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 security number
MAHENDER KONGARI	687-77-2251
Spouse's name	Spouse's social security number
RACHANA GUNDLAPALLI	983-97-9093
Part I Tax Return Information — Tax Year Ending December 3	1, 2023 (Enter year you 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	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be so Under penalties of perjury, I declare that I have examined a copy of the income tax return	
my knowledge and belief, it is true, correct, and complete. I further declare that the a return (original or amended) I am now authorizing. I consent to allow my intermediate set to send my return to the IRS and to receive from the IRS (a) an acknowledgement of refor any delay in processing the return or refund, and (c) the date of any refund. If applic Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial payment of my federal taxes owed on this return and/or a payment of estimated tax, an authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Pays business days prior to the payment (settlement) date. I also authorize the financial institaxes to receive confidential information necessary to answer inquiries and resolve is personal identification number (PIN) below is my signature for the income tax return (or Electronic Funds Withdrawal Consent.	ervice provider, transmitter, or electronic return originator (ERO) sceipt or reason for rejection of the transmission, (b) the reason table, I authorize the U.S. Treasury and its designated Financial institution account indicated in the tax preparation software for d the financial institution to debit the entry to this account. This cial Agent to terminate the authorization. To revoke (cancel) a ment cancellation requests must be received no later than 2 tutions involved in the processing of the electronic payment of ssues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
• •	to enter or generate my PIN 7 2 2 5 1 as my
ERO firm name	don't enter all zeros
signature on the income tax return (original or amended) I am now au	
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the Pibelow.	
Your signature ▶	Date ►
Spouse's PIN: check one box only	
	o enter or generate my PIN 7 9 0 9 3 as my
ERO firm name signature on the income tax return (original or amended) I am now au	Enter five digits, but don't enter all zeros
	_
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the P below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only	—continue below
Part III Certification and Authentication — Practitioner PIN Met	hod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sele	cted PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electron authorized to file for tax year indicated above for the taxpayer(s) indicated above. I c requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized II	onfirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form — So	

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 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	a. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate inst	tructions.
Your first name	and mi	iddle initial	Last na	ame					Your so	ocial securit	ty number
MAHENDER	2		KONG	GARI					687	77 2	251
If joint return, sp	oouse's	s first name and middle initial	Last na	ame					Spouse	's social sec	curity number
RACHANA			GUNI	DLAPALLI					983	97 9	093
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Election	on Campaign
472 OLD	PINI	E WAY							ı	here if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code			0,	ntly, want \$3
WALLED I	AKE				MI	-	48390			low will not	Checking a change
Foreign country	name			Foreign province/state/o	count	y	Foreign posta	l code	your ta	x or refund.	
										You	Spouse
Filing Status	, [Single				☐ Head of ho	ousehold (H0	OH)			
Check only	X	Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving sp	ouse	(QSS)		
	If y	ou checked the MFS box, enter the	name (of your spouse. If you	u che	ecked the HOH	or QSS box	k, ente	er the ch	ild's name	if the
	qu	alifying person is a child but not you	ır deper	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navn	nent for prope	rty or service	es): or	(b) sell.		
Assets		ange, or otherwise dispose of a digi								Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate return		•		•					
A /Dii al a						_		(1050		lin al
		Were born before January 2, 19	959 [T -	ouse:		n before Jan	<u> </u>		∐ Is bl	
Dependents				(2) Social security number	′	(3) Relationsh	ip · ·	tne b d tax c			instructions): her dependents
If more	(1) F	irst name Last name		number		to you	Cilii		redit	To for sine or	
than four dependents,								$\overline{\Box}$			
see instructions	s ——							\dashv			
and check here \square								+		L I	
-	10	Total amount from Form(a) W 2 ha	ov 1 (oc	oo inatruationa)					1.0	<u> </u>	<u></u> 82,205.
Income	1a b	Total amount from Form(s) W-2, both Household employee wages not re	•	•				•	. 1a		32,203.
Attach Form(s)		· · ·		, ,				•	. 10		
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a (see instructions)							. 10		
W-2G and	e		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								
1099-R if tax was withheld.	f	Taxable dependent care benefits from Form 2441, line 26							. 1e		
If you did not	g g	Wages from Form 8919, line 6.						•	. 19		
get a Form	9 h	Other earned income (see instructi						•	. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i	•			
motractions.	z	Add lines to through th							. 1z		82,205.
Attach Sch. B		1	2a		b Та	axable interest	 t		. 2b		
if required.	3a		3a			rdinary divider			. 3b		
	4a		4a			axable amount			. 4b		
Standard Deduction for—	5a		5a			axable amount			. 5b	,	
Single or	6a	Social security benefits	ба			axable amount			. 6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	_					. [
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ıired,	, check here		. [_ 7		
Married filing jointly or	8	Additional income from Schedule 1	1, line 1	0					. 8	-1	16,133.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come	e			. 9		66,072.
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26					. 10)	<u> </u>
Head of household,	<u>11</u>	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne				. 11		66,072.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				. 12	! 3	27,700.
any box under	13	Qualified business income deducti				5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14	1 2	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	axable incom	ie		. 15	j <u> </u>	38,372.

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	з 🗌		16	4,165.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	4,165.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	1,943.
	21	Add lines 19 and 20						21	1,943.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,222.
	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	2,222.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 6	5,209		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	6,209.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, 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	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	6,209.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	3,987.
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, chec	k here	🗆	35a	3,987.
Direct deposit?	b	Routing number 2 7 2			c Type:	Checking	Saving	s	
See instructions.	d	Account number 8 0 0	1 6 0 1	0 6 4					
	36	Amount of line 34 you want	applied to your	2024 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		•	•			_	omplet	e below.	⋉ No
		signee's		Phone				ntification	
		me		no.	. ,		ber (PIN		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							, ,
Here		ur signature	,	Date	Your occupation				ent you an Identity
	10	ur signature		Date	Tour occupation				PIN, enter it here
Joint return?					IT EMPLOYE		ee inst.)		
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.					IIOME MAKED		I	entity Prot ee inst.)	ection PIN, enter it here
		212 406 125		Empil address	HOME MAKER				
-		one no. (313)406-125 eparer's name	5 Preparer's signat	Email address	MAHENDERKONG	ARI@GMAIL.C Date	PTIN		Check if:
Paid		·	'		מווחתא האודאיי			02702	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GOPIA TALLAM	02/01/2024	'	82703	
Use Only		m's name GLOBAL TA		INTOLIT OF A	T 00016				(678)965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							m's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR MAHENDER KONGARI & RACHANA GUNDLAPALLI

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 soc	ial security number
687-77	-2251

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. Att	ach Schedule E .	5	-16,133.
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 (<u>)</u>	
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		
ı	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:			
_		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 1040, 1040-SR, or 1040-NR, line 8		10	-16,133.

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

Par	t II 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	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:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/2	27/24 PRO	Schedu	le 1 (Form 1040) 2023

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 Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR MAHENDER KONGARI & RACHANA GUNDLAPALLI Your social security number 687-77-2251

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach 	2	
3	Education credits from Form 8863, line 19		3	1,743.
4	Retirement savings contributions credit. Attach Form 8880		4	200.
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean 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		
1	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
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 4, 5a, 5b, and 7. Enter here and on Form 10	040, 1040-SR, or		
	1040-NR, line 20		8	1,943.
		(0	ontinue	d on page 2)

Schedule 3 (Form 1040) 2023 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				
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
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.

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number 607 77 2251

	INDER KONGARI & RACHANA GUNDLAPALLI					-	90	5/-//	-225.	L	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			<u> </u>	inctr	otions If you	arc c	n india	dual **	nort f	arm.
	rental income or loss from Form 4835 on page 2, line 40.	rτy, use	Schedule (G. See	ınstru	ctions. If you a	are a	n inaivi	duai, re	port to	arm
A [Did you make any payments in 2023 that would require you	to file	Form(s) 10	99? S	See ins	structions .			Y	es	≺ No
	f "Yes," did you or will you file required Form(s) 1099? .										No
1a	Physical address of each property (street, city, state, ZII	P code	e)								
Α	KUKATPALLY HYDERABAD TELANGANA IN 5000	072									
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Pe	ersona Day	al Use		QJV
Α	personal use days. Check the Q			Α		365			0		
В	if you meet the requirements to find qualified joint venture. See instru			В							
С	quaimed joint venture. See institu	JCLIOIR	· _	С							
уре	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land		7	Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Royalt	ies	8	Other (desc	ribe)				
			1			Propert					
noon	201			^		Propert B	162.			С	
ncon 3	Rents received	3	'	A 5	20.	B					
4	Royalties received	4			۷0.						
	noyanies received	+-						+			
.xpci 5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,7	26						
8	Commissions	8			12.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,4	66.						
12	Mortgage interest paid to banks, etc. (see instructions)	12		,_							
13	Other interest	13									
14	Repairs	14		4,9	74.						
15	Supplies	15		3,8							
16	Taxes	16									
17	Utilities	17		3,9	27.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20	-	16,6	53.						
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		16,1	33.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(1	6,13	33.)	()(
23a	Total of all amounts reported on line 3 for all rental prope				23a		52	20.			
b	Total of all amounts reported on line 4 for all royalty prop				23b						
С	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						
е	Total of all amounts reported on line 20 for all properties				23e	16	5,6				
24	Income. Add positive amounts shown on line 21. Do not		-					24			
25	Losses. Add royalty losses from line 21 and rental real estat						- +	25 (16,	133.
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a						ות	26		-16	,133.

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

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

MAHENDER KONGARI & RACHANA GUNDLAPALLI

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment Sequence No. 50

2251

Your social security number

687

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	•	1
	÷	•
	-	
CA	IJΠ	ON

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	• • • • • • • • • • • • • • • • • • • •		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
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		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
6	If line 4 is:		
	• 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 (rounded to	6	
_	at least three places)		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and		
	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 (see instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If		0 515
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	8,715. 8,715.
11 12	Multiply line 11 by 20% (0.20)	12	1,743.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or	12	1,743.
	qualifying surviving spouse	_	
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		
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		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or		
	qualifying surviving spouse		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18	17	1.000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .	18	1,743.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	1,743.

·		
Name(s) shown on return	Your social security nu	mber
MAHENDER KONGARI & RACHANA GUNDLAPALLI	687 77	2251



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part	Student and Educational Institution Information	n. See instructions.		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown o	on page 1 of
	RACHANA	your tax return)		
	GUNDLAPALLI	983-97-9093		
22	Educational institution information (see instructions)			
а	. Name of first educational institution	b. Name of second educational instituti	ion (if a	any)
	OAKLAND UNIVERSITY			
(Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.		
	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.	a forei	gn address, see
	120 NORTH FOUNDATION HALL	instructions.		
	ROCHESTER MI 48309	(8) 5:111	_	
(2	2) Did the student receive Form 1098-T from this institution for 2023? ☐ Yes ☐ No	(2) Did the student receive Form 1098 from this institution for 2023?		Yes No
(;	B) Did the student receive Form 1098-T	(3) Did the student receive Form 1098		_
	from this institution for 2022 with box Yes X No	from this institution for 2022 with b	ox _	∣ Yes ⊔ No
	7 checked?	7 checked?		
(4	1) Enter the institution's employer identification number (EIN)	(4) Enter the institution's employer ide if you're claiming the American opp		
	if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form	checked "Yes" in (2) or (3). You car		
	1098-T or from the institution.	1098-T or from the institution.	goru	ic Environi i oni
	38-1714400			
23	Has the American opportunity credit been claimed for this	☐ Yes — Stop!		
	student for any 4 prior tax years?	Go to line 31 for this student.	– Go t	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 2023 at an eligible educational institution in a program	•	٥.	10 1 11 04
	leading towards a postsecondary degree, certificate, or		– δτο ן his stu	o! Go to line 31
	other recognized postsecondary educational credential?	101 1	1113 314	dont.
	See instructions.			
25	Did the student complete the first 4 years of postsecondary			
	education before 2023? See instructions.	Yes — Stop! Go to line 31 for this student. No	– Go t	to line 26.
		Go to line 31 for this student.		
26	Was the student convicted, before the end of 2023, of a	☐ Yes — Stop! ☐ No	– Com	plete lines 27
	felony for possession or distribution of a controlled substance?		ugh 30	for this student.
	Substance:			
71	You can't take the American opportunity credit and the li		in the	same year. If
CAUT	you complete lines 27 through 30 for this student, don't o	complete line 31.		
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor	n't enter more than \$4,000	27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28	
29			29	
30	If line 28 is zero, enter the amount from line 27. Otherwise,			
	enter the result. Skip line 31. Include the total of all amounts f		30	
	Lifetime Learning Credit			
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Parts		
	III, line 31, on Part II, line 10		31	8,715.

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074 Attachment Sequence No. 54

Name(s) shown on return

Go to www.irs.gov/Form8880 for the latest information.

Your social security number 687-77-2251

MAHENDER KONGARI & RACHANA GUNDLAPALLI



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student (see instructions).

						((a) You		(b) Your	spous
		ontributions, and AB 023. Do not include ro			1					
Elective defer contributions,	2,3	95.								
Add lines 1 ar	nd 2				3		2,3	95.		
extensions) of	your 2023 tax	ed after 2020 and return (see instruction oth columns. See inst	ns). If married filing jo	ointly, include	4					
•		zero or less, enter -0-	•		5		2,3	95		
		naller of line 5 or \$2,0			6		2,0			
		f zero, stop ; you can't						7		2,00
		1040, 1040-SR, or 10					072.			
Enter the applicable decimal amount from the table below. If line 8 is— And your filing status is—										
		And your filing status is— Married Head of Single, Married filing jointly household separately.								
Over—	But not		Head of	Single, Marr		ng				
		Married	Head of household	Single, Marr	ly, or					
	But not	Married filing jointly	Head of household	Single, Marr separate	ly, or ving sp					
Over-	But not over—	Married filing jointly Enter on	Head of household	Single, Marr separate Qualifying surviv	ly, or ving sp					
Over—	But not over—	Married filing jointly Enter on 0.5	Head of household line 9—	Single, Marr separate Qualifying surviv 0.5	ly, or ving sp			9	x	.1
Over— \$21,750	But not over— \$21,750 \$23,750	Married filing jointly Enter on 0.5 0.5	Head of household line 9— 0.5 0.5	Single, Marr separate Qualifying surviv 0.5 0.2	ly, or ving sp			9	х	. 1
Over— \$21,750 \$23,750	But not over— \$21,750 \$23,750 \$32,625	Married filing jointly Enter on 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5	Single, Marr separate Qualifying surviv 0.5 0.2	ly, or ving sp			9	x	.1
Over— \$21,750 \$23,750 \$32,625	But not over— \$21,750 \$23,750 \$32,625 \$35,625	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5 0.5	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1	ly, or ving sp			9	х	.1
Over— \$21,750 \$23,750 \$32,625 \$35,625	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5 0.2 0.1	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.1	ly, or ving sp			9	х	. 1
Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5 0.5 0.1 0.1	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.0	ly, or ving sp			9	x	. 1
Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.0 0.0	ly, or ving sp			9	х	. 1
Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	Head of household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.0 0.0 0.0	ly, or ving sp			9	x	. 1
0ver— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750 \$73,000	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1	Head of household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	Single, Marr separate Qualifying surviv 0.5 0.2 0.1 0.1 0.0 0.0 0.0 0.0 0.0	ly, or ving sp			9	х	. 1
0ver— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750 \$73,000 Note: I	Married filing jointly Enter on 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1 0.0	Head of household Iline 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0 /ou can't take this cree	Single, Marr separate Qualifying survivo	ly, or ving sp			9	X	.1

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

200.

and on Schedule 3 (Form 1040), line 4

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2023 MICHIGAN Inc Return is due April 15, 202				n IVII-1	U4U			ended Return ude Schedule AMD)	
1. Filer's First Name	M.I.	Last Name	TIIIK.		2. Filer'	s Full Social	Security	No. (Example: 123-45-6789)
MAHENDER		KONGARI					-		,
If a Joint Return, Spouse's First Name	M.I.	Last Name			7 6	87 —	77		
RACHANA		GUNDLAPALLI			3. Spot	se's Full So	ial Secu	rity No. (Example: 123-45-67	789
Home Address (Number, Street, or P.O	. Box)				\neg	83 —	97	— 9093	
472 OLD PINE WAY					9	03 —	91	 9093	
City or Town		State	ZIP Code		4. Scho	ol District Co	de (5 dig	gits)	
WALLED LAKE		MI	48390			8216)		
5. STATE CAMPAIGN FUND Check if you (and/or your spotifiling a joint return) want \$3 ot ogo to this fund. This will no your tax or reduce your refun	f your taxes t increase	a. Filer b. Spouse						AFARERS ncome is from farming,	
7. 2023 FILING STATUS. Chec	k one.			8. 2023	RESIDEN	CY STATU	S. Chec	k all that apply.	
a. Single	* If y	ou check box "c," compl	ete	a. X	Resident				
		3 and enter spouse's full	name					* If you check box "b" or	
b. X Married filing jointly	belo	W:		b	Nonreside	ent *		"c," you must complete and include Schedule	
c. Married filing separatel	y*			c	Part-Year	Resident *		NR.	
a. Number of exemptions (sb. Number of individuals wh blind, hemiplegic, paraple	o qualify for	one of the following spec	cial exemptior	ns: deaf,	2]	00 9a. 00 9b.	10800	00
c. Number of qualified disal	oled vetera	าร		9c.		x \$40	0 9c.		00
d. Number of Certificates of	Stillbirth fro	om MDHHS (see instruc	tions)	9d.		x \$5,4	00 9d.		00
e. Claimed as dependent, s	ee line 9 N	OTE above		9e.			9e.		00
f. Add lines 9a, 9b, 9c, 9d a	and 9e. En	er here and on line 15					9f.	10800	00
10. Adjusted Gross Income from	om your U.S	S. Form 1040 (see instru	ıctions)			10		66072	00
11. Additions from Schedule 1,	ine 9. Incl u	ide Schedule 1				11			00
12. Total. Add lines 10 and 11						12		66072	00
13. Subtractions from Schedule	1, line 31.	Include Schedule 1				13			00
14. Income subject to tax. Sub	otract line 1	3 from line 12. If line 13	is greater tha	n line 12, e	nter "0"	14		66072	00
15. Exemption allowance. Ent	er amount f	rom line 9f or Schedule	NR, line 19			15		10800	loc

16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"

17. **Tax.** Multiply line 16 by 4.05% (0.0405)

16.

17.

NON	REFUNDABLE CREDITS	AMOUNT		CREDIT
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	00	18b.	00
19.	Michigan Historic Preservation Tax Credit (see instructions). 19a.	00	19b.	00
20.	Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"		20.	2239 00
21.	Voluntary Contributions from Form 4642, line 6. Include Form 4642		21.	00
22.	Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Til Program</i> , line 5	, ,	22.	00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state pur Worksheet 1 (see instructions)		23.	0 00
24.	Total Tax Liability. Add lines 20 through 23	24.		2239 00
REFU	JNDABLE CREDITS AND PAYMENTS			
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2		25.	00
26.	Farmland Preservation Tax Credit. Include MI-1040CR-5		26.	00
		FEDERAL		MICHIGAN
27.	Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b	00	27b.	00
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form	3581	28.	00
29.	Credit for allocated share of tax paid by an electing flow-through entity	(see instructions)	29.	00
30.	Michigan tax withheld from Schedule W, line 6. Include Schedule W ((do not submit W-2s)	30.	3154 00
31.	Estimated tax, extension payments and 2022 credit forward		31.	00
32.	2023 AMENDED RETURNS ONLY. Taxpayers completing an original amended returns must include Schedule AMD (see instructions) .	2023 return should skip to line 33.		
	32a. If you had a refund and/or credit forward on the original return, che negative number on line 32c.	eck box 32a and enter this amount as a		
	32b. If you paid with the original return, check box 32b and enter the an any additional tax paid after filing, as a positive number on line 32c.		32c.	00
	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 3	20. 21 and 22a		3154 00

2023 MI-1040, F	Page 3 of 3
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Filer's Signature

Spouse's Signature

REFUND OR TAX DUE 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. YOU OWE 00 00 00 Include interest and penalty 34 915 00 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33 Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return. 36 00 915 DIRECT DEPOSIT a. Routing Transit Number b. Account Number c. Type of Account Deposit your refund directly to your financial institution! See instructions and complete a, b 1. X Checking 2. Savings 272476543 8001601064 Preparer Certification. I declare under penalty of perjury that Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2022, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2023 (MM-DD-YYYY) this return is based on all information of which I have any knowledge. Preparer's PTIN, FEIN or SSN Filer Spouse P02082703 Preparer's Name (print or type) Taxpayer Certification. I declare under penalty of perjury that the information in this return

Filer's Full Social Security Number

Refund, credit, or zero returns. Mail your return to:

By checking this box, I authorize Treasury to discuss my return with my preparer.

and attachments is true and complete to the best of my knowledge.

Michigan Department of Treasury, Lansing, MI 48956

Preparer's Signature

GLOBAL TAXES LLC 245 ROONEY CT

678-965-9522

E BRUNSWICK NJ 08816

SYAM PRIYA RAM SAGAR GUPTA TA

<u>SYAM PRIYA RAM SAGAR GUPTA</u>

Preparer's Business Name, Address and Telephone Number

687 -

77

- 2251

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

Date

Date

2023 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2023, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)		
MAHENDER		KONGARI	687 — 77 — 2251		
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)		
RACHANA		GUNDLAPALLI	983 — 97 — 9093		

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	Α	В	С	D		E	
	"X" for: Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		38-2563079	EPITEC INC	82205	00	3154	00
					00		00
					00		00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche]		00		
4.	SUB	TOTAL. Enter total of Table 1, c	4.	3154	00		

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E	٦
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld	
			00		00
			oc		00
			oc)	00
			oc)	00
			oc)	00
Enter Table	e 2 Subtotal from additional Sche		00		
5. SUE	STOTAL. Enter total of Table 2, c		00		
6. TOT	AL. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30) 6.	3154	00

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