For the year Jar	n. 1–Dec	2. 31, 2023, or other tax year beginning		, 2023, er	ding			, 20	See se	parate inst	ructions.
Your first name	and m	iddle initial	Last r							cial securit	
NAVEEN	anum	SURYADEVARA						726 58 3514			
	pouse's	s first name and middle initial	Last r						Spouse's social security numb		
											,
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			ŀ	Apt. no.	Preside	ntial Electio	on Campaig
811 COM									Check I	here if you,	or your
		ce. If you have a foreign address, also co	omplete	spaces below.	Sta	ate	ZIP c	ode		if filing joint	
MANSFIE	LD				TΣ	X	760	63	u o	o this fund. (ow will not (•
Foreign country	y name			Foreign province/state	/coun	ity	Foreig	gn postal code	1	k or refund.	g-
										You	Spouse
Filing Status	; 🗵	Single				Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	l income)		_					
one box.		Married filing separately (MFS)						ing spouse/	. ,		
		you checked the MFS box, enter the			ou che	ecked the HOF	l or Q	SS box, ente	er the chi	ild's name	if the
	qu	alifying person is a child but not you	ur depe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, o	r payr	ment for prope	rty or	services); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a financial inte	rest i	n a digital asse	et)? (Se	ee instructio	ns.)	Ves	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	epende	nt 🗌 Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alier	า					
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	959	Are blind Sc	ouse	: 🗌 Was bor	n befo	ore January 2	2. 1959	🗌 ls bli	nd
Dependent				(2) Social securi		(3) Relationsh) Check the b			
If more	•	irst name Last name		number	Ly	to you		Child tax c			ner dependent
than four										[]
dependents,											
see instruction and check	s ——										
here]										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instructions) .					. 1a	ı 4	15,305.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2 .					. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructions)					. 1c	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	ported	on Form(s) W-2 (see	instru	uctions)			. 1d	I	
1099-R if tax	е	Taxable dependent care benefits t	from Fo	orm 2441, line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	efits fro	om Form 8839, line 2	э.				. 1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 1 g		
W-2, see	h	Other earned income (see instruct	,			· · · · ·	· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)	• •	1 i					
	<u>z</u>	Add lines 1a through 1h	···		• •				. 1z		15,305.
Attach Sch. B if required.	2a	· · -	2a			axable interest			. 2b		
	<u>3a</u>		3a			Ordinary divider			. 3b		
Standard	4a		4a			axable amoun			. 4b		
Deduction for -	5a		5a			axable amoun		• • •	. 5b		
Single or Married filing	6a	, _	6a			axable amoun	t	· · ·	. 6b)	
separately, \$13,850	c 7	If you elect to use the lump-sum e					• •	· · · L			
Married filing	7	Capital gain or (loss). Attach Sche		•	•	-	• •	· · · L			
jointly or Qualifying	8 9	Additional income from Schedule	-				• •	· · ·	. <u>8</u> . 9	л	15,305.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche		-		e	• •		. 9 . 10		5,505.
Head of	11	Subtract line 10 from line 9. This is					• •		. 11	-	15,305.
household, \$20,800	12	Standard deduction or itemized	-				• •		. 12		34,939.
If you checked any box under	12	Qualified business income deduct					• •		· 12		<u>, 1, 202.</u>
Standard	14						• •		. 13 . 14	-	34,939.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	 Ie				.0,366.
					,				. 13	· · · · · · ·	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

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	1,038.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	1,038.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8					20	1,038.
	21	Add lines 19 and 20					[21	1,038.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	0.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	0.
Payments	25	Federal income tax withheld							
. aymente	а	Form(s) W-2				25a 5	,237.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	5,237.
	26	2023 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-	-		· · -	33	5,237.
Defined	34	If line 33 is more than line 24					• •	34	5,237.
Refund	34 35a		-				· · +	34 35a	5,237.
Direct deposit?	b 35a	Amount of line 34 you want Routing number $0 \mid 1 \mid 1$						55a	5,257.
See instructions.		Account number 0 0 4					Savings		
	d	· · · · · ·							
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						~	
rou Owe	0 0					1 1	· · ·	37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				omplete be	low	× No
Designee							•		
	nai	signee's ne		Phone no.			onal identifica per (PIN)	1000	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	dules and statement	s, and to the	best c	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	than taxpayer) is b	ased on all informatio	on of which p	repare	r has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the IF	IS sen	nt you an Identity
					-		Protect (see ins		N, enter it here
Joint return?				SOFTWARE ENGINEER					
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion			it your spouse an ection PIN, enter it here
your records.							(see ins		cuont in, enter it here
	Ph	one no. (703)717-899	8	Email address	CUDVADEVADA NA	VEEN127@GMAIL.CO			
		eparer's name	 Preparer's signat 	I	JUNIAUD VARA, NA	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CLIDWA	03/20/2024	P020827		Self-employed
Preparer		m's name GLOBAL TAX		A TATA DAG	MIN OUL IN	00/20/2024			678) 965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's		0101900-9022
Co to warming				TIONICI/ IN				_1111	Form 1040 (2023)
GO IO WWW.IIS.go	wrom	n1040 for instructions and the late	st mornation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

REV 03/07/24 PRO

Additional Credits and Payments

OMB No. 1545-0074 20

3

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

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.				ttachment equence No. 03
	. ,	orm 1040, 1040-SR, or 1040-NR			cial s	ecurity number
NAV Pai	TEEN SURYAD	EVARA fundable Credits		726-5	58-3	514
					1	
1 2	•	credit. Attach Form 1116 if required			1	
2	Form 2441		2			
3	Education c	redits from Form 8863, line 19			3	
4	Retirement	savings contributions credit. Attach Form 8880			4	
5a	Residential	clean energy credit from Form 5695, line 15			5a	1,038.
b	Energy effic	ient home improvement credit from Form 5695, line 32			5b	
6	Other nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800 6	a			
b	Credit for p	rior year minimum tax. Attach Form 8801 6	b			
С	Adoption cr	edit. Attach Form 8839 6	c			
d	Credit for th	e elderly or disabled. Attach Schedule R 6	d			
е	Reserved for	or future use	e			
f	Clean vehic	le credit. Attach Form 8936 6	f			
g	Mortgage in	nterest credit. Attach Form 8396 6	g			
h	District of C	olumbia first-time homebuyer credit. Attach Form 8859 6	h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834 6	i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912 6	k			
I	Amount on	Form 8978, line 14. See instructions 6	1			
m	Credit for p	reviously owned clean vehicles. Attach Form 8936 . 6	n			
z	Other nonre	fundable credits. List type and amount:				
		6	z			
7		nonrefundable credits. Add lines 6a through 6z			7	
8		through 4, 5a, 5b, and 7. Enter here and on Form 104	-	SR, or	0	1 000
	10 4 0-1111, III	16 20		(cc	8 8	1,038. Ied on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	
	BAA REV	03/07/24 PRO	Schedu	ule 3 (Form 1040) 2023

SCHEE	DULE	A
(Form	1040)	

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

3

Go to www.irs.gov/ScheduleA for instructions and the latest information. Department of the Treasury Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR			You	r so	cial security number
NAVEEN SU	RYA	DEVARA			72	6-5	58-3514
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and		Medical and dental expenses (see instructions)	1		-		
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2					
Expenses		Multiply line 2 by 7.5% (0.075)	3		-		
		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	· ·		_	4	
Taxes You Paid		State and local taxes.					
Falu	a	State and local income taxes or general sales taxes. You may include					
		either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes,					
		check this box	5a	76	0		
	ŀ	State and local real estate taxes (see instructions)	5b	14,00			
		State and local personal property taxes	5c	11,000	<u> </u>		
		IAdd lines 5a through 5c	5d	14,76	9		
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing		11,10			
		separately)	5e	10,00	0.		
	6	Other taxes. List type and amount:		10,00	<u> </u>		
			6				
	7	Add lines 5e and 6	· · ·			7	10,000.
Interest		Home mortgage interest and points. If you didn't use all of your home					
You Paid		mortgage loan(s) to buy, build, or improve your home, see					
Caution: Your		instructions and check this box					
mortgage interest deduction may be	a	Home mortgage interest and points reported to you on Form 1098.					
limited. See instructions.		See instructions if limited	8a	24,93	9.		
	b	Home mortgage interest not reported to you on Form 1098. See					
		instructions if limited. If paid to the person from whom you bought the					
		home, see instructions and show that person's name, identifying no.,					
		and address	8b		_		
	C	Points not reported to you on Form 1098. See instructions for special	0				
			8c		_		
			8d	0.402			
		Add lines 8a through 8c	8e 9	24,93	9.		
		Add lines 8e and 9	-		-	10	24,939.
Cifta ta		Gifts by cash or check. If you made any gift of \$250 or more, see	· ·			10	24,939.
Gifts to Charity		instructions	11				
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,					
made a gift and got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12				
see instructions.	13	Carryover from prior year	13				
	14	Add lines 11 through 13			•	14	
Casualty and		Casualty and theft loss(es) from a federally declared disaster (other			d		
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1					
		instructions				15	
Other	16	Other-from list in instructions. List type and amount:			[
Itemized							
Deductions					-	16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e					
Itemized		Form 1040 or 1040-SR, line 12				17	34,939.
Deductions	18	If you elect to itemize deductions even though they are less than your s			n,		
		check this box		[

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023



Internal Revenue Service

Name(s) shown on return

Residential Energy Credits

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

Go to www.irs.gov/Form5695 for instructions and the latest information.

OMB No. 1545-0074 2023 Attachment
Sequence No. 75 Your social security number 726 58 3514

NAVEEN SURYADEVARA

Part I

Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2022.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

811	COMAL DRIVE	MANSFIELD	TX	76063
Numbe	and street	Unit no. City or town	State	e ZIP code
1	Qualified solar electric property costs		1	30,966.
2	Qualified solar water heating property costs		2	
3	Qualified small wind energy property costs		3	
4	Qualified geothermal heat pump property costs		4	
5a	Qualified battery storage technology. Does the qualified at least 3 kilowatt hours? (See instructions.) If you chec for qualified battery storage technology	ked the "No" box, you cannot clain	n a credit	□ Yes □ No
b	If you checked the "Yes" box, enter the qualified battery	technology costs		
6a	Add lines 1 through 5b		6 a	30,966.
b	Multiply line 6a by 30% (0.30)		6b	9,290.
7a b	Qualified fuel cell property. Was qualified fuel cell prop main home located in the United States? (See instructio If you checked the "No" box, you cannot claim a credit through 11. Enter the complete address of the main home where you	ns.)	· · · 7a	Yes No
	Number and street Unit no.	City or town State ZIP	code	
8	Qualified fuel cell property costs			
9	Multiply line 8 by 30% (0.30)	9		
10	Kilowatt capacity of property on line 8 above	x \$1,000 10		
11	Enter the smaller of line 9 or line 10		11	
12	Credit carryforward from 2022. Enter the amount, if any,	from your 2022 Form 5695, line 16	12	
13	Add lines 6b, 11, and 12		13	9,290.
14	Limitation based on tax liability. Enter the amount from Worksheet. (See instructions.)			1,038.
15	Residential clean energy credit. Enter the smaller of li Schedule 3 (Form 1040), line 5a	ne 13 or line 14. Also include this a		1,038.
16	Credit carryforward to 2024. If line 15 is less than line from line 13		8,252.	

For Paperwork Reduction Act Notice, see your tax return instructions.

Part II Energy Efficient Home Improvement Credit

Section A-Qualified Energy Efficiency Improvements

17a	Are the qualified energy efficiency improvement United States? (See instructions.)			hom	e located in the	17a	Yes	No
b	Are you the original user of the qualified energy	efficienc	v improvements?			17b	Yes	No
с	Are the components reasonably expected to re					17c	Yes	
-	If you checked the "No" box for line 17a, 17k improvement credit. Do not complete Part II, Se	o, or 17c	5	energ	y efficient home			
d	Enter the complete address of the main home v	where yo	u made the qualifying im	prove	ments.			
	Caution: You can only have one main home at	a time. (S	See instructions.)					
	·							
	Number and street Un	nit no.	City or town	State	ZIP code			
е	Were any of these improvements related to the	construc	ction of this main home?			17e	Yes	🗌 No
	If you checked the "Yes" box, you can only of qualifying improvements that were not related to related to the construction of your main home, into the home.	o the con	struction of the home. Do	not i	nclude expenses			
18	Insulation or air sealing material or system.							
а	Enter the cost of insulation material or system system) specifically and primarily designed to r home that meets the criteria established by the IE	educe he	eat loss or gain of your	18a				
b	Multiply line 18a by 30% (0.30). Enter the result	ts. Do no	t enter more than \$1,200	·		18b		
19	Exterior doors that meet the applicable Energy S							
а	Enter the cost of the most expensive door you			19a				
b	Multiply line 19a by 30% (0.30). Do not enter m	•		19b				
с	Enter the cost of all other qualifying exterior doc			19c				
d	Multiply line 19c by 30% (0.30).			19d				
е	Add lines 19b and 19d. Do not enter more than	n \$500		·		19e		
20	Windows and skylights that meet the Energy St	tar certifi	cation requirements.					
а	Enter the cost of exterior windows and skylic certification requirements. (See instructions.)	ghts that	meet the Energy Star	20a				
b	Multiply line 20a by 30% (0.30). Enter the result	ts. Do no	t enter more than \$600 .			20b		
Sectio	on B—Residential Energy Property Expenditu							

21a	Did you incur costs for qualified energy prop the United States?					21a	☐ Yes	No
b	Was the qualified energy property originally p If you checked the "No" box for line 21a c energy property costs. Skip lines 22 through 2	21b	Yes	No				
С	Enter the complete address of each home wh	iere you insta	lled qualified energy p	property.				
	Number and street	Unit no.	City or town	State	ZIP code			
22	Residential energy property costs (include la assembly, and original installation). (See instru		r onsite preparation,					
а	Enter the cost of central air conditioners .			22a				
b	Multiply line 22a by 30% (0.30). Enter the resu	ults. Do not e	nter more than \$600 .			22b		
23a								
b	Multiply line 23a by 30% (0.30). Enter the resu	ults. Do not e	nter more than \$600 .			23b		
24a	Enter the cost of natural gas, propane, or oil f	urnace or ho	t water boilers	24a				
b	Multiply line 24a by 30% (0.30). Enter the resu	ults. Do not e	nter more than \$600.			24b		

Form **5695** (2023)

Section B-Residential Energy Property Expenditures (continued)

25a	Enter the cost of improvements or replacement of panelboards, subpanelboards,			
	branch circuits, or feeders	5a		
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600 .		25b	
26	Home energy audits.			
а	Did you incur costs for a home energy audit that included an inspection of your ma	ain home located in		
	the United States and a written report prepared by a certified home energy auditor?	? (See instructions.)	26a	Yes No
	If you checked the "No" box, you cannot claim the home energy audit credit. Stop.	Go to line 27.		
b		6b		
C	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150.		26c	
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c	1		
28	Enter the smaller of line 27 or \$1,200		28	
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.			
а		9a		
b		9b		
с	Enter the cost of biomass stoves and biomass boilers	9c		
d	Add lines 29a, 29b, and 29c	9d		
е	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000.		29e	
30	Add lines 28 and 29e		30	
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home I			
	Limit Worksheet. (See instructions.)		31	
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 3			
	amount on Schedule 3 (Form 1040), line 5b		32	
			<u> </u>	Form 5695 (2023)
	BAA	REV 03/07/24 PRO		10111 0000 (2023)

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