

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 SUSMITHA S		Last name NAMBUTHIRI
If joint return, spouse's first name and middle initial SURENDRAN K		Last name NAMBOOTHIRI
Home address (number and street). If you have a P.O. box, see instructions. 4330 HENDERSON BLVD SE		Apt. no. D106
City, town, or post office. If you have a foreign address, also complete spaces below. OLYMPIA		State WA
Foreign country name		ZIP code 98501
Foreign province/state/county		Foreign postal code
		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Filing Status		
<input type="checkbox"/> Single <input type="checkbox"/> Head of household (HOH)		
<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)		
<input type="checkbox"/> Married filing separately (MFS) <input type="checkbox"/> Qualifying surviving spouse (QSS)		
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): _____		
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 checked="" type="checkbox"/> Yes <input 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):		
(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 Credit for other dependents		
If more than four dependents, see instructions and check here <input type="checkbox"/>		
SRUTHI NAMBOOTHIRI 404-71-8659 Daughter <input checked="" type="checkbox"/> <input type="checkbox"/>		
SREEHARRY NAMBOOTHIRI 848-71-9886 Son <input checked="" type="checkbox"/> <input type="checkbox"/>		
Income		
1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 171,883.		
b Household employee wages not reported on Form(s) W-2 1b		
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 171,883.		
2a Tax-exempt interest 2a		
3a Qualified dividends 3a 4.		
4a IRA distributions 4a		
5a Pensions and annuities 5a		
6a Social security benefits 6a		
b Taxable interest 2b		
b Ordinary dividends 3b 4.		
b Taxable amount 4b		
b Taxable amount 5b		
b Taxable amount 6b		
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 7 -3,000.		
8 Additional income from Schedule 1, line 10 8 0.		
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 168,887.		
10 Adjustments to income from Schedule 1, line 26 10 2,176.		
11 Subtract line 10 from line 9. This is your adjusted gross income 11 166,711.		
12 Standard deduction or itemized deductions (from Schedule A) 12 29,200.		
13 Qualified business income deduction from Form 8995 or Form 8995-A 13		
14 Add lines 12 and 13 14 29,200.		
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 137,511.		