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

| 2023 |
|------|
|      |
|      |

|  |          | 0   |              |                                |            | CIVID 140. 10 10      | 007 10 0      | ,         | 20                   | into or otapio iii tino opaco.                    |
|--|----------|---|--------------|--------------------------------|------------|-----------------------|---------------|-----------|----------------------|---|
| For the year Jan                             | . 1–Dec  | c. 31, 2023, or other tax year beginning  |              | , 2023, end                    | ding _     |                       | , 20          |           | See se               | parate instructions.                              |
| Your first name and middle initial Last name |          |   |              |                                |            |                       |               | Your so   | cial security number |   |
| DINESH K                                     | CUMA:    | R   | MERU         | JGU                            |            |                       |               |           | 703                  | 88 2905   |
| If joint return, s                           | pouse's  | s first name and middle initial   | Last na      | ame                            |            |                       |               |           | Spouse'              | 's social security number                         |
| SAHITHYA                                     | A        |   | GURI         | RAM                            |            |                       |               |           | 988                  | 92 3869   |
| Home address                                 | (numbe   | er and street). If you have a P.O. box, see   | instruct     | ions.                          |            |                       | Apt. no.      |           | Preside              | ntial Election Campaign                           |
| _36 WASHI                                    | NGT      | ON AVE  |              |                                |            |                       | 516           |           |                      | here if you, or your                              |
| • • • • •                                    |          | ice. If you have a foreign address, also co   | mplete       | spaces below.                  | Sta        |                       | ZIP code      |           | •                    | if filing jointly, want \$3 this fund. Checking a |
| CARTERET                                     |          |   |              |                                | No         |                       | 07008         |           | box bel              | ow will not change                                |
| Foreign country                              | / name   |   |              | Foreign province/state/        | coun       | ty                    | Foreign posta | al code   | your tax             | k or refund.  You Spouse                          |
|  |          |   |              |                                |            | ousshald (U           | OH/           |           |                      |   |
| Filing Status                                | ;        | 」Single<br>☑ Married filing jointly (even if only or  | ne had       | income)                        |            | □ Head of He          | ousehold (H   | ОП)       |                      |   |
| Check only one box.                          |          | Married filing separately (MFS)   | ne nau       | income)                        |            | Qualifying            | surviving sp  | ouse (C   | 288)                 |   |
| one box.                                     | If v     | you checked the MFS box, enter the  | name         | of your spouse. If you         | u che      |                       |               |           |                      | ild's name if the                                 |
|  |          | ualifying person is a child but not you   |              |                                |            |                       |               | .,        |                      |   |
| District                                     | Λ+ o     | ny time during 2023, did you: (a) rece  | oivo (oo     | a roward award or              |            | mont for propo        | rtu or oonio  | 00): or ( | b) coll              |   |
| Digital<br>Assets                            |          | nange, or otherwise dispose of a digi   |              |                                |            |                       |               |           |                      | ☐ Yes ⊠ No  |
| Standard                                     |          | neone can claim: You as a de  |              |                                |            |                       | , (           |           | - /                  |   |
| Deduction                                    |          | Spouse itemizes on a separate return  | •            | •                              |            | •                     |               |           |                      |   |
| Ago/Plindnoo                                 | Vau      | : Were born before January 2, 19  | 050 [        | Are blind <b>Spo</b>           |            |                       | n before Jai  | 2110E/2   | 1050                 | ☐ Is blind  |
|  |          | <u> </u>  | 339 <u>[</u> | <del>-</del> -                 | ouse       |                       | (4) Ob        |           |                      | ifies for (see instructions):                     |
| Dependents                                   | •        | First name Last name  |              | (2) Social security (3) number |            | (3) Relationsh to you | iip   · ·     | d tax cre |                      | Credit for other dependents                       |
| If more<br>than four                         | (.,      |   |              |                                |            | . ,                   |               |           |                      | П .   |
| dependents,                                  |          |   |              |                                |            |                       |               |           |                      |   |
| see instructions and check                   | s —      |   |              |                                |            |                       |               |           |                      |   |
| here   |          |   |              |                                |            |                       |               |           |                      |   |
| Income                                       | 1a       | Total amount from Form(s) W-2, bo   | ox 1 (se     | ee instructions) .             |            |                       |               |           | 1a                   | 100,213.  |
| Attach Form(s)                               | b        | Household employee wages not re   | eported      | I on Form(s) W-2 .             |            |                       |               |           | 1b                   | 1   |
| W-2 here. Also                               | С        | Tip income not reported on line 1a (see instructions)                                       |              |                                |            |                       |               |           |                      | :   |
| attach Forms<br>W-2G and                     | d        | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                     |              |                                |            |                       |               |           |                      | 1   |
| 1099-R if tax                                | e        | Taxable dependent care benefits from Form 2441, line 26                                     |              |                                |            |                       |               |           |                      | •   |
| was withheld.  If you did not                | f        | Wages from Form 8919, line 6.   |              |                                |            |                       |               |           | 1f                   |   |
| get a Form                                   | g<br>h   | Other earned income (see instructi  |              |                                |            |                       |               |           | 1g<br>1h             |   |
| W-2, see instructions.                       | i        | Nontaxable combat pay election (s   | ,            |                                |            | 1i                    | i · · ·       |           |                      |   |
|  | z        | Add lines 1a through 1h   |              |                                |            |                       |               |           | 1z                   | 100,213.  |
| Attach Sch. B                                | 2a       | ' I   | 2a           |                                | b T        | axable interest       | t             |           | 2b                   | ,   |
| if required.                                 | 3a       | Qualified dividends   | 3a           |                                | <b>b</b> C | Ordinary divider      | nds           |           | 3b                   | )   |
|  | 4a       | IRA distributions   | 4a           |                                | <b>b</b> T | axable amount         | t             |           | 4b                   |   |
| Standard<br>Deduction for—                   | 5a       | Pensions and annuities  | 5a           |                                | <b>b</b> T | axable amoun          | t             |           | 5b                   | 1   |
| Single or                                    | 6a       | ,   | 6a           |                                |            | axable amoun          | t             |           | 6b                   | 1   |
| Married filing separately,                   | С        | If you elect to use the lump-sum election method, check here (see instructions)             |              |                                |            |                       |               |           |                      |   |
| \$13,850<br>Married filing                   | 7        | Capital gain or (loss). Attach Sched  |              |                                |            | -                     |               | . L       | 7                    | 16.605  |
| jointly or<br>Qualifying                     | 8        | Additional income from Schedule 1   |              |                                |            |                       |               |           | 8                    | -16,695.  |
| surviving spouse,<br>\$27,700                | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,  |              |                                |            |                       |               |           | 9                    | 83,518.   |
| Head of                                      | 10<br>11 | Adjustments to income from Schero Subtract line 10 from line 9. This is                     |              |                                |            |                       |               |           | 10<br>11             |   |
| household, [<br>\$20,800                     | 12       | Standard deduction or itemized  | -            | -                              |            |                       |               |           | 12                   |   |
| If you checked any box under                 | 13       | Qualified business income deducti   |              |                                |            | <br>05-A              |               |           | 13                   |   |
| Standard<br>Deduction,                       | 14       |   |              |                                |            |                       |               |           | 14                   |   |
| see instructions.                            | 15       | Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b> |              |                                |            |                       |               |           |                      | 55,818.   |

| Form 1040 (2023                       | 3)   |  |                         |                       |                   |                        |                       |                           | Page 2            |
|---------------------------------------|------|--|-------------------------|-----------------------|-------------------|------------------------|-----------------------|---------------------------|-------------------|
| Tax and                               | 16   | Tax (see instructions). Check  | if any from Form        | (s): <b>1</b> 881     | 4 <b>2</b> 🗌 4972 | 3 🗌                    |                       | 16                        | 6,259.            |
| Credits                               | 17   | Amount from Schedule 2, lin  | ne3                     |                       |                   |                        |                       | 17                        |                   |
|                                       | 18   | Add lines 16 and 17  |                         |                       |                   |                        |                       | 18                        | 6,259.            |
|                                       | 19   | Child tax credit or credit for   | other dependent         | ts from Sched         | ule 8812          |                        |                       | 19                        |                   |
|                                       | 20   | Amount from Schedule 3, lin  | ne 8                    |                       |                   |                        |                       | 20                        |                   |
|                                       | 21   | Add lines 19 and 20  |                         |                       |                   |                        |                       | 21                        |                   |
|                                       | 22   | Subtract line 21 from line 18  | B. If zero or less,     | enter -0              |                   |                        |                       | 22                        | 6,259.            |
|                                       | 23   | Other taxes, including self-e  |                         |                       | •                 |                        |                       | 23                        | 0.                |
|                                       | 24   | Add lines 22 and 23. This is   | your <b>total tax</b>   |                       |                   |                        |                       | 24                        | 6,259.            |
| <b>Payments</b>                       | 25   | Federal income tax withheld  | from:                   |                       |                   |                        |                       |                           |                   |
|                                       | а    | Form(s) W-2  |                         |                       |                   | 25a                    | 8,357.                |                           |                   |
|                                       | b    | Form(s) 1099   |                         |                       |                   | 25b                    |                       |                           |                   |
|                                       | С    | Other forms (see instruction   | s)                      |                       |                   | 25c                    |                       |                           |                   |
|                                       | d    | Add lines 25a through 25c  |                         |                       |                   |                        |                       | 25d                       | 8,357.            |
| If you have a                         | 26   | 2023 estimated tax paymen  | ts and amount a         | pplied from 20        | 22 return         | .,                     |                       | 26                        |                   |
| qualifying child,<br>attach Sch. EIC. | 27   | Earned income credit (EIC)   |                         |                       |                   | 27                     |                       |                           |                   |
| allacii Scii. Elc.                    | 28   | Additional child tax credit fro  | m 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  |                         |                       |                   |                        |                       |                           |                   |
|                                       | 32   | Add lines 27, 28, 29, and 31   | 32                      |                       |                   |                        |                       |                           |                   |
|                                       | 33   | Add lines 25d, 26, and 32. T   | hese are your <b>to</b> | tal payments          |                   |                        |                       | 33                        | 8,357.            |
| Refund                                | 34   | If line 33 is more than line 24  | 4, subtract line 2      | 4 from line 33.       | This is the amou  | nt you <b>overpaid</b> |                       | 34                        | 2,098.            |
|                                       | 35a  | Amount of line 34 you want   | 35a                     | 2,098.                |                   |                        |                       |                           |                   |
| Direct deposit?                       | b    | Routing number 0 2 1   |                         |                       |                   |                        |                       |                           |                   |
| See instructions.                     | d    | Account number 7 8 7   |                         |                       |                   |                        |                       |                           |                   |
|                                       | 36   | Amount of line 34 you want   | applied to your         | 2024 estimate         | ed tax            | 36                     |                       |                           |                   |
| Amount<br>You Owe                     | 37   | Subtract line 33 from line 24 For details on how to pay, g                     |                         |                       |                   |                        |                       | 37                        |                   |
|                                       | 38   | Estimated tax penalty (see in  | nstructions) .          |                       |                   | 38                     |                       |                           |                   |
| Third Party                           | Do   | you want to allow another  |                         |                       |                   | See                    |                       |                           |                   |
| Designee                              |      | structions   | below.                  | <b>⋈</b> No           |                   |                        |                       |                           |                   |
| · ·                                   |      | signee's   |                         | Phone                 |                   | sonal ident            | ification             |                           |                   |
|                                       |      | me   |                         | no.                   |                   |                        | nber (PIN)            |                           |                   |
| Sign                                  |      | der penalties of perjury, I declare t<br>lief, they are true, correct, and com |                         |                       |                   |                        |                       |                           |                   |
| Here                                  |      |  | ,                       | Date                  | Your occupation   |                        |                       | nt you an Identity        |                   |
|                                       | 10   | ur signature   |                         | Date                  | Tour occupation   |                        |                       | IN, enter it here         |                   |
| Joint return?                         |      |  |                         |                       | SOFTWARE          | ENGINEER               | (see                  | inst.)                    |                   |
| See instructions.                     | Sp   | ouse's signature. If a joint return,   | both must sign.         | Date                  | Spouse's occupat  | tion                   |                       |                           | nt your spouse an |
| Keep a copy for your records.         |      |  |                         |                       | HOME MAKE         |                        | ntity Prote<br>inst.) | ection PIN, enter it here |                   |
|                                       | Ph   | one no. (408)507-179   |                         | 88@GMAIL.C            | MC                |                        |                       |                           |                   |
|                                       |      | eparer's name  | Preparer's signat       | Email address<br>ture |                   | Date                   | PTIN                  |                           | Check if:         |
| Paid                                  | SYAM | M PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PRIYA              | RAM SAGAR             | GUPTA TALLAM      | 02/08/2024             | P0208                 | 2703                      | Self-employed     |
| Preparer                              |      | Firm's name GLOBAL TAXES LLC   |                         |                       |                   |                        |                       |                           | 678)965-9522      |
| Use Only                              |      |  | _                       | ne no.(<br>n's EIN    | 84-3171965        |                        |                       |                           |                   |
|                                       | - "  | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Fir                          |                         |                       |                   |                        |                       |                           | 01 01/1000        |

# 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 DINESH KUMAR MERUGU & SAHITHYA GURRAM

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 soci | ial security number |
| 702_88    | _2005               |

| Par | t I Additional Income  |                    |          |          |
|-----|--|--------------------|----------|----------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes           |                    | 1        |          |
| 2a  | Alimony received   |                    | 2a       |          |
| b   | Date of original divorce or separation agreement (see instructions):           |                    |          |          |
| 3   | Business income or (loss). Attach Schedule C                                   |                    | 3        |          |
| 4   | Other gains or (losses). Attach Form 4797                                      |                    | 4        |          |
| 5   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta |                    | 5        | -16,695. |
| 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                 |          |          |
| 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 <b>additional income</b> . Ente  | r here and on Form |          |          |
|     | 1040, 1040-SR, or 1040-NR, line 8  |                    | 10       | -16,695. |

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

| Par | t II 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   |         |            |              |    |
| 16  | Self-employed SEP, SIMPLE, and qualified plans   |         |            |              |    |
| 17  | Self-employed health insurance deduction   |         |            |              |    |
| 18  | Penalty on early withdrawal of savings   |         |            |              |    |
| 19a | Alimony paid   |         |            |              |    |
| b   | Recipient's SSN  |         |            |              |    |
| С   | Date of original divorce or separation agreement (see instructions):   |         |            |              | Į. |
| 20  | IRA deduction  |         |            |              |    |
| 21  | Student loan interest deduction  |         |            |              |    |
| 22  | Reserved for future use  |         |            |              |    |
| 23  | Archer MSA deduction   |         |            | . 23         |    |
| 24  | Other adjustments:   |         |            |              |    |
| а   | ,  | 24a     |            |              |    |
| b   | Deductible expenses related to income reported on line 8l from the   |         |            |              |    |
|     |  | 24b     |            |              |    |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals  |         |            |              |    |
|     | · · · · · · · · · · · · · · · · · · ·  | 24c     |            |              |    |
| d   | the state of the s | 24d     |            |              |    |
| е   | Repayment of supplemental unemployment benefits under the Trade Act of 1974  | 24e     |            |              |    |
| f   |  | 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   |         |            |              |    |
|     | <del>-</del>   | 24i     |            |              |    |
| j   |  | 24j     |            |              |    |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form  |         |            |              |    |
|     |  | 24k     |            |              |    |
| Z   | Other adjustments. List type and amount:   |         |            |              |    |
|     |  | 24z     |            |              | Į. |
| 25  | Total other adjustments. Add lines 24a through 24z   |         |            |              |    |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10  | . Enter | r here and | on <b>26</b> |    |
|     | 1 OITH 1070, 1070-011, 01 1070-1111, 11110-10  | • •     |            | .   20       |    |

### **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

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number DINESH KUMAR MERUGU & SAHITHYA GURRAM 703-88-2905 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) VANASTHALIPURAM HYDERABAD TELANGANA IN 500070 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 . 3 600. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,560. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,420. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,960. 14 Repairs . . . . 3,720. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 4,862. 18 2,773. 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 17,295. Total expenses. Add lines 5 through 19 . . . . . 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 -16,695. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 22 16,695.) 600. 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 2,773. 23d Total of all amounts reported on line 18 for all properties 17,295. Total of all amounts reported on line 20 for all properties 23e 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 16,695. 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 Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-16,695.

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Department of the Treasury

Internal Revenue Service

### **Health Savings Accounts (HSAs)**

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment Sequence No. 52

OMB No. 1545-0074

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

DINESH KUMAR MERUGU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 703-88-2905

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. ☐ Self-only X Family 2 HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . . . . . . . . . . . . 2 0. If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for 3 7,750. Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also 4 0. 5 5 7,750. 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . 6 7,750. If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . 7 7,750. 8 8 9 Employer contributions made to your HSAs for 2023 . . . . . . . . . 10 11 11 1,910. 12 12 5,840. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete Part II a separate Part II for each spouse. 14a Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c Qualified medical expenses paid using HSA distributions (see instructions) . . . . . . . . . . . . 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before Part III completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 18 19 19 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21 

21

## 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number DINESH KUMAR MERUGU & SAHITHYA GURRAM Sch E VANASTHALIPURAM 703-88-2905 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) . . . . . . . . . . . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 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 income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II 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 14 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 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 05/23 122,000. 2,773. S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 . 22 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 2,773.

portion of the basis attributable to section 263A costs.

23 For assets shown above and placed in service during the current year, enter the

**Passive Activity Loss Limitations** 

See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. **858** 

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8582 for instructions and the latest information.

| Name(s)  | shown on return   | -                           |                           |                              | Iden              | tifying n   | umber           |  |
|----------|---|-----------------------------|---------------------------|------------------------------|-------------------|-------------|-----------------|--|
| DINE     | SH KUMAR MERUGU & SAHITHYA  | A GURRAM                    |                           |                              | 70:               | 703-88-2905 |                 |  |
| Par      | t I 2023 Passive Activity Loss  |                             |                           |                              |                   |             |                 |  |
|          | Caution: Complete Parts IV ar   | nd V before compl           | eting Part I.             |                              |                   |             |                 |  |
|          | I Real Estate Activities With Active Pa<br>ance for Rental Real Estate Activities                                   | • '                         |                           | ive participation, s         | ee <b>Special</b> |             |                 |  |
| 1a       | Activities with net income (enter the a   | 0.                          |                           |                              |                   |             |                 |  |
| b        | Activities with net loss (enter the amount  | 16,695.                     | )                         |                              |                   |             |                 |  |
| С        | Prior years' unallowed losses (enter the  |                             |                           |                              |                   |             |                 |  |
| d        |   |                             |                           |                              |                   | 1d          | -16,695.        |  |
| All Ot   | her Passive Activities  |                             |                           |                              |                   |             |                 |  |
| 2a       | Activities with net income (enter the a   | mount from Part V           | ', column (a)) .          | 2a                           |                   |             |                 |  |
| b        | Activities with net loss (enter the amount  | unt from Part V, co         | olumn (b))                | <b>2b</b> (                  | ,                 |             |                 |  |
| С        | Prior years' unallowed losses (enter th   | ne amount from Pa           | art V, column (c))        | <b>2c</b> (                  | ,                 |             |                 |  |
| d        | Combine lines 2a, 2b, and 2c  |                             |                           |                              |                   | 2d          |                 |  |
| 3        | Combine lines 1d and 2d and subtra<br>zero or more, stop here and include<br>prior year unallowed losses entered of | this form with you          | ur return; all losse      | s are allowed, inc           | luding any        |             | 4.5 50.5        |  |
|          | normally used   |                             |                           |                              |                   | 3           | -16,695.        |  |
|          | If line 3 is a loss and: • Line 1d is a l   | -                           | \ 1.                      |                              | l' 40             |             |                 |  |
| <b>^</b> |   | oss (and line 1d is         |                           |                              |                   |             |                 |  |
|          | on: If your filing status is married filing. Instead, go to line 10.  | separately and yo           | bu lived with your        | spouse at any tim            | e during the      | e year,     | do not complete |  |
|          | Special Allowance for Rer   | ntal Real Estate            | Activities With           | Active Particina             | ation             |             |                 |  |
|          | Note: Enter all numbers in Par  |                             |                           | -                            |                   |             |                 |  |
| 4        | Enter the <b>smaller</b> of the loss on line 1  |                             |                           |                              |                   | 4           | 16,695.         |  |
| 5        | Enter \$150,000. If married filing separ  |                             |                           | <b>5</b>   1                 | 50,000.           | -           | 20,000.         |  |
| 6        | Enter modified adjusted gross income  | -                           |                           |                              | 00,213.           |             |                 |  |
|          | <b>Note:</b> If line 6 is greater than or equal on line 9. Otherwise, go to line 7.                                 |                             |                           |                              | •                 |             |                 |  |
| 7        | Subtract line 6 from line 5   |                             |                           | 7                            | 49,787.           |             |                 |  |
| 8        | Multiply line 7 by 50% (0.50). Do not en  | nter more than \$25         | ,000. If married filir    | ng separately, see i         | nstructions       | 8           | 24,894.         |  |
| 9        | Enter the <b>smaller</b> of line 4 or line 8. If  |                             |                           |                              |                   | 9           | 16,695.         |  |
| Part     | Total Losses Allowed  |                             |                           |                              |                   |             |                 |  |
| 10       | Add the income, if any, on lines 1a an  | d 2a and enter the          | etotal                    |                              |                   | 10          | 0.              |  |
| 11       | Total losses allowed from all passiv  | e activities for 20         | <b>23.</b> Add lines 9 an | d 10. See instructi          | ons to find       |             |                 |  |
|          | out how to report the losses on your to   |                             |                           |                              |                   | 11          | 16,695.         |  |
| Part     | IV Complete This Part Before  | e Part I, Lines 1           | <b>a, 1b, and 1c.</b> S   | ee instructions.             |                   |             |                 |  |
|          | Current year Prior years Over   |                             |                           |                              |                   |             |                 |  |
|          | . tanio or addivity   | (a) Net income<br>(line 1a) | (b) Net loss<br>(line 1b) | (c) Unallowed loss (line 1c) | (d) Gai           | n           | (e) Loss        |  |
| VANA     | ASTHALIPURAM  | 0.                          | 16,695.                   |                              |                   |             | 16,695.         |  |
|          |   |                             |                           |                              |                   |             |                 |  |
|          |   |                             |                           |                              |                   |             |                 |  |

16,695.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2** 

|           | -,                              |                             |  |                           |                  |                              |                    |                       |    | . ago 🗕                                  |  |  |
|-----------|---------------------------------|-----------------------------|--|---------------------------|------------------|------------------------------|--------------------|-----------------------|----|--|--|--|
| Part V    | Complete This Part Befor        | e P                         | art I, Lines 2   | a, 2b,                    | <b>and 2c.</b> S | ee instru                    | ctions.            |                       |    | ,  |  |  |
|           |                                 |                             | Currer   | nt year                   |                  | Prior y                      | ears Overall       |                       |    | ll gain or loss                          |  |  |
|           | Name of activity                | (a) Net income<br>(line 2a) |  | (b) Net loss<br>(line 2b) |                  | (c) Unallowed loss (line 2c) |                    | (d) Gain              |    | (e) Loss                                 |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           | on Part I, lines 2a, 2b, and 2c |                             | Oh   | \ <b>!</b> !!             | Line O. O.       |                              | 4:                 |                       |    |  |  |  |
| Part VI   | Use This Part if an Amour       |                             |  | art II,                   | , Line 9. S      | ee instrud                   | ctions.            |                       |    |  |  |  |
|           | Name of activity                | ar<br>to                    | rm or schedule<br>ad line number<br>be reported on<br>se instructions) | (a                        | ) Loss           | ( <b>b)</b> Ra               | atio               | (c) Special allowance |    | (d) Subtract column (c) from column (a). |  |  |
| VANASTH   | ALIPURAM                        |                             | E Ln 22  |                           | 16,695.          | 1.0000                       | 0000               | 16,69                 | 5. | 0.                                       |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
| Total     |                                 |                             |  |                           | 16,695.          | 1.0                          | 0                  | 16,69                 | 5. | 0.                                       |  |  |
| Part VII  | Allocation of Unallowed L       | .oss                        |  |                           | S.               |                              |                    |                       |    |  |  |  |
|           | Name of activity                |                             | Form or sche<br>and line nun<br>to be reporte<br>(see instruct         | mber<br>ed on (a)         |                  | Loss                         |                    | (b) Ratio             |    | (c) Unallowed loss                       |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
| Total     | <u> </u>                        |                             |  |                           |                  |                              |                    | 1.00                  |    |  |  |  |
| Part VIII | Allowed Losses. See instr       | ucti                        |  |                           | 1                |                              |                    |                       | 1  |  |  |  |
|           | Name of activity                |                             | Form or sche<br>and line nun<br>to be reporte<br>(see instruct         | mber<br>ed on (a) L       |                  | _oss                         | (b) Unallowed loss |                       | (  | (c) Allowed loss                         |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
|           |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |
| Total     |                                 |                             |  |                           |                  |                              |                    |                       |    |  |  |  |