

Form 1040

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

2024

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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|--|--------------------------------|---------------------|---------------------------------------|--|
| For the year Jan. 1-Dec. 31, 2024, or other tax year beginning | | , 2024, ending | , 20 | See separate instructions. |
| Your first name and middle initial PURNADIVYA | Last name THURAGA | | | Your social security number 674 69 9689 |
| If joint return, spouse's first name and middle initial NAGA VENKATA SOMETSWA | Last name GONABOYINA | | | Spouse's social security number 657 42 4170 |
| Home address (number and street). If you have a P.O. box, see instructions. 12604 NW 23RD PL | | Apt. no. | Presidential Election Campaign | |
| City, town, or post office. If you have a foreign address, also complete spaces below. MIAMI | | State FL | ZIP code 33167 | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. |
| Foreign country name | Foreign province/state/county | Foreign postal code | | <input type="checkbox"/> You <input type="checkbox"/> Spouse |

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| Filing Status | <input type="checkbox"/> Single | <input type="checkbox"/> Head of household (HOH) |
| Check only one box. | <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) | <input type="checkbox"/> Qualifying surviving spouse (QSS) |
| | <input type="checkbox"/> Married filing separately (MFS) | |
| If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: | | |
| <input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): | | |

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| Digital Assets | At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Standard Deduction | Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien | |

| | | | | | |
|---|----------------|-----------|----------------------------|-------------------------|--|
| Age/Blindness You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind | | | | | |
| Dependents (see instructions): If more than four dependents, see instructions and check here . . . <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): Child tax credit <input type="checkbox"/> Credit for other dependents <input type="checkbox"/> |
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| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a 201,208. |
| Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. | b Household employee wages not reported on Form(s) W-2 | 1b |
| If you did not get a Form W-2, see instructions. | c Tip income not reported on line 1a (see instructions) | 1c |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f |
| | g Wages from Form 8919, line 6 | 1g |
| | h Other earned income (see instructions) | 1h 0. |
| | i Nontaxable combat pay election (see instructions) | 1i |
| | z Add lines 1a through 1h | 1z 201,208. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2b Taxable interest |
| | 3a Qualified dividends | 3b Ordinary dividends |
| | 4a IRA distributions | 4b Taxable amount |
| | 5a Pensions and annuities | 5b Taxable amount |
| | 6a Social security benefits | 6b Taxable amount |

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| Standard Deduction for— | c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> |
| • Single or Married filing separately, \$14,600 | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |
| • Married filing jointly or Qualifying surviving spouse, \$29,200 | 8 Additional income from Schedule 1, line 10 |
| • Head of household, \$21,900 | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income |
| • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income from Schedule 1, line 26 |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income |
| | 12 Standard deduction or itemized deductions (from Schedule A) |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A |
| | 14 Add lines 12 and 13 |
| | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income |

| | | | | | |
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| Tax and Credits | 16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 17,832. | | | |
| | 17 Amount from Schedule 2, line 3 | 17 | | | |
| | 18 Add lines 16 and 17 | 18 17,832. | | | |
| | 19 Child tax credit or credit for other dependents from Schedule 8812 | 19 | | | |
| | 20 Amount from Schedule 3, line 8 | 20 | | | |
| | 21 Add lines 19 and 20 | 21 | | | |
| | 22 Subtract line 21 from line 18. If zero or less, enter -0- | 22 17,832. | | | |
| | 23 Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 0. | | | |
| | 24 Add lines 22 and 23. This is your total tax | 24 17,832. | | | |
| Payments | 25 Federal income tax withheld from: | | | | |
| | a Form(s) W-2 | 25a 28,972. | | | |
| | b Form(s) 1099 | 25b | | | |
| | c Other forms (see instructions) | 25c | | | |
| | d Add lines 25a through 25c | 25d 28,972. | | | |
| If you have a qualifying child, attach Sch. EIC. | 26 2024 estimated tax payments and amount applied from 2023 return | 26 | | | |
| | 27 Earned income credit (EIC) No | 27 | | | |
| | 28 Additional child tax credit from Schedule 8812 | 28 | | | |
| | 29 American opportunity credit from Form 8863, line 8 | 29 | | | |
| | 30 Reserved for future use | 30 | | | |
| | 31 Amount from Schedule 3, line 15 | 31 | | | |
| | 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | | | |
| | 33 Add lines 25d, 26, and 32. These are your total payments | 33 28,972. | | | |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 11,140. | | | |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a 11,140. | | | |
| Direct deposit? See instructions. | b Routing number 0 1 1 0 0 0 1 3 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | |
| | d Account number 0 0 4 6 6 9 6 8 9 3 6 3 | | | | |
| | 36 Amount of line 34 you want applied to your 2025 estimated tax 36 | | | | |
| Amount You Owe | 37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | | | |
| | 38 Estimated tax penalty (see instructions) 38 | | | | |
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS? See instructions | | | | |
| | Designee's name | Phone no. | Personal identification number (PIN) <input type="text"/> | | |
| Sign Here | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| Joint return? See instructions. Keep a copy for your records. | Your signature | Date | Your occupation TECHNICAL LEAD | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> | |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation SOFTWARE ENGINEER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/> | |
| | Phone no. (786) 635-8889 | Email address TURAGAPURNADIVYA@GMAIL.COM | | | |
| Paid Preparer Use Only | Preparer's name NAGA SIVA LAVANYA MANI ADDEPALLI | Preparer's signature NAGA SIVA LAVANYA MANI ADDEPALLI | Date 03/27/2025 | PTIN P03171188 | Check if: <input type="checkbox"/> Self-employed |
| | Firm's name GLOBAL TAXES LLC | | | Phone no. (646) 727-7157 | |
| | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | | Firm's EIN 30-1017196 | |

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA REV 03/20/25 PRO

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