1040-X

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return ► Use this revision to amend 2019 or later tax returns.

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

(Rev. Ju	ly 2021)	► Go to www.irs.gov/Form10)40X	for instructions an	d the	latest informatio	n.		
This r	eturn is for cal	endar year (enter year) 2022 or	' fiso	al year (enter mo	nth ar	nd year ended)		-	
Your firs	st name and middle	initial	Las	st name			Your	social securit	y number
KAR	THEEK KUMAB	२	K	DDI			33	5-71-669	99
lf joint re	eturn, spouse's first	name and middle initial	Las	st name			Spou	ise's social se	curity number
		hber and street). If you have a P.O. box, see inst	ructio	ins.		Apt. no.	Your phone number		
	3 SEVEN PIN					9	(2	17)303-4	1485
	wn or post office, st INGFIELD II	ate, and ZIP code. If you have a foreign address L 62704	, also	complete spaces below	w. See	instructions.			
Foreign	country name			Foreign province/state	e/coun	ty		Foreign post	al code
		ng status. You must check one box e tus from married filing jointly to marrie						ution: In ge	neral, you can't
× Sin		ed filing jointly I Married filing sepa		e . <i>,</i>				Qualifying	widow(er) (QW)
		S box, enter the name of your spouse not your dependent ►	e. If y	you checked the H	OH o	r QW box, enter	the c	hild's name	if the qualifying
<u> </u>		gh 23, columns A through C, the amo	ount	s for the return		A. Original amoun	B. N	et change –	
	ntered above.		Janta			reported or as	amou	nt of increase	C. Correct
Use P	art III on page 2	2 to explain any changes.				previously adjusted (see instructions)		decrease)— ain in Part III	amount
Incor	ne and Dedu	ctions							
1	Adjusted aros	ss income. If a net operating loss	(NC)L) carrvback is					
•		ck here			1	61,290.		-7,157.	54,133.
2		ctions or standard deduction			2	12,950.		0.	12,950.
3		2 from line 1			3	48,340.		-7,157.	41,183.
4a					4a	10,010.		111011	11,100.
b		ness income deduction			4b	0.		0.	
5		ne. Subtract line 4b from line 3. If the							
Ŭ				,	5	48,340.		-7,157.	41,183.
Tax I	iability			<u> </u>		10,010.		.,	,
6	-	thod(s) used to figure tax (see instruct	tions	s):					
•	Table				6	6,249.		-1,513.	4,736.
7		e credits. If a general business credit				0,215.		1,010.	
					7	0.		298.	298.
8		' from line 6. If the result is zero or les			8	6,249.		-1,811.	4,438.
9					9	072151		1/0111	1, 1001
10					10	0.		0.	0.
11	Total tax. Add	lines 8 and 10			11	6,249.	-	-1,811.	4,438.
Paym						0,215.		1,011.	
12		e tax withheld and excess social sec	urity	and tior 1 BBTA					
		If changing, see instructions.)			12	10,847.		0.	10,847.
13	,	payments, including amount applied fro			13	0.		0.	20,0170
14		e credit (EIC)			14	0.		0.	
15		edits from: Schedule 8812 Form(s							
		$3885 ext{ B} 8962 ext{ or } ext{ other (specify)}$			15	0.		0.	
16		paid with request for extension of tim					additi		
10		return was filed		· · · · ·		,			0.
17		s. Add lines 12 through 15, column C							10,847.
	nd or Amount	-	,						101011.
18		if any, as shown on original return or	as r	previously adjusted	d by t	he IRS		. 18	4,598.
19		8 from line 17. (If less than zero, see							6,249.
20		owe. If line 11, column C, is more that							01210.
21		mn C, is less than line 19, enter the di							1,811.
22		21 you want refunded to you						. 22	1,811.
23		21 you want applied to your (enter y				tax 23		-	_, •

Par	t I Dependents				
This v	olete this part to change any information relating to your dependents. would include a change in the number of dependents. the information for the return year entered at the top of page 1.		A. Original number of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24			
25	Your dependent children who lived with you	25	0	0	
26	Your dependent children who didn't live with you due to divorce or				
	separation	26	0	0	
27	Other dependents	27	0	0	
28	Reserved for future use	28			
29	Reserved for future use	29			
30	List ALL dependents (children and others) claimed on this amended return	า.			
				1	

Dependents	s (see instructions):				(d) ✓ if qualifies for (see instructions):			
lf more than four	(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents		
dependents,								
see instructions								
and check								
here ► 🗌								

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules. EXPLANATION LETTER ATTACHED

Sign	Remember to keep a copy of this Under penalties of perjury, I declare that I have and statements, and to the best of my knowler taxpayer) is based on all information about wh							
Here	Your signature Spouse's signature. If a joint return, bot	h must sian	Date		SOFTWARE DEVELOPER Your occupation			
Paid Preparer	Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature	TA TALLAM	Date 03/31/2023	Check if self-employed	PTIN P02082703		
Use Only	Firm's name GLOBAL TAXES I Firm's address 245 ROONEY CT	Firm's EIN ► 84-3171965 Phone no. (678)965-9522						

For forms and publications, visit www.irs.gov/Forms.

REV 03/18/23 PRO

Form **1040-X** (Rev. 7-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	2	OMB No. 1545-	0074	IRS Use	Only-	–Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly D warried filing jointly D warried the MFS box, enter the n on is a child but not your dependent	ame of y	-			Head of I				spo	lifying sun use (QSS) s name if th	U
Your first name	and mi	ddle initial	Last na	me							Your so	cial securi	ty number
KARTHEEK	KUN	1AR	KODI								335-	71-669	9
If joint return, sp	ouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number
Home address (numbe	r and street). If you have a P.O. box, see	instructi	ons.				A	pt. no.		Preside	ntial Election	on Campaign
1703 SEV	EN H	PINES RD						g)			here if you,	
City, town, or po	ost offic	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP co	ode				tly, want \$3 Checking a
SPRINGFI	ELD					ΙI	_	627	04		•	ow will not	•
Foreign country	name		I	Foreign pr	ovince/state/c	ount	ty	Foreig	n postal c	ode	your tax or refund.		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a										Yes	X No
Standard Deduction		eone can claim: Vou as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindness	You:	Were born before January 2, 1	958	Are bli	nd Spo	use	: 🗌 Was bor	n befc	re Janua	ary 2	, 1958	🗌 ls bl	ind
Dependents	(see	instructions):		(2) S	ocial security		(3) Relationshi	р (4) Check t	he bo	x if quali	fies for (see	instructions):
-		rst name Last name			number		to you		Child t	ax cr	edit	Credit for ot	her dependents
than four									[
dependents, see instruction and check here [Income Attach Form(s)									[
									[
here 🗌													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)						1a	1 0	61,290.
	b	Household employee wages not re	eported	on Form	(s) W-2						1b)	
	С	Tip income not reported on line 1a	a (see in:	struction	s)						10	;	
and check here [d	Medicaid waiver payments not rep	ported o	n Form(s) W-2 (see in	stru	ictions)	· ·			10	1	
	е	Taxable dependent care benefits f									16	•	
	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29	•					1f	:	
If you did not	g	Wages from Form 8919, line 6 .				•					10	1	
get a Form W-2, see	h	Other earned income (see instruct	,				· · · ·	·			11	1	0.
instructions.	i	Nontaxable combat pay election (see insti	ructions)		•	1 i						~ ~ ~ ~ ~
	<u>z</u>	-			· · · ·	· ·		· ·	• •	• •	1z		61,290.
Attach Sch. B	2a	· · -	2a				axable interest						
if required.	<u>3a</u>		3a				ordinary divider			• •	36		
	4a		4a				axable amount		• •	• •	4b		
Standard Deduction for —	5a		5a				axable amount		• •	• •	5b		
Single or	6a	, _	6a	mothod			axable amount			· ·	- 6b	,	
separately,		-						• •	• •	· _	- 7		
\$12,950 Married filing								• •	• •	• ∟			-7,157.
jointly or								• •		• •			54,133.
surviving spouse,								• •	• •	• •			JI I I).
\$25,900 • Head of		•											54,133.
\$12,950 7 Capital gain of (loss). Attach Schedule D if required. If not required, check here 1 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 9 • Head of household, \$19,400 11 Standard deduction or itemized deductions (from Schedule A) 11 11			12,950.										
 \$19,400 If you checked 	13	Qualified business income deduct				,	5-A .				13		<u> </u>
any box under Standard	14	Add lines 12 and 13									14		12,950.
Deduction,	15	Subtract line 14 from line 11. If zer					axable incom	e .			15		41,183.
see instructions.					,								,

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

Form **1040** (2022)

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	4,736.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	4,736.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	298.
	21	Add lines 19 and 20						21	298.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,438.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is						24	4,438.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 10	,847.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions				25c		1	
	d	Add lines 25a through 25c	,					25d	10,847.
	26	2022 estimated tax payment						26	
If you have a gualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit				29		1	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T						33	10,847.
	34	If line 33 is more than line 24						34	6,409.
Refund	35a	Amount of line 34 you want				•		35a	6,409.
Direct deposit?	b	Routing number X X X				Checking		554	0,105.
See instructions.		Account number X X X					Savings		
	36	Amount of line 34 you want a				36			
Amount		,				30			
You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-	-		38		31	
The level Disorts			,						
Third Party Designee		you want to allow another					omolete k	helow	× No
Designee		signee's		Phone			onal identif		
	nai			no.			per (PIN)	loation	
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	edules and stateme	nts, and to	the bes	t of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all information	on of which	prepar	er has any knowledge.
TIELE	Yo	ur signature		Date	Your occupation				nt you an Identity
							Prote		IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, I	acth must sign	Date	SOFTWARE I Spouse's occupati	-		,	nt your spouse an
Keep a copy for	зþ	ouse's signature. It a joint return, i	soun must sign.	Dale	Spouse's occupati	on			ection PIN, enter it here
your records.							(see	inst.)	
	Ph	one no. (217) 303-448	5	Email address	KODIKK7@GM	MAIL.COM	I		
Dela		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/31/2023	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAX							678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			s EIN	84-3171965
Co to wave inc a		a1040 for instructions and the late							Earm 1040 (2022)

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

BAA REV 03/18/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01	
Name(s) shown on Fo	Your social security number		
KARTHEEK KUMAR	KODI	335-71	-6699

Par	t Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			. 1	
2a	Alimony received				
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				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach S	chedule E	. 5	-7,157.
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	8 f			
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			
ο	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)	8 q			
r	Scholarship and fellowship grants not reported on Form W-2	8r	(<u>).</u>	
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	<u>8u</u>			
Z	Other income. List type and amount:				
-		8z			
9	Total other income. Add lines 8a through 8z			9	0.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	l, or 1	040-NR, line		
or Pa	nerwork Reduction Act Notice, see your tay return instructions			Schor	lule 1 (Form 1040) 2022

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

Schedule 1 (Form 1040) 20

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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)	24a				
b	Deductible expenses related to income reported on line 8l from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
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	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
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. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	ВАА	REV	03/18/23 P	RO	Schedul	e 1 (Form 1040) 2022

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074

2

20

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 03				
		rm 1040, 1040-SR, or 1040-NR			ocial se	ecurity number
Pa	THEEK KUMAE	fundable Credits		335-	/1-66	299
1		credit. Attach Form 1116 if required			1	
2	0	child and dependent care expenses from Form 244			-	
_	Form 2441				2	
3	Education c	redits from Form 8863, line 19...........			3	298.
4	Retirement	savings contributions credit. Attach Form 8880			4	
5	Residential	energy credits. Attach Form 5695			5	
6	Other nonre	fundable credits:				
а	General bus	iness credit. Attach Form 3800	6a			
b	Credit for p	rior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Alternative r	notor vehicle credit. Attach Form 8910	6e			
f	Qualified plu	ug-in motor vehicle credit. Attach Form 8936	6f			
g	Mortgage in	terest credit. Attach Form 8396	6g			
h	District of Co	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
I	Amount on	Form 8978, line 14. See instructions	61			
z	Other nonre	fundable credits. List type and amount:				
			6z			
7	Total other	nonrefundable credits. Add lines 6a through 6z			7	
8		through 5 and 7. Enter here and on Form 1040, 1040				
	line 20				8	298.
						ied on page 2)
For Pa	perwork Reduct	ion Act Notice, see your tax return instructions. BAA	REV 03/18/23	PRO	Schedul	le 3 (Form 1040) 2022

Schedule 3 (Form 1040) 2022

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 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 h	Reserved for future use	13g 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	-SR, or 1040-NR,	15	
	BAA REV	03/18/23 PRO	Schedule 3	(Form 1040) 202

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									20 2 2			
Department of the Treasury Internal Revenue Service		Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.							Attachment Sequence No. 13					
Name(s) shown on return									Your soci	al security r				
KARTHEEK KUMAR KODI												1-6699		
Part				From Rent	al Real Est	tate an	d Ro	valties						
	Note: If yo rental inco	ou are ome o	e in the r loss t	business of r from Form 48	enting person 35 on page 2,	al proper , line 40.	ty, use	Schedule						
	Did you make ar f "Yes," did you													
1a	Physical addr	ress o	of eac	h property (s	street, city, s	tate, ZIF	code	e)						
Α	6-3-1123/	3, 0	GAND	HI NAGAR	NALGONDA	A TELA	ANGAN	VA IN 5	50824	8				
<u> </u>														
<u>C</u>	Turner of Durner		-							-		D		
1b	(from list below					rental	and		Fair Rental Days		Personal Use Days		QJV	
Α	3	personal use days. Check the Q.						Α		365		0		
B					t venture. Se				В					
C	(Duran the								С					
	of Property: Single Family R	ocida	2000		ion/Short-Te	orm Don	tal	5 Lanc	4	7	Self-Rental			
	Multi-Family Re			4 Comr			lai	6 Roya			Other (desc	rihe)		
		51001	100	4 00111						0				
									•		Propert	es:		
Incom		-1					2		A 402.		В			С
3 4	Rents received Royalties rece						3		4	02.				
Exper		iveu	· ·											
5							5							
6	Auto and trave						6							
7	Cleaning and r						7		1,2	44.				
8	Commissions						8							
9	Insurance						9							
10	Legal and othe						10							
11	Management fees				11		1,4	71.						
12	Mortgage inter			,	·	,	12							
13	Other interest						13							
14	Repairs		· ·				14			11.				
15			· ·				15		1,2	89.				
16							16		1 -					
17	Utilities						17		1,5	644.				
18 19	Depreciation e Other (list)	expen	ise or	depietion .		• • •	18 19							
20	Total expenses				10		20		7 5	59.				
21	Subtract line 2			•			20		1,0					
21	result is a (los													
	file Form 6198						21		-7,1	57.				
22	Deductible rer on Form 8582						22	(57.)	()	(
23a	Total of all am							1	/ / _ \	23a	(402.	()
25a b	Total of all am									23b				
c	Total of all am									23c				
d	Total of all am		-							23d				
е	Total of all am									23e	7	,559.		
24	Income. Add		-					ide any lo	sses			. 24		
25	Losses. Add re	oyalty	/ losse	es from line 2	1 and rental r	eal estat	te loss	es from lin	ne 22. E	Enter to	otal losses he	re 25	(7,157.)

Supplemental Income and Loss

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

SCHEDULE E

L

26

-7,157.

-7,157.

OMB No. 1545-0074

Form **8863**

Department of the Treasury Internal Revenue Service Name(s) shown on return

AUTION

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

Your social security number 335-71-6699

KARTHEEK KUMAR KODI

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,					
	or qualifying surviving spouse	2				
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	3				
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education					
_		4			-	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	5				
6	qualifying surviving spouse If line 4 is:	5			-	
0	Equal to or more than line 5, enter 1.000 on line 6					
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro			}	6	
	at least three places)			J		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th	e vea	ar anc	I meet the		
	conditions described in the instructions, you can't take the refundable Americ	an op	portu	nity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box \ldots .			🗌	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter					
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•		,	9	
10	After completing Part III for each student, enter the total of all amounts from a				10	1 400
11	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 Enter the smaller of line 10 or \$10,000				10 11	1,490.
12	Multiply line 11 by 20% (0.20)				12	298.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				12	200.
10	qualifying surviving spouse	13		90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form			,		
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter instead	14		54,133.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on					
	line 18, and go to line 19	15		35,867.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or					
	qualifying surviving spouse	16		10,000.	-	
17	If line 15 is:			1		
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun 			ļ	17	1.000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)				17	T.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			, ctions)	18	298.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit					
	instructions) here and on Schedule 3 (Form 1040), line 3				19	298.
For Pa	and the desired set of the desired set of the set of the set of the set of the set	ΑΑ		REV 03/18/2	23 PRO	Form 8863 (2022)

Name(s) shown on return

KARTHEEK KUMAR KODI

CAUT	Complete Part III for each student for whom credit or lifetime learning credit. Use addition							
Par	t III Student and Educational Institution Information	n. See instructions.						
	Student name (as shown on page 1 of your tax return) KARTHEEK KUMAR KODI	 21 Student social security number (as shown on page 1 of your tax return) 335-71-6699 						
22	Educational institution information (see instructions)	333 /1 0099						
	Name of first educational institution	b. Name of second educational institut	ion (if any)					
	UNIVERSITY OF ILLINOIS							
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 809 S.MARSHFIELD AVENUE 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.						
	CHICAGO IL 60612							
(2) Did the student receive Form 1098-T from this institution for 2022?	(2) Did the student receive Form 1098 from this institution for 2022?	-T 🗌 Yes 🗌 No					
(3) Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes X No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2021 with b 7 checked?						
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	 (4) Enter the institution's employer ide if you're claiming the American opp checked "Yes" in (2) or (3). You car 1098-T or from the institution. 	portunity credit or if you					
	37-6000511							
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	☐ Yes — Stop! Go to line 31 for this student. X No	— Go to line 24.					
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— Stop! Go to line 31 his student.					
25	Did the student complete the first 4 years of postsecondary education before 2022? See instructions.	X Yes - Stop! On this student. No	— Go to line 26.					
26	Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance?	Yes — Stop! Go to line 31 for this student.	 Complete lines 27 ugh 30 for this student. 					
CAUT	You can't take the American opportunity credit and the layou complete lines 27 through 30 for this student, don't c		in the same year. If					
	American Opportunity Credit							
27	Adjusted qualified education expenses (see instructions). Dor		27					
28			28					
29			29					
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f		30					
	Lifetime Learning Credit	ioni ali Faits III, IIIle 30, Uli Part I, IIIle 1.	30					
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31 1,490.					
