| For the year Jan | . 1–Dec | . 31, 2023, or other tax year beginning | | , 2023, er | nding | | , 20 | 9 | See ser | parate inst | ructions. | |
|--|-----------|---|-----------|--------------------------|----------|--|-----------------|----------------------------|---|---------------------------|----------------|--|
| Your first name | | | Last n | | <u> </u> | | | | | | | |
| | ana m | | | RAMANENI | | | | ' | Your social security number 887 06 7946 | | | |
| AVINASH | oouse's | s first name and middle initial | Last n | | | | | | | · · · | ourity numbe | |
| , | | | | | | | | | - | | , | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | Apt. no. | F | Presider | ntial Election | on Campaigr | |
| 8303 PITKIN RD | | | | | | | | Check here if you, or your | | | | |
| | | ce. If you have a foreign address, also co | omplete | spaces below. | Sta | ate | ZIP code | | spouse if filing jointly, want \$3 to go to this fund. Checking a | | | |
| FRISCO | | | | | TΣ | X | 75036 | | | this tuna. Sw will not | | |
| Foreign country | name | | | Foreign province/state | e/coun | ty | Foreign postal | | | or refund. | 0 | |
| | | | | | | | | | | You | Spouse | |
| Filing Status | ; 🛛 | Single | | | | Head of he | ousehold (HO |)H) | | | | |
| Check only | | Married filing jointly (even if only o | ne had | l income) | | _ | | | | | | |
| one box. | | Married filing separately (MFS) | | | | Qualifying | • • | • | , | | | |
| | | you checked the MFS box, enter the | | • • • | ou che | ecked the HOH | or QSS box, | , enter | the chi | ld's name | if the | |
| | qu | alifying person is a child but not you | ur depe | endent: | | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (a | s a reward, award, o | r payr | ment for prope | ty or services | s); or (b | o) sell, | | | |
| Assets | exch | ange, or otherwise dispose of a dig | ital ass | set (or a financial inte | rest ir | n a digital asse | t)? (See instru | uctions | s.) | Ves | 🗙 No | |
| Standard | Som | eone can claim: 🗌 You as a de | epende | nt 🗌 Your spou | se as | a dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | m or yo | ou were a dual-status | s alien | ı | | | | | | |
| Age/Blindness | S You: | Were born before January 2, 1 | 959 | Are blind Sp | ouse | : 🗌 Was bor | n before Janu | Jarv 2. | 1959 | Is bl | ind | |
| Dependent | - | • | | (2) Social securi | | (3) Relationsh | (A) Cheal | | | | instructions) | |
| If more | | irst name Last name | | number | Ly | to you | | tax cree | · · · | | her dependents | |
| than four | | | | | | | | | | [| | |
| dependents, | | | | | | | | | | [| | |
| see instructions and check | s —— | | | | | | | | | [| | |
| here | | | | | | | | | | [| | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (s | ee instructions) . | | | | | 1a | 5 | 78,615. | |
| Attach Form(s) | b | Household employee wages not re | eporte | d on Form(s) W-2 . | | | | | 1b | | | |
| W-2 here. Also | С | Tip income not reported on line 1a | a (see ii | nstructions) | | | | | 1c | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | oorted | on Form(s) W-2 (see | instru | uctions) | | | 1d | | | |
| 1099-R if tax | е | Taxable dependent care benefits f | | - | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | efits fro | m Form 8839, line 2 | 9. | | | | 1f | | | |
| If you did not get a Form | g | • | | | | | | | 1g | | | |
| W-2, see | h | Other earned income (see instruct | , | | | · · · · | | • • | 1h | | 0. | |
| instructions. | i | Nontaxable combat pay election (| see ins | structions) | • • | 1 i | | | _ | - | 70 (1- | |
| | z | Add lines 1a through 1h | · · | · · · · · · | | | | • • | 1z | | 78,615. | |
| Attach Sch. B if required. | 2a | ' - | 2a | | | axable interest | | • • | 2b | | | |
| | <u>3a</u> | | 3a | | | Ordinary divider | | • • | 3b | - | | |
| Standard | 4a 50 | | 4a 5a | | | axable amount axable amount | | • • | 4b 5b | - | | |
| Deduction for - | 5a 6a | | 6a | | | axable amount | | • • | 50 6b | | | |
| Single or Married filing | C | If you elect to use the lump-sum e | | mothod chock hore | | | | · · | | | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Sche | | , | ` | , | | | 7 | | | |
| Married filing | 8 | Additional income from Schedule | | • | • | - | | • 🗆 | 8 | | LO,797. | |
| jointly or Qualifying | 9 | | | | | | | • • | 9 | | 57,818. | |
| 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 \$27,700 10 Adjustments to income from Schedule 1, line 26 10 10 | | | | | + | <u>,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | 11 | 6 | 57,818. | |
| \$20,800 | 12 | Standard deduction or itemized | - | | | | | | 12 | | 13,850. | |
| If you checked any box under | 13 | Qualified business income deduct | | | | 95-A. | | | 13 | | | |
| Standard Deduction, | 14 | | | | | | | | 14 | - | L3,850. | |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | taxable incom | e | | 15 | | 53,968. | |
| | - | | | , | | | | | | ` | | |

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

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|--------------------------------------|-----------|---|-------------------------|---------------------|--------------------|------------------------|-----------------------------|----------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 7,182. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | [| 18 | 7,182. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ie8 | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 7,182. |
| | 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 | 7,182. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 10 | ,201. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 10,201. |
| If you have a | 26 | 2023 estimated tax payment | ts and amount a | pplied from 20 |)22 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | n Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | s, 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 | . These are your | total other pa | ayments and ref | undable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 10,201. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 3,019. |
| | 35a | Amount of line 34 you want | | | 3 is attached, che | ck here | . 🗆 | 35a | 3,019. |
| Direct deposit? | b | Routing number 1 1 0 0 0 2 5 c Type: X Checking Savings | | | | | | | |
| See instructions. | d | Account number 4 8 8 | 0 7 9 9 | 0 5 8 0 | 0 0 | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2024 estimate | edtax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | _ |
| Designee | ins | tructions | | | | 🗌 Yes. C | omplete be | elow. | × No |
| | De nai | signee's | | Phone no. | | | onal identific oer (PIN) | cation | |
| Ciarra | | der penalties of perjury, I declare tl | nat I have examined | | accompanying sche | | . , | e hest | of my knowledge and |
| Sign | | ief, they are true, correct, and com | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | If the I | RS ser | nt you an Identity |
| | | l'our oighaidho | | | | | Protec | ction Pl | N, enter it here |
| Joint return? | | | | | SOFTWARE I | | (see ir | - / | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupat | ion | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | | | (see in | , | ection Pin, enter it here |
| | Ph | one no. (210) 789-261 | 2 | Email address | VAUTNACU21 | 098CMATT CC | ` | | |
| | | one no. (210) 789-261 parer's name | 3 Preparer's signat | 1 | TAATNADUJT | 08@GMAIL.CC | PTIN | | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | | | P02082 | 703 | Self-employed |
| Preparer | | n's name GLOBAL TAX | | INTE SAGAR | JULIA IAUDAM | 101/12/2024 | | | 678) 965-9522 |
| Use Only | | | Y CT E BRU | NSWICK N | J 08816 | | Firm's | | 84-3171965 |
| Go to www.ire.cr | | 1040 for instructions and the late | | TADATCI/ IN | | | | | Form 1040 (2023) |
| | | noro for instructions and the late | scinomation. | | BAA | REV 01/08/24 PRO | | | 10m 10-to (2023) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Additional Income and Adjustments to Income

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. 01 Your social security number

887-06-7946

| Internal Revenue Service | |
|--------------------------|-------------------------------|
| Name(s) shown on Fo | orm 1040, 1040-SR, or 1040-NR |
| AVINASH YERRAM | IANENI |

| Par | t I 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 | | | | | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta | ch Schedule E . | 5 | -10,797. | | |
| 6 | Farm income or (loss). Attach Schedule F. | | 6 | | | |
| 7 | Unemployment compensation | | 7 | | | |
| 8 | Other income: | | | | | |
| а | Net operating loss | 8a (|) | | | |
| b | Gambling | 8b | | | | |
| С | Cancellation of debt | 8c | | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | | |
| е | Income from Form 8853 | 8e | | | | |
| f | Income from Form 8889 | 8f | | | | |
| g | Alaska Permanent Fund dividends | 8g | | | | |
| h | Jury duty pay | 8h | | | | |
| i | Prizes and awards | 8i | | | | |
| j | Activity not engaged in for profit income | 8j | | | | |
| k | Stock options | 8k | | | | |
| I | 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 | | | | | |
| | | 8m | | | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | | | |
| Ο | Section 951A(a) inclusion (see instructions) | 80 | | | | |
| р | | 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 | <u>8s (</u> |) | | | |
| 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 | | | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter | here and on Form | | 10 000 | | |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -10,797. | | |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | Schedu | le 1 (Form 1040) 2023 | | |

| Part | Adjustments to Income | | | | | |
|----------|--|--------------|--------------|-----|-----|-----------------|
| 11 | Educator expenses | | | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee | | | | | |
| | 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 | | | | | 19a | |
| b | Recipient's SSN | | | | | |
| | 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: | | | • • | | |
| | | 24a | | | | |
| | Deductible expenses related to income reported on line 81 from the | 2-14 | | | | |
| Ň | | 24b | | | | |
| с | Nontaxable amount of the value of Olympic and Paralympic medals | 2-10 | | | | |
| U | and USOC prize money reported on line 8m | 24c | | | | |
| d | | 24d | | | | |
| e | Repayment of supplemental unemployment benefits under the Trade | 2-10 | | | 1 | |
| e | Act of 1974 | 24e | | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | 1 | |
| | Contributions by certain chaplains to section 403(b) plans | 24g | | | - | |
| | Attorney fees and court costs for actions involving certain unlawful | 2 7 9 | | | - | |
| | | 24h | | | | |
| | Attorney fees and court costs you paid in connection with an award | 2411 | | | - | |
| | from the IRS for information you provided that helped the IRS detect | | | | | |
| | tax law violations | 24i | | | | |
| : | Housing deduction from Form 2555 | 24i 24i | | | | |
| | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | 24j | | | | |
| ĸ | | 24k | | | | |
| z | Other adjustments. List type and amount: | 24N | | | | |
| 2 | | 24z | | | | |
| 25 | | | | | 25 | |
| 25 26 | Total other adjustments. Add lines 24a through 24z | | | | 20 | |
| 20 | Form 1040, 1040-SR, or 1040-NR, line 10 | | | | 26 | |
| | BAA | |)1/08/24 PRC | | - | 1 (Form 1040) 2 |

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

| 2023 |
|--------------------------------------|
| Attachment Sequence No. 13 |

| | Name(s) shown on return | | | | | | Your social security number | | | |
|----------|--|------------|-----------------------|----------|------------|-------------------|-----------------------------|----------------|----------------------------|--|
| | VASH YERRAMANENI | | | | | | 887-0 | 6-7946 | | |
| Part | Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line | operty, us | oyalties e Schedul | e C. See | instru | ctions. If you | are an indi | vidual, rep | ort farm | |
| A [| Did you make any payments in 2023 that would require y | ou to file | e Form(s) | 1099? S | See ins | structions . | | . 🗌 Ye | es 🗵 No | |
| B | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | . 🗌 Ye | es 🗌 No | |
| 1a | Physical address of each property (street, city, state, | | | | | | | | | |
| _ | B-805 BHAVYAS ANANDAM HYDERABAD TEL | | · | 00072 | | | | | | |
| A B | B-805 BHAVIAS ANANDAM HIDERABAD IEI | LANGAN | A IN S | 00072 | | | | | | |
| C | | | | | | | | | | |
| - | Turne of Drements O Fault and burnets and a state of the | R - | . t. a l. | | . | . Dentel | D | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate pro- above, report the number of f | | | | Fa | ir Rental Days | | nal Use ays | QJV | |
| Α | above, report the number of a | | | Α | | 365 | | 0 | | |
| B | if you meet the requirements | to file as | a | B | | 303 | | 0 | | |
| <u> </u> | qualified joint venture. See in | struction | IS. | C | | | | | | |
| | of Property: | | | U | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term F | Pontal | 5 Lano | Ч | 7 | Self-Rental | | | | |
| | Multi-Family Residence 4 Commercial | ientai | 6 Roy | - | | | ribe) | | | |
| 2 | | | 0 HOy | anies | 0 | Other (desc | | | | |
| | | | | | | Propert | ies: | | | |
| Incom | ne: | | | Α | | В | | | С | |
| 3 | Rents received | 3 | | 6 | 62. | | | | | |
| 4 | Royalties received | 4 | | | | | | | | |
| Exper | nses: | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,9 | 65. | | | | | |
| 8 | Commissions | 8 | | | | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | | | | | | | | | |
| 11 | Management fees | | | 1,0 | 23. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions | | | | | | | | | |
| 13 | Other interest | | | | | | | | | |
| 14 | Repairs | | | | 50. | | | | | |
| 15 | Supplies | | | 1,7 | 42. | | | | | |
| 16 | Taxes | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 1,1 | | | | | | |
| 18 | Depreciation expense or depletion | | | 3,6 | 42. | | | <u> </u> | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | | | 11,4 | 59. | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). | | | | | | | | | |
| | result is a (loss), see instructions to find out if you mu file Form 6198 | | | -10,7 | 07 | | | | | |
| 00 | | | | -10,1 | ۶۱۰ | | | | | |
| 22 | Deductible rental real estate loss after limitation, if an | | (| 10 70 | | (| ` | / | ` | |
| 02- | on Form 8582 (see instructions) | | | 10,79 | | l | 662. | (|) | |
| 23a b | Total of all amounts reported on line 3 for all rental pro Total of all amounts reported on line 4 for all royalty p | - | | | 23a 23b | | 002. | | | |
| b | Total of all amounts reported on line 4 for all propert | | | | 23b | | | | | |
| c d | Total of all amounts reported on line 12 for all propert | | | | 23c 23d | | 3,642. | - | | |
| | Total of all amounts reported on line 20 for all propert | | | | 230 23e | | L,459. | - | | |
| е 24 | Income. Add positive amounts shown on line 21. Do | | | | 200 | | . 24 | - | | |
| 24 25 | Losses. Add royalty losses from line 21 and rental real es | | - | | · · | tal losses bo | | (| 10,797.) | |
| 25 26 | Total rental real estate and royalty income or (los | | | | | | | | 10 , 191 .) | |
| 20 | here. If Parts II, III, and IV, and line 40 on page 2 do | | | | | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this | | | | | | . 26 | | -10,797. | |
| Eor Do | aperwork Reduction Act Notice, see the senarate instruction | | | PA | | -10,79 | | | orm 1040) 2023 | |

| Form 4562 | Depreciation and Amortization (Including Information on Listed Property) |
|----------------------------|--|
| Department of the Treasury | Attach to your tax return. |
| Internal Revenue Service | Go to www.irs.gov/Form4562 for instructions and the latest information. |

Name(s) shown on return

n and Amortization

Business or activity to which this form relates

| 2023 | 6 |
|----------------|----|
| Attachment | |
| Sequence No. 1 | 79 |
| | |

OMB No. 1545-0172

| Identifying | number |
|-------------|--------|
| 887-06 | -7946 |

Note: If you have any listed property complete Part V before you complete Part I

| | Note. If you have any listed property, compl | ele i all v belole y | ou co | Jupiere i arri. | | | |
|------|---|-------------------------|---------|-----------------------------|----|------------|--|
| 1 | Maximum amount (see instructions) | | | | 1 | 1,160,000. | |
| 2 | Total cost of section 179 property placed in service (se | e instructions) . | | | 2 | | |
| 3 | Threshold cost of section 179 property before reductio | n in limitation (see in | struct | ions) | 3 | 2,890,000. | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If ze | ro or less, enter -0- | | | 4 | | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions | | | | 5 | | |
| 6 | (a) Description of property | (b) Cost (business use | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 | Listed property. Enter the amount from line 29 | | 7 | | | | |
| 8 | Total elected cost of section 179 property. Add amoun | ts in column (c), lines | s 6 an | d7 | 8 | | |
| 9 | 9 Tentative deduction. Enter the smaller of line 5 or line 8 | | | 9 | | | |
| 10 | Carryover of disallowed deduction from line 13 of your 2022 Form 4562 | | | | 10 | | |
| 11 | Business income limitation. Enter the smaller of business i | ncome (not less than | zero) d | or line 5. See instructions | 11 | | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but | ut don't enter more t | han lir | ne <u>11</u> | 12 | | |
| 13 | Carryover of disallowed deduction to 2024. Add lines 9 | and 10, less line 12 | | 13 | | | |
| Note | e: Don't use Part II or Part III below for listed property. In | nstead, use Part V. | | | | | |
| Da | Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property, See instructions) | | | | | | |

| Pa | Special Depreciation Allowance and Other Depreciation (Don't include listed property | . See | instructions.) |
|----|--|-------|----------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service | | |
| | during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |
| _ | | | |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general

17

Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

| ••••• | | | , | •••••••••••••••••••••••••••••••••••••• | | • | | |
|---|--|--|---------------------|--|------------|---|--|--|
| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction | | |
| 19a 3-year property | | | | | | | | |
| b 5-year property | | | | | | | | |
| c 7-year property | | | | | | | | |
| d 10-year property | | | | | | | | |
| e 15-year property | | | | | | | | |
| f 20-year property | | | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | | | |
| h Residential rental | 02/23 | 114,458. | 27.5 yrs. | MM | S/L | 3,642. | | |
| property | | | 27.5 yrs. | MM | S/L | | | |
| i Nonresidential real | | | 39 yrs. | MM | S/L | | | |
| property | | | | MM | S/L | | | |
| Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System | | | | | | | | |
| 20a Class life | | | | | S/L | | | |
| b 12-year | | | 12 yrs. | | S/L | | | |
| c 30-year | | | 30 yrs. | MM | S/L | | | |
| d 40-year | | | 40 yrs. | MM | S/L | | | |
| Part IV Summary (| See instructio | ons) | | | | | | |

| 21 | Listed property. Enter amount from line 28 | | | | | | |
|----|---|----|----|--------|--|--|--|
| 22 | 2 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter | | | | | | |
| | here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . | | 22 | 3,642. | | | |
| 23 | For assets shown above and placed in service during the current year, enter the | | | | | | |
| | portion of the basis attributable to section 263A costs | 23 | | | | | |

For Paperwork Reduction Act Notice, see separate instructions.