.	⋉ No		
		esignee's me	Phone Personal no. number (F				identification PIN)				
Ciana		ider penalties of perjury, I declare t	nat I have examined		accompanying sched		. ,		of my knowledge and		
Sign		lief, they are true, correct, and com									
Here	Υo	ur signature		Date	Your occupation		l If t	he IRS se	nt you an Identity		
		ar organicaro			. our occupation		Pro	otection P	IN, enter it here		
Joint return?			SOFTWARE ENGINEER			(se	(see inst.)				
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				f the IRS sent your spouse an			
your records.					HOME MAKER				Identity Protection PIN, enter it here (see inst.)		
		Phone no. (510) 474-2315 Email address DAVIDRAJB@HOTMAIL						,			
						PTIN		Check if:			
Paid		M PRIYA RAM SAGAR GUPTA					82703	Self-employed			
Preparer				T IVMI DA	MIN GOLIA	04/07/2024					
Use Only				MCMTCK M	т 08816			hone no. (678) 965-9522 irm's EIN 84-3171965			
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							III S EIIN	84-3171965		

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Your social security number

DA'	VID RAJ BADUGU & ASHA SARANYA MATTA			732-	-52-	5639	
•	ou dispose of any investment(s) in a qualified opportunity	•	•	_			
If "Ye	es," attach Form 8949 and see its instructions for additiona	al requirements fo	r reporting your ga	ain or loss.			
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)	
lines	See instructions for how to figure the amounts to enter on the lines below. (d) (e) Adjustments Proceeds Cost to gain or loss for						
This form may be easier to complete if you round off cents to whole dollars. Proceeds (sales price) (or other basis) to gain or loss from (s) 8949, Pal line 2, column (c)						from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4 5	Short-term gain from Form 6252 and short-term gain or (loss) from partnerships, Schedule(s) K-1	•			5		
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(8,725.	
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	-8,725.	
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	Held More Than	One Year	(see i	instructions)	
lines	nstructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and	
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part II,	combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11		
	Net long-term gain or (loss) from partnerships, S corporat	12					
	Capital gain distributions. See the instructions				13		
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	olumn (h). Then, g	o to Part III			

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -8,725. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Application type (check one box):												
Before you begin • Don't submit th	ı: iis form if you have, or are e	ligible to get, a	a U.S. social sec	urity number (SS	SN).		oply for a new ITIN enew an existing ITIN					
	ubmitting Form W-7. Readederal tax return with Fore											
	alien required to get an ITIN to		-	•	•		,					
b ☐ Nonresident alien filing a U.S. federal tax return												
c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return												
d ☐ Dependent of U.S. citizen/resident alien ↑ If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶												
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(,						
e 🗵 Spouse of U	J.S. citizen/resident alien	If d or e , enter		TIN of U.S. citizen/								
f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception												
g Dependent/s	spouse of a nonresident alien h	olding a U.S. vi	sa									
h Other (see in	nstructions) ►											
Additional information	on for a and f : Enter treaty cour			and treaty and	icle numb	oer ▶						
Name	1a First name	-	Middle name		Last n	ame						
(see instructions)	ASHA SARANYA				MAT	MATTA						
Name at birth if different ▶	1b First name		Middle name	Middle name Last r			name					
Applicant's	2 Street address, apartmen			you have a P.O.	box, see	separate ii	nstructions.					
Mailing	1320 HIGH SITE	DRIVE Apt	301									
Address	City or town, state or prov	rince, and count	ry. Include ZIP co	de or postal code	where app	oropriate.						
71441000	SAINT PAUL			MN	USA		55121					
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.											
(see instructions)	City or town, state or prov	rince, and count	ry. Include postal	code where appro	priate.							
Birth	4 Date of birth (month / day / y	ear) Country of	birth	City and state or	province	(optional)	5 Male					
Information	08/17/1992	INDIA										
Other Information	6a Country(ies) of citizenship INDIAN	6b Foreign	tax I.D. number (i	fany) 6c Type	of U.S. vis	sa (if any), n	umber, and expiration date					
illiorillation	6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.											
	USCIS documentation Other											
							Date of entry into the United States					
	Issued by: INDIA No.: P0433679 Exp. date: 08/21/2026 (MM/DD/YYYY):											
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?											
	No/Don't know. Skip line 6f.											
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).											
	6f Enter ITIN and/or IRSN ► ITIN IRSN						and					
	name under which it was issued ▶						4.14					
	First name Middle name Last name											
	6g Name of college/university or company (see instructions) ▶											
	City and state ► Length of stay ▶											
Sign Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including a documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.												
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year)					Phone number						
,	Name of delegate, if app	orint)	Delegate's relation to applicant	iship	Parent Court-appointed guardian Power of attorney							
	Signature Da				/ year)	Phone	-,					
Acceptance					Fax							
Agent's	Name and title (type or p	Name and title (type or print)		Name of company			PTIN					
Use ONLY						ce code						