(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 securi	ity number
ANILKUMAR BODDULA	176-02	-9018
Spouse's name	Spouse's soo	cial security number
Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year you a	are authorizing.)
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		1 132,327.
2 Total tax		2 22,018.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 25,214.
4 Amount you want refunded to you		4 3,196.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure year)	ou get and keep a cop	y of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amount return (original or amended) I am now authorizing. I consent to allow my intermediate service p to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instituti payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finantiation is to remain in full force and effect until I notify the U.S. Treasury Financial Age payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment could be be be because to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original of Electronic Funds Withdrawal Consent.	rovider, transmitter, or electr reason for rejection of the tauthorize the U.S. Treasury a on account indicated in the thancial institution to debit the ent to terminate the authorize ancellation requests must be involved in the processing of elated to the payment. If ur	onic return originator (ERO) ransmission, (b) the reason and its designated Financial ax preparation software for e entry to this account. This ation. To revoke (cancel) a e received no later than 2 of the electronic payment of ther acknowledge that the
Taxpayer's PIN: check one box only		
	r or generate my PIN $\frac{2}{2}$	9 0 1 8 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizin	En do	nter five digits, but on't enter all zeros
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practitic below.		
Your signature ►	Date ►3/25	5/2024
Spouse's PIN: check one box only		
I authorize to ente	r or generate my PIN	as my
ERO firm name	En	iter five digits, but
signature on the income tax return (original or amended) I am now authorizing	ng. do	on't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amount if you are entering your own PIN and your return is filed using the Practitic below.		
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—cor	ntinue below	
Part III Certification and Authentication — Practitioner PIN Method C	Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P		6 0 8 2 7 1 ter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic indivauthorized 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-file	that I am submitting this ret	urn in accordance with the
ERO's signature ▶	Date ►	
ERO Must Retain This Form — See Ins		

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.

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ing		, 20		See se	parate ins	structions.
Your first name	and m	iddle initial	Last r	name					Your so	cial securi	ity number
ANILKUMA	ΑR		BOD	DULA					176	02 9	9018
		s first name and middle initial	Last r								ecurity number
									416	81 9	9756
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.		Preside	ntial Elect	ion Campaign
4221 WII	LOW	POND DR							Check I	here if you	, or your
		ice. If you have a foreign address, also co	mplete	spaces below.	State	Z	ZIP code				ntly, want \$3
FRISCO					TX	-	75034		•	o this fund. Iow will not	. Checking a
Foreign country	/ name			Foreign province/state/o	county	F	oreign postal o			x or refund	•
										You	Spouse
Filing Status	; [Single			☐ Hea	ad of hou	ısehold (HOI	H)			
Check only		Married filing jointly (even if only or	ne hac	l income)							
one box.	X	Married filing separately (MFS)			☐ Qua	alifying s	urviving spo	use (0	QSS)		
	If y	you checked the MFS box, enter the	name	of your spouse. If you	ı checked th	e HOH	or QSS box,	enter	the chi	ild's name	e if the
	qu	ıalifying person is a child but not you	ır depe	endent: SARALA KUMA	RI SURAPAI	LY					
Digital	Δta	ny time during 2023, did you: (a) rec	oivo (a	s a reward award or	navment for	nronert	v or services). or (h) sell		
Digital Assets		nange, or otherwise dispose of a digi								☐ Yes	⊠ No
Standard	-	neone can claim: You as a de		_			. (,		
Deduction		Spouse itemizes on a separate retur	•	•	•	100111					
	•	: Were born before January 2, 1	959	Are blind Spo	ouse: U W	as born	before Janu				olind
Dependents	•	, , , , , , , , , , , , , , , , , , ,		(2) Social security	' '	lationship	. ,				e instructions):
If more	<u>(1)</u> F	First name Last name		number	to	you	Child t	ax cre	ait	Credit for of	ther dependents
than four dependents,											
see instructions	s										<u> </u>
and check	. —										<u> </u>
here L										1 1	46 500
Income	1a	Total amount from Form(s) W-2, b	,	,					1a		46,539.
Attach Form(s)	b	Household employee wages not re	•	` '					1b		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•	,					1c		
W-2G and	d	Medicaid waiver payments not rep		. , , ,	nstructions)				1d		
1099-R if tax	e	Taxable dependent care benefits f		· · · · · · · · · · · · · · · · · · ·					1e		
was withheld. If you did not	f	Employer-provided adoption bene	ents iro	m Form 8839, line 29				٠.	1f		
get a Form	g	Wages from Form 8919, line 6 .						٠.	1g		0.
W-2, see	h :	Other earned income (see instruction	,	· · · · · · · ·			 		1h	1	
instructions.	i -	Nontaxable combat pay election (s	see iiis	structions)		1i			1-	. 1	46,539.
AII 1 0 1 B	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	· · · · · i	b Taxable i	ntoroot			1z 2b		<u> </u>
Attach Sch. B if required.	2a 3a	' <u>-</u>	3a	1.01	b Ordinary		 Io		3b		280.
	<u>5a_</u> 4a		4a		b Taxable a				4b		
Standard	т а 5а		та 5а		b Taxable a				5b		
Deduction for—	6a		6a		b Taxable a				6b		
Single or Married filing	C	If you elect to use the lump-sum e						· _]		
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•	•	,		·	7	7	344.
Married filing	8	Additional income from Schedule			•				8		14,836.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•						9		32,327.
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche							10		<u> </u>
Head of	11	Subtract line 10 from line 9. This is			 ne				11		32,327.
household, [\$20,800	12	Standard deduction or itemized	-						12		13,850.
If you checked any box under	13	Qualified business income deducti		•	,				13		24.
Standard	14	Add lines 12 and 13			JJJJ-∧ .				14		13,874.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			our tavabla	incomo			15		19 /53

Form 1040 (202	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	з 🗌		16	21,784.
Credits	17	Amount from Schedule 2, lin						17	
	18	Add lines 16 and 17						18	21,784.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	•						21	
	22	Subtract line 21 from line 18						22	21,784.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	234.
	24	Add lines 22 and 23. This is			·			24	22,018.
Payments	25	Federal income tax withheld							,
,	а	Form(s) W-2				25a 25	,178.		
	b	Form(s) 1099				25b	36.		
	С	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c						25d	25,214.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	·		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31.				indable credits		32	
	33	Add lines 25d, 26, and 32. T						33	25,214.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,196.
	35a	Amount of line 34 you want i	refunded to you	ی. If Form 8888	s is attached, chec	ck here	. 🗆	35a	3,196.
Direct deposit?	b	Routing number 0 7 4				_	Savings		
See instructions.	d	Account number 7 8 7	3 8 6 7	2 6			_		
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe.					
You Owe		For details on how to pay, go						37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?				
Designee		structions					omplete b		⊠ No
		signee's me		Phone no.			onal identif oer (PIN)	ication	
Sign		der penalties of perjury, I declare th	nat I have examine		accompanying sche			ne best	of my knowledge and
Here	bel	lief, they are true, correct, and com	plete. Declaration	of preparer (other	than taxpayer) is ba	sed on all information	on of which	prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
							/000		IN, enter it here
Joint return? See instructions.				5.		TELLIGENCE DE	, ,		
Keep a copy for your records.		ouse's signature. If a joint return, t	ootn must sign.	Date	Spouse's occupati	on		ity Prote	nt your spouse an ection PIN, enter it here
	——Ph	one no. (219) 707-2890	ີ	Email address	ANTIBDI SOT	LBI@GMAIL.CC	M		
		eparer's name	Preparer's signat		111,112221,001	Date Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/23/2024	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAX				1 / / /			(678) 965-9522
Use Only		m's address 245 ROONE		NSWICK N	J 08816			s EIN	12.0,000 0022
Go to www irs a		n1040 for instructions and the later			DAA	PEV 02/07/24 PPO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

ANILKUMAR BODDULA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

Sequence No. 01

Your social security number 176-02-9018

Par	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. Att	ach Schedule E .	5	-14,836.
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		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 (<u>)</u>	
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:			
_	Table the face of Addition On the safe O	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente			14 026
	1040, 1040-SR, or 1040-NR, line 8		10	-14,836.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	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)	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	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

2023
Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

7 21 V I	HROPIN DODDOM 170 C	<u> </u>	
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	234.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home	476		
	see instructions	17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe			
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$.		21	234.

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

	(s) shown on return					ecurity number
	ILKUMAR BODDULA				76-02-	9018
	rou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional					
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less	(see ins	structions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjust to gain or Form(s) 89 line 2, co	ments loss from 149, Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324 .	. 4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			rusts fro	m . 5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	•	our Capital Loss	-	er . 6	
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long	-	
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Ye	ar (see	instructions)
lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	Adjust to gain or	ments loss from	(h) Gain or (loss) Subtract column (e) from column (d) and
whol	e dollars.	(sales price)	(or other basis)	Form(s) 89 line 2, co		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	508.	164.			344.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824					
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions	ions, estates, and	trusts from Scheo	dule(s) K-	1 12	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryove	er	
15	Net long-term capital gain or (loss). Combine lines 8a on the back	through 14 in co	olumn (h). Then, go	o to Part		344.

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 344. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Attachment Sequence No. 12A Form 8949 (2023)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ANILKUMAR BODDULA

Social security number or taxpayer identification number 176-02-9018

Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker, A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

★ (D) Long-term transactions★ (E) Long-term transactions★ (F) Long-term transactions	reported on F	Form(s) 1099	-B showing basi	•	•)
1				(e)	Adjustment, if any, to gain or loss If you enter an amount in column (g),	

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	(sales price) and see Column (e) in the separate instructions.		(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	508.	164.			344.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your ne 9 (if Box E	508.	164.			344.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E (Form 1040)

Department of the Treasury

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,

Attachment

Your social security number

Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service Name(s) shown on return

Sequence No. 13

OMB No. 1545-0074

176-02-9018 ANILKUMAR BODDULA Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) H.No 11-14-10/3 Gude'sNilayam,NTR Nagar HYDERABAD TELANGANA IN 500035 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 678. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,895. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,135. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,425. Repairs 3,010. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,541. 18 2,508. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 15,514. 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 21 -14,836. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,836.) 678. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,508. 23d Total of all amounts reported on line 18 for all properties 23e 15,514. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,836. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-14**,**836.

26

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return	Your taxpayer identification number
ANILKUMAR BODDULA	176-02-9018

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
		identification number		income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 (1	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 119.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 119.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	24.
10	Qualified business income deduction before the income limitation. Add lines 5 and	1	10	24.
11	Taxable income before qualified business income deduction (see instructions)	11 118,477.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 505.		
13		13 117,972.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	23,594.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			
	the applicable line of your return (see instructions)		15	24.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	(0.

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return

ANILKUMAR BODDULA

176-02-9018

111111	ERGITAL BODDOM	02 70.	
Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 5 125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	26,016.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to		
	Part II	7	234.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately \$125,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 15		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
	Enter here and go to Part IV	17	
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS		
David	filers, see instructions), and go to Part V	18	234.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
00	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
00	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax	00	-
00	withholding on Medicare wages	22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24	0.
		47	U .

BAA

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023
Attachment
Sequence No. 72

Your social security number or EIN

OMB No. 1545-2227

ANILKUMAR BODDULA 176-02-9018 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 280. 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -14,836. Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c -14,836. Net gain or loss from disposition of property (see instructions) 344. 5a 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 344. 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -14,212 Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) 132,327. 13 125,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 7,327. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b Subtract line 19b from line 19a. If zero or less, enter -0- 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 include on your tax return (see instructions) 21

BAA