1040-X

(Rev. February 2024)

Amended U.S. Individual Income Tax Return

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

OMB No. 1545-0074

This return is for calendar year (enter year) or fiscal year (enter month and year ended) 2023 Your first name and middle initial Last name Your social security number **BHAVANA** KODALI 163-63-0354 If joint return, spouse's first name and middle initial Last name Spouse's social security number VENKATA PHANI GOPAL VELLANKI 837-88-9834 Home address (number and street). If you have a P.O. box, see instructions. Ant no **Presidential Election Campaign** Check here if you, or your spouse 3558 MADISON COMMON if filing jointly, didn't previously City, town, or post office. If you have a foreign address, also complete spaces below. State 7IP code want \$3 to go to this fund, but now FREMONT CA 94538 do. Checking a box below will not Foreign postal code Foreign country name Foreign province/state/county change your tax or refund. ☐ You ☐ Spouse 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. ☐ 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 A. Original amount B. Net change -C. Correct amount of increase reported or as year entered above. previously adjusted or (decrease) amount Use Part II on page 2 to explain any changes. explain in Part II (see instructions) **Income and Deductions** Adjusted gross income. If a net operating loss (NOL) carryback is 1 37. 286,168. 286,205. 2 Itemized deductions or standard deduction 2 27,700. 0. 27,700. 3 Subtract line 2 from line 1 3 258,468. 37. 258,505. 4a Reserved for future use 4a 4b Qualified business income deduction . 0. 5 Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C 5 258,468. 37. 258,505. **Tax Liability** Tax. Enter method(s) used to figure tax (see instructions): 6 48,832. 6. 48,838. _____ 7 Nonrefundable credits. If a general business credit carryback is included, 7 0. 0. 48,838. 8 Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . 8 48,832. 6. 9 9 10 Other taxes 10 599. 0. 599. Total tax. Add lines 8 and 10 11 11 49,431. 6. 49,437. **Payments** 12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.) 12 53,975. 0. 53,975. 13 Estimated tax payments, including amount applied from prior year's return 13 0. 0. 14 14 0. 0. 15 Refundable credits from: Schedule 8812 Form(s) 2439 4136 ☐ 8885 ☐ 8962 or ☐ other (specify): 15 0. Total amount paid with request for extension of time to file, tax paid with original return, and additional 16 16 17 Total payments. Add lines 12 through 15, column C, and line 16 17 53,975. **Refund or Amount You Owe** 18 4,544. 18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS 19 Subtract line 18 from line 17. (If less than zero, see instructions.) 19 49,431. 20 Amount you owe. If line 11, column C, is more than line 19, enter the difference 20 6. 21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return 21 22 Amount of line 21 you want refunded to you 0. 23 Amount of line 21 you want applied to your (enter year): estimated tax Complete and sign this form on page 2.

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Part I	Dependents						
This would i	nis part to change any include a change in th formation for the retur	'		A. Original number of dependents reported or as previously adjusted	B. Net change— amount of increase or (decrease)	C. Correct number	
24 Rese	erved for future use			24			
25 Your	dependent children v	who lived with you		25	0	0	
26 Rese	erved for future use			26			
27 Othe	r dependents			27	0	0	
				28			
29 Rese	erved for future use			29			
30 List A	ALL dependents (child	dren and others) claimed on	this amended return	n.			
Dependents (see instructions):						(d) Check the box if qualifies for (see instructions):	
lf more than four	(a) First name Last name		(b) Social security (c) number		c) Relationship to you	Child tax credit	Credit for other dependents
dependents,							
see instructions							
and check							
here 🗌							
Part II	Explanation of Ch	anges. In the space provid	ed below, tell us wh	ıy yol	are filing Form	1040-X.	

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

I BHAVANA KODALI FILED 1040 FOR THE TAX YEAR 2023.

AFTER FILING MY TAX RETURN I RECEIVED MY 1099-B,

NOW THROUGH THIS AMENDMENT I AM INCLUDING MY 1099-B IN TAX RETURN,

AND I REQUESTING IRS TO ACCEPT THE CHANGES.

NOW THROUGH THIS FORM 1040 X FOR THE TAX YEAR 2023 I REQUEST IRS TO ACCEPT 1040 X AND PAYMENT OF \$6.

	Remember to keep a copy of this form for your records.										
	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.										
Sign Here	Your signature		Date	Your occupation SR.DEVOPS ENGINEER			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)				
	Spouse's signature. If a joint return, both mu	Date	Spouse's occupation SR.TECHNIC.			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)					
	Phone no. (510)953-8881		Email address								
Paid Preparer Use Only	Preparer's name SYAM PRIYA RAM SAGAR GUPTA		s signature PRIYA RAM	SAGAR GUPTA	Date 03/30/2024	PTIN P02082703	Check if: Self-employed				
	Firm's name GLOBAL TAXES I	JSWICK NJ	08816		Phone no. (678)965-9522 Firm's EIN						