Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)				
Taxpayer's name	Social sec	urity numb	er	
SAMPATH PALREDDY	350-3	37-4064	l	
Spouse's name	Spouse's	social secu	rity number	
HARIKA CHILUKA	-	41-1388	3	
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter year you	ı are aut	horizing.))
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income				,364.
2 Total tax				,936.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				,455.
4 Amount you want refunded to you			16	<u>,519.</u>
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure Under penalties of perjury, I declare that I have examined a copy of the income tax return (ori	· · ·			
return (original or amended) I am now authorizing. I consent to allow my intermediate services to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institu payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent.	or reason for rejection of the I authorize the U.S. Treasuration account indicated in the financial institution to debit agent to terminate the author cancellation requests must as involved in the processing related to the payment. I	e transmis y and its d e tax prepa the entry to rization. To be receive of the ele- further ack	sion, (b) the designated aration soft of this accoorevoke (cored no late ectronic pay knowledge	e reason Financial tware for unt. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only	Г			
·	ter or generate my PIN	7 4 0	6 4	00 mv
ERO firm name	ter or generate my Fin	Enter five o		as my
signature on the income tax return (original or amended) I am now authorize	zing.	don't enter	ali zeros	
I will enter my PIN as my signature on the income tax return (original or al if you are entering your own PIN and your return is filed using the Practit below.				
Your signature ▶	Date ▶			
Spouse's PIN: check one box only				
· _	ter or generate my PIN	1 1 3	8 8	as my
ERO firm name	,	Enter five of		a.c,
signature on the income tax return (original or amended) I am now authorize	zing.	don't enter	all zeros	
I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practit below.	•	_		_
Spouse's signature ▶	Date ►			
Practitioner PIN Method Returns Only—co	ontinue below			
Part III Certification and Authentication — Practitioner PIN Method	Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected		6 6 enter all zei	1 9 8 ros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-	n that I am submitting this r	eturn in a	ccordance	
ERO's signature ►	Date ▶			

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

|--|

OMB No. 1545-0074

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

Filing Status	s 🗌 S	Single X Married filing jointly	Marrie	ed filing separate	ly (MFS)	Head of	househol	d (HOF	l) [fying surv	iving
Check only one box.	If vo	u checked the MFS box, enter the	name of v	our shouse If yo	u chack	red the HOH or	OSS ho	/ Anta	r tha		se (QSS) name if th	e aualifyina
one box.		on is a child but not your depender		our spouse. If yo	u cricci		Q00 b0/	x, crito	TITIC	Cilia 3	name ii tii	c qualitying
Your first name			Last na	me					Y	our soc	ial securit	y number
SAMPATH				EDDY							7-4064	-
	pouse's	first name and middle initial	Last na						-			urity number
HARIKA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CHIL								1-1388	•
	(numbe	er and street). If you have a P.O. box, se					Apt.	no.				n Campaign
2804 WES	•						1.4.				ere if you,	. •
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ate	ZIP code					tly, want \$3
AUBREY				,	T		76227			•	this fund. (w will not	Checking a
							or refund.	Change				
. o. o.g., ooa	,			0.0.g., p. 0100, 01	a.c, 00 a	,	. o. o.g p	oo.a. oo			You	Spouse
Digital	Δt ar	ny time during 2022, did you: (a) red	coive (as	a reward award	or nav	ment for prope	rty or ser	vices).	or (b) coll		
Assets		ange, gift, or otherwise dispose of					-				Yes	⊠ No
Standard		eone can claim: You as a d				a dependent	40001). (J. 0. 0.			
Deduction 1		Spouse itemizes on a separate retu										
		_										
Age/Blindness	You:	Were born before January 2,	1958 _	_ Are blind	Spouse	: U Was boi	n before		<u>, , , </u>			
Dependents				(2) Social sec	urity	(3) Relationsh	_{iip} (4) C	heck th	e box		•	instructions):
If more	(1) Fi	rst name Last name		number		to you	(Child ta	x cred	dit (Credit for oth	ner dependents
than four dependents,									<u> </u>		L	
see instruction:	s ——								<u> </u>		L	
and check	, —								<u> </u>		L	
here								L		\perp		
Income	1a	Total amount from Form(s) W-2, I	`	,						1a	16	51,629.
A44	b	Household employee wages not	•	. ,						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	• •							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits							1e			
was withheld.	f	Employer-provided adoption ben								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instruc	,			1				1h		0.
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i						
	Z	Add lines 1a through 1h								1z	16	51,629.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes		•		2b		24.
if required.	3a	Qualified dividends	3a			Ordinary divide		•		3b		
	4a	IRA distributions	4a			axable amoun		•		4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	6a			axable amoun	t			6b		
Married filing separately,	_ C	If you elect to use the lump-sum			•	,			. 📙		-	
\$12,950	7	Capital gain or (loss). Attach Scho				•			. Ш	7	1	2 000
Married filing jointly or	8	Other income from Schedule 1, li								8		3,289.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-				•		9	14	18,364.
\$25,900	10	Adjustments to income from Sch	•							10		
Head of household,	11	Subtract line 10 from line 9. This	-							11		8,364.
\$19,400	12	Standard deduction or itemized		`	,					12	1 2	25,900.
If you checked any box under	13	Qualified business income deduc								13	 	
Standard Deduction,	14	Add lines 12 and 13								14		25,900.
see instructions.	15	Subtract line 14 from line 11. If ze	ero or les	s, enter -U This	is your	taxable incom	ie	•		15	1 12	22,464.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	18,176.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	18,176.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	8,240.
	21	Add lines 19 and 20						21	8,240.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,936.
	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	9,936.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 26	6,455.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	26,455.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20)21 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	26,455.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	16,519.
riciana	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	16,519.
Direct deposit?	b	Routing number 0 8 1				Checking	Savings		
See instructions.	d	Account number 0 0 2	9 1 3 2	5 5 3 2	2 2				
	36	Amount of line 34 you want	applied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		structions				. Yes. C	omplete l	below.	X No
		signee's		Phone			onal identi	fication	
		me		no.			iber (PIN)		
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com							
Here		ur signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Your occupation				nt vou an Identity
	10	ui signature		Date	Tour occupation				IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.						п	I	tity Prote inst.)	ection PIN, enter it here
			0	Consil address	CONSULTANT				
		one no. (732) 331-635 eparer's name	8 Preparer's signat	Email address	PALKEDDYSAM	PATH@GMAIL.C Date	PTIN		Check if:
Paid		•			CIIDMA MATTAM			2702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAK	GUPTA TALLAM	03/23/2023	P0208		
Use Only		m's name GLOBAL TA		NICELT CIZ N	T 00016				(678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK No	η ηαατρ		Firm	's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Internal Revenue Service	do to www.ns.gov/ro/m/o-ro for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security numbe
SAMPATH PALRED	DY & HARIKA CHILUKA	350-37	-4064

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-13,289.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	10.000
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	or 1040-NR line 8	10	-13.289

Schedule 1 (Form 1040) 2022 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:	_		
а	Jury duty pay (see instructions)	ła	_	
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
-1	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses	ła	-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24	1q		
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1h		
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	4k		
Z	Other adjustments. List type and amount:			
	24			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E			
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2022

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAMPATH PALREDDY & HARIKA CHILUKA

Your social security number 350-37-4064

Par	t I Nonrefundable Credits		
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	8,240.
6	Other nonrefundable credits:		
а	General business credit. Attach Form 3800		
b	Credit for prior year minimum tax. Attach Form 8801 6b		
С	Adoption credit. Attach Form 8839		
d	Credit for the elderly or disabled. Attach Schedule R 6d		
е	Alternative motor vehicle credit. Attach Form 8910 6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f		
g	Mortgage interest credit. Attach Form 8396 6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h		
i	Qualified electric vehicle credit. Attach Form 8834 6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j		
k	Credit to holders of tax credit bonds. Attach Form 8912 6k		
I	Amount on Form 8978, line 14. See instructions 61		
Z	Other nonrefundable credits. List type and amount:		
	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR line 20	8	8,240.

(continued on page 2)

Schedule 3 (Form 1040) 2022 Page **2**

Par	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 qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
С	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
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		15	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s)	shown on return					١	Your socia	al security	/ numbe	er
SAMP	ATH PALREDDY & HARIKA CHILUKA						350-3	7-4064	4	
Part	Note: If you are in the business of renting personal property,			C. See	instruc	ctions. If you are	e an indiv	ridual, re	port far	m
	rental income or loss from Form 4835 on page 2, line 40.	CI.		0000.0) !				· \	1 NI -
	Did you make any payments in 2022 that would require you to								_	-
B I	f "Yes," did you or will you file required Form(s) 1099?				• •	<u> </u>		Ү	es _	No
1a	Physical address of each property (street, city, state, ZIP co	ode)							
Α	101, OPPOSITE HARINA SHRI BALAJI NAGAR	НА	YATHNA	GAR,	HYDEI	RABAD IN 5	501505	·)		
В										
С										
1b	Type of Property 2 For each rental real estate property	liste	ed		Fa	ir Rental	Person	al Use		\ I\/
	(from list below) above, report the number of fair ren	ntal a	and			Days	Da	ys		ληΛ
Α	personal use days. Check the QJV b			Α		365		0		
В	if you meet the requirements to file			В						
С	qualified joint venture. See instruction	ONS	•	С						
Туре	of Property:		'			'			1	
	Single Family Residence 3 Vacation/Short-Term Rental		5 Land		7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (describ	be)			
	·									
		-				Propertie	s:		С	
Incom		_		A	98.	В			C	
3 4		3 4		Ю	98.					
	,	4								
Expen		_								
5		5 6								
6		7		2 0	0.0					
7		-		2,9	89.					
8		8								
9		9								
10		10			4.0					
11	9	11		2, 1	40.					
12	, , ,	12								
13	<u> </u>	13		0 0	0.0					
14		14			09.					
15	• •	15		2,1	55.					
16	<u> </u>	16		0 0	0.4					
17	<u> </u>	17		2,6	94.					
18	· · · · · · —	18								
19		19		10 0	07					
20		20		13,9	8/.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must file Form 6198	.		-13,2	00					
00		21		-13,2	09.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	20	(12 20		,	\	(,
00-	· · · · · · · · · · · · · · · · · · ·	22	(13,28			698.	·)
23a	Total of all amounts reported on line 3 for all rental propertie				23a		090.			
b	Total of all amounts reported on line 4 for all royalty properti	ies			23b					
C	Total of all amounts reported on line 12 for all properties .				23c					
d	Total of all amounts reported on line 18 for all properties .				23d	1 0				
e 04	Total of all amounts reported on line 20 for all properties .				23e	13,	987.			
24	Income. Add positive amounts shown on line 21. Do not in						24	<i>(</i>	100	,00
25	Losses. Add royalty losses from line 21 and rental real estate lo							l	13,2	89.)
26	Total rental real estate and royalty income or (loss). Con									
	here. If Parts II, III, IV, and line 40 on page 2 do not app Schedule 1 (Form 1040), line 5. Otherwise, include this amou						26		-13,	289.

Residential Energy Credits

Go to www.irs.gov/Form5695 for instructions and the latest information. Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Attachment Sequence No. **158**

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SAMPATH PALREDDY & HARIKA CHILUKA

Your social security number 350-37-4064

Part	Residential Clean Energy Credit (See instructions before completing this part.)		
Vote	Skip lines 1 through 11 if you only have a credit carryforward from 2021.		
1	Qualified solar electric property costs	1	27,466.
2	Qualified solar water heating property costs	2	
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	
5	Qualified biomass fuel property costs	5	
6a	Add lines 1 through 5	6a	27 , 466.
b	Multiply line 6a by 30% (0.30)	6b	8,240.
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.)	7a	☐ Yes ☐ No
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.		
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street Unit No.		
	City, State, and ZIP code		
8	Qualified fuel cell property costs		
9	Multiply line 8 by 30% (0.30)		
10	Kilowatt capacity of property on line 8 above 10		
11	Enter the smaller of line 9 or line 10	11	
12	Credit carryforward from 2021. Enter the amount, if any, from your 2021 Form 5695, line 16	12	
13	Add lines 6b, 11, and 12	13	8,240.
14	Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet (see instructions)	14	18,176.
15	Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5	15	8,240.
16	Credit carryforward to 2023. If line 15 is less than line 13, subtract line 15 from line 13		•

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Par	Energy Efficient Home Improvement Credit					
17a	Were the qualified energy efficiency improvements or residential energy proper home located in the United States? (see instructions)	•	•	17a	☐ Yes	□ No
	Caution: If you checked the "No" box, you cannot claim the energy efficient credit. Do not complete Part II.	t hon	ne improvement			
b	Print the complete address of the main home where you made the qualifying impactuation: You can only have one main home at a time.	roven	nents.			
	Number and street		Unit No.			
	City, State, and ZIP code					
С	Were any of these improvements related to the construction of this main home?			17c	☐ Yes	□ No
	Caution: If you checked the "Yes" box, you can only claim the energy efficient credit for qualifying improvements that were not related to the construction of the expenses related to the construction of your main home, even if the improvement moved into the home.	home	e. Do not include			
18 19	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see Qualified energy efficiency improvements (original use must begin with you and reasonably be expected to last for at least 5 years; do not include labor costs) (see	the c	component must	18		
а	Insulation material or system specifically and primarily designed to reduce heathome that meets the prescriptive criteria established by the 2009 IECC $$. $$.		or gain of your	19a		
b b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirement Metal or asphalt roof that meets or exceeds the Energy Star program requirement pigmented coatings or cooling granules which are specifically and primarily defined gain of your home	s and	has appropriate	19b		
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements	19d		100		
e f	Maximum amount of cost on which the credit can be figured	19e	\$2,000			
	enter -0	19f	0.			
g h	Subtract line 19f from line 19e. If zero or less, enter -0	19g	2,000.	19h		0.
20	Add lines 19a, 19b, 19c, and 19h			20		0.
21	Multiply line 20 by 10% (0.10)			21		0.
22	Residential energy property costs (must be placed in service by you; include preparation, assembly, and original installation) (see instructions).	labor	costs for onsite			
a	Energy-efficient building property. Do not enter more than \$300			22a		0.
b b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter mo Advanced main air circulating fan used in a natural gas, propane, or oil furnace than \$50	e. Do	not enter more	22b 22c		0.
23	Add lines 22a through 22c			23		<u> </u>
24	Add lines 21 and 23			24		
25	Maximum credit amount. (If you jointly occupied the home, see instructions)			25		
26 27	Enter the amount, if any, from line 18	energy	efficient home	26		
28	Enter the smaller of line 24 or line 27			28		
29	Limitation based on tax liability. Enter the amount from the Energy Efficient Hom Limit Worksheet (see instructions)	e Imp 	rovement Credit	29		
30	Energy efficient home improvement credit. Enter the smaller of line 28 or line	e 29. <i>i</i>	Also include this			

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