| <b>1040</b>                                       |          | rtment of the Treasury—Internal Revenue Servi<br>S. Individual Income Tax |                      | turn        | 202             | 3          | OMB No. 1545     | -0074        | IRS Use Only  | —Do not wr   | ite or staple in this space.     |
|---|----------|---|----------------------|-------------|-----------------|------------|------------------|--------------|---------------|--------------|----------------------------------|
| For the year Jan                                  | . 1–Dec  | . 31, 2023, or other tax year beginning                                   |                      |             | , 2023, end     | ing        | 1                |              | , 20          | See sep      | arate instructions.              |
| Your first name                                   | and mi   | <br>ddle initial  | Last n               | ame         |                 |            |                  |              |               | Your soc     | cial security number             |
| RADHA KRISHNA PALO                                |          |   |                      |             |                 |            |                  |              |               |              | 69 5036                          |
| -   |          | first name and middle initial   | Last n               |             |                 |            |                  |              |               |              | s social security number         |
| DIVYA   |          |   | UPP                  | ΔΤ.Δ        |                 |            |                  |              |               | •            | 86 9402                          |
|   | (numbe   | r and street). If you have a P.O. box, see                                |                      |             |                 |            |                  | A            | Apt. no.      |              | tial Election Campaign           |
| 140 LAKE  |          | , ,   |                      |             |                 |            |                  |              |               |              | ere if you, or your              |
|   |          | ce. If you have a foreign address, also co                                | mplete               | spaces be   | low.            | Sta        | te               | ZIP co       | ode           |              | f filing jointly, want \$3       |
| WALLED I  |          | ···· , ··· , ··· · · · · · · · · · · ·                                    |                      |             |                 | MI         |                  | 483          |               |              | this fund. Checking a            |
| Foreign country                                   |          |   |                      | Foreian p   | rovince/state/  |            |                  |              | n postal code |              | ow will not change<br>or refund. |
| , ,   |          |   |                      | - 5 1       |                 |            | ,                |              | ,             | <b>,</b>     | You Spouse                       |
| Filing Status                                     |          | Single  |                      |             |                 |            | Head of he       | haen         | old (HOH)     |              |                                  |
| •   |          | Married filing jointly (even if only o                                    | na had               | income)     |                 |            |                  | Jusch        |               |              |                                  |
| Check only<br>one box.                            |          | Married filing separately (MFS)   | ne nau               | income)     |                 |            |                  | surviv       | ing spouse    | (055)        |                                  |
| one box.  | lf v     | ou checked the MFS box, enter the   | name                 | of your s   | nouse If voi    | ı che      |                  |              | •             | . ,          | d's name if the                  |
|   |          | alifying person is a child but not you                                    |                      |             | p0000. II y00   |            |                  |              |               |              |                                  |
|   |          |   |                      |             |                 |            |                  |              |               |              |                                  |
| Digital   |          | ny time during 2023, did you: (a) rec                                     | •                    |             |                 |            |                  | •            |               | . ,          |                                  |
| Assets  | exch     | ange, or otherwise dispose of a dig                                       |                      | · · ·       |                 |            | -                | t)? (Se      | e instruction | าร.)         | Yes X No                         |
| Standard  | _        | eone can claim: 🗌 You as a de   | •                    |             | •               |            | a dependent      |              |               |              |                                  |
| Deduction   | <u> </u> | Spouse itemizes on a separate retur                                       | n or yo              | u were a    | dual-status     | alien      | 1                |              |               |              |                                  |
| Age/Blindness                                     | s You:   | Were born before January 2, 1   | 959                  | Are b       | lind Spo        | ouse       | : 🗌 Was bor      | n befo       | ore January 2 | 2, 1959      | Is blind                         |
| Dependents  | s (see i | instructions):  |                      | (2) 5       | Social security |            | (3) Relationsh   | ip <b>(4</b> | Check the b   | ox if qualif | ies for (see instructions):      |
| •<br>If more                                      |          | rst name Last name  |                      |             | number          |            | to you           |              | Child tax ci  | redit        | Credit for other dependents      |
| than four   |          |   |                      |             |                 |            |                  |              |               |              |                                  |
| dependents,                                       |          |   |                      |             |                 |            |                  |              |               |              |                                  |
| see instructions<br>and check                     | s —      |   |                      |             |                 |            |                  |              |               |              |                                  |
| here  |          |   |                      |             |                 |            |                  |              |               |              |                                  |
| Income  | 1a       | Total amount from Form(s) W-2, b  | ox 1 (s              | ee instruc  | ctions) .       |            |                  |              |               | . 1a         | 140,362.                         |
|   | b        | Household employee wages not re   | eportec              | l on Form   | n(s) W-2 .      |            |                  |              |               | . 1b         |                                  |
| Attach Form(s)<br>W-2 here. Also                  | с        | Tip income not reported on line 1a  | a (see ir            | nstructior  | ns)             |            |                  |              |               | . 1c         |                                  |
| attach Forms                                      | d        | Medicaid waiver payments not rep  | orted o              | on Form(s   | s) W-2 (see ir  | nstru      | ictions)         |              |               | . 1d         |                                  |
| W-2G and<br>1099-R if tax                         | е        | Taxable dependent care benefits f   | from Fc              | orm 2441    | , line 26       |            |                  |              |               | . 1e         |                                  |
| was withheld.                                     | f        | Employer-provided adoption bene   | fits fro             | m Form 8    | 839, line 29    |            |                  |              |               | . 1f         |                                  |
| lf you did not                                    | g        | Wages from Form 8919, line 6 .  |                      |             |                 |            |                  |              |               | . 1g         |                                  |
| get a Form<br>W-2, see                            | h        | Other earned income (see instruct   | ions)                |             |                 |            |                  |              |               | . 1h         | 0.                               |
| instructions.                                     | i        | Nontaxable combat pay election (s   | see ins              | tructions)  |                 |            | <b>1</b> i       |              |               |              |                                  |
|   | z        | Add lines 1a through 1h   |                      |             |                 |            |                  |              |               | . 1z         | 140,362.                         |
| Attach Sch. B                                     | 2a       | Tax-exempt interest   | 2a                   |             |                 | bΤ         | axable interest  | t.           |               | . 2b         |                                  |
| if required.                                      | 3a       | Qualified dividends   | 3a                   |             |                 | <b>b</b> 0 | ordinary divider | nds .        |               | . 3b         |                                  |
|   | 4a       | IRA distributions   | 4a                   |             | 98.             | bΤ         | axable amoun     | t            |               | . 4b         | 98.                              |
| Standard<br>Deduction for—                        | 5a       | Pensions and annuities  | 5a                   |             |                 | bΤ         | axable amoun     | t            |               | . 5b         |                                  |
| <ul> <li>Single or</li> </ul>                     | 6a       | Social security benefits  | 6a                   |             |                 | bΤ         | axable amoun     | t            |               | . 6b         |                                  |
| Married filing separately,                        | с        | If you elect to use the lump-sum e  | lection              | method,     | check here      | (see       | instructions)    |              | [             |              |                                  |
| \$13,850  | 7        | Capital gain or (loss). Attach Sche                                       | dule D               | if require  | d. If not requ  | ired       | , check here     |              | [             | 7            |                                  |
| <ul> <li>Married filing<br/>jointly or</li> </ul> | 8        | Additional income from Schedule   | 1, line <sup>-</sup> | 10.         |                 |            |                  |              |               | . 8          | -18,943.                         |
| Qualifying spouse,                                | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7                                       | , and 8              | . This is y | our total inc   | ome        | e                |              |               | . 9          | 121,517.                         |
| \$27,700  | 10       | Adjustments to income from Sche   | dule 1,              | line 26     |                 |            |                  |              |               | . 10         |                                  |
| <ul> <li>Head of<br/>household,</li> </ul>        | 11       | Subtract line 10 from line 9. This is                                     | s your <b>a</b>      | ndjusted    | gross incor     | ne         |                  |              |               | . 11         | 121,517.                         |
| \$20,800<br>• If you checked                      | 12       | Standard deduction or itemized  | deduc                | tions (fro  | m Schedule      | A)         |                  |              |               | . 12         | 27,700.                          |
| any box under                                     | 13       | Qualified business income deduct  |                      |             |                 |            | 5-A              |              |               | . 13         |                                  |
| Standard<br>Deduction,                            | 14       | Add lines 12 and 13   |                      |             |                 |            |                  |              |               | . 14         | 27,700.                          |
| see instructions.                                 | 15       | Subtract line 14 from line 11. If zer                                     | ro or les            | ss, enter   | -0 This is y    | our I      | taxable incom    | <u>e</u> .   |               | . 15         | 93,817.                          |
|   |          |   |                      |             |                 |            |                  |              |               |              |                                  |

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

Form 1040 (2023)

| Form 1040 (2023   | 3)      |   |                    |                     |                  |                  |                |         | Page <b>2</b>                           |
|-------------------|---------|---|--------------------|---------------------|------------------|------------------|----------------|---------|---|
| Tax and           | 16      | Tax (see instructions). Check                 | if any from Form   | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972  | 3 🗌              |                | 16      | 11,257.                                 |
| Credits           | 17      | Amount from Schedule 2, lin                   | e3                 |                     |                  |                  | [              | 17      |   |
|                   | 18      | Add lines 16 and 17                           |                    |                     |                  |                  | [              | 18      | 11 <b>,</b> 257.                        |
|                   | 19      | Child tax credit or credit for                | other dependent    | ts from Sched       | ule 8812         |                  | [              | 19      |   |
|                   | 20      | Amount from Schedule 3, lin                   | e8                 |                     |                  |                  | [              | 20      |   |
|                   | 21      | Add lines 19 and 20                           |                    |                     |                  |                  | [              | 21      |   |
|                   | 22      | Subtract line 21 from line 18                 | . If zero or less, | enter -0            |                  |                  | [              | 22      | 11,257.                                 |
|                   | 23      | Other taxes, including self-e                 |                    |                     |                  |                  | [              | 23      | 10.                                     |
|                   | 24      | Add lines 22 and 23. This is                  |                    |                     |                  |                  | [              | 24      | 11,267.                                 |
| Payments          | 25      | Federal income tax withheld                   |                    |                     |                  |                  |                |         | ·                                       |
| ,                 | а       | Form(s) W-2                                   |                    |                     |                  | <b>25a</b> 23    | ,613.          |         |   |
|                   | b       | Form(s) 1099                                  |                    |                     |                  | 25b              |                |         |   |
|                   | с       | Other forms (see instructions                 | s)                 |                     |                  | 25c              |                |         |   |
|                   | d       | Add lines 25a through 25c                     | <i>.</i>           |                     |                  |                  |                | 25d     | 23,613.                                 |
| If you have a     | 26      | 2023 estimated tax payment                    | s and amount a     | pplied from 20      | )22 return       |                  | [              | 26      |   |
| qualifying child, | 27      | Earned income credit (EIC)                    |                    |                     |                  | 27               | Ī              |         |   |
| attach Sch. EIC.  | 28      | Additional child tax credit from              |                    |                     |                  | 28               |                |         |   |
|                   | 29      | American opportunity credit                   | from Form 8863     | B. line 8           |                  | 29               |                |         |   |
|                   | 30      | Reserved for future use .                     |                    |                     |                  | 30               |                |         |   |
|                   | 31      | Amount from Schedule 3, lin                   |                    |                     |                  | 31               |                |         |   |
|                   | 32      | Add lines 27, 28, 29, and 31                  |                    |                     |                  | undable credits  |                | 32      |   |
|                   | 33      | Add lines 25d, 26, and 32. T                  | ,                  | -                   |                  |                  | 1              | 33      | 23,613.                                 |
| Refund            | 34      | If line 33 is more than line 24               |                    |                     |                  |                  |                | 34      | 12,346.                                 |
| neruna            | 35a     | Amount of line 34 you want                    |                    |                     |                  |                  |                | 35a     | 12,346.                                 |
| Direct deposit?   | b       | Routing number 2 1 1                          |                    |                     |                  |                  | Savings        |         |   |
| See instructions. | d       | Account number 4 2 6                          |                    |                     |                  |                  |                |         |   |
|                   | 36      | Amount of line 34 you want a                  |                    |                     | ed tax           | 36               |                |         |   |
| Amount            | 37      | Subtract line 33 from line 24                 |                    |                     |                  |                  |                |         |   |
| You Owe           | 57      | For details on how to pay, g                  |                    |                     |                  |                  |                | 37      |   |
|                   | 38      | Estimated tax penalty (see in                 |                    |                     |                  | 38               |                |         |   |
| Third Party       |         | you want to allow another                     |                    |                     |                  |                  |                |         |   |
| Designee          |         |   |                    |                     |                  |                  | omplete be     | elow.   | × No                                    |
|                   | De      | signee's                                      |                    | Phone               |                  | Pers             | onal identific | cation  |   |
|                   | nai     | nē  |                    | no.                 |                  | num              | oer (PIN)      |         |   |
| Sign              |         | der penalties of perjury, I declare the       |                    |                     |                  |                  |                |         |   |
| Here              |         | ief, they are true, correct, and com          | piete. Declaration |                     |                  |                  |                |         | , ,                                     |
|                   | Yo      | ur signature                                  |                    | Date                | Your occupation  |                  |                |         | nt you an Identity<br>IN, enter it here |
| Joint return?     |         |   |                    |                     | SOFTWARE I       | ENGINEER         | (see in        |         |   |
| See instructions. | Sp      | ouse's signature. If a joint return, <b>i</b> | ooth must sian.    | Date                | Spouse's occupat |                  | If the I       | RS ser  | nt your spouse an                       |
| Keep a copy for   | -1-     | ,,,,,,  |                    |                     |                  |                  | Identit        | y Prote | ection PIN, enter it here               |
| your records.     |         |   |                    |                     | HOME MAKEI       | R                | (see in        | st.)    |   |
|                   | Ph      | one no. (234) 281-883                         | 4                  | Email address       | EMBEDDED.RKR     | ISHNA@GMAIL.CO   | MC             |         |   |
| Paid              | Pre     | eparer's name                                 | Preparer's signat  | ure                 |                  | Date             | PTIN           | l       | Check if:                               |
| Preparer          | SYAM    | I PRIYA RAM SAGAR GUPTA TALLAM                | SYAM PRIYA         | RAM SAGAR           | GUPTA TALLAM     | 02/25/2024       | P02082         | 703     | Self-employed                           |
| Use Only          | Fir     | m's name GLOBAL TAX                           | XES LLC            |                     |                  |                  | Phone          | ; no. ( | 678)965-9522                            |
|                   | Fir     | m's address 245 ROONE                         | Y CT E BRU         | NSWICK N            | J 08816          |                  | Firm's         | EIN     | 84-3171965                              |
| Go to www.irs.go  | ov/Forn | n1040 for instructions and the late           | st information.    |                     | BAA              | REV 02/16/24 PRO |                |         | Form <b>1040</b> (2023)                 |

REV 02/16/24 PRO

## 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 236-69-5036

| Department of the Treasury<br>Internal Revenue Service | Go to www.irs.gov/Fo         |
|--|------------------------------|
| Name(s) shown on Ec                                    | rm 1040, 1040-SB, or 1040-NR |

| <b>u</b> mo(0) |         | 01111 10 10, | .0 |       | 1010 |    |
|----------------|---------|--------------|----|-------|------|----|
| RADHA          | KRISHNA | PALOJU       | &  | DIVYA | UPPA | LA |

| Par    | t Additional Income   |    |                       |
|--------|---|----|-----------------------|
| 1      | Taxable refunds, credits, or offsets of state and local income taxes  | 1  |                       |
| 2a     |   | 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. Attach Schedule E .                               | 5  | -18,943.              |
| 6      | Farm income or (loss). Attach Schedule F  | 6  |                       |
| 7      | Unemployment compensation   | 7  |                       |
| 8      | Other income:   |    |                       |
| а      | Net operating loss  | )  |                       |
| b      | Gambling  |    |                       |
| С      | Cancellation of debt  | _  |                       |
| d      | Foreign earned income exclusion from Form 2555       .       .       8d   | )  |                       |
| е      | Income from Form 8853   | _  |                       |
| f      | Income from Form 8889   | _  |                       |
| g      | Alaska Permanent Fund dividends   | _  |                       |
| h      | Jury duty pay   | _  |                       |
| i      | Prizes and awards   | _  |                       |
| j      | Activity not engaged in for profit income   | _  |                       |
| k      | Stock options   | _  |                       |
| 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   |    |                       |
|        | instructions)   | _  |                       |
|        | Section 951(a) inclusion (see instructions)   | _  |                       |
| 0      | Section 951A(a) inclusion (see instructions)  | _  |                       |
| p      | Section 461(I) excess business loss adjustment  | _  |                       |
| q      | Taxable distributions from an ABLE account (see instructions)8qScholarship and fellowship grants not reported on Form W-28r | _  |                       |
| r      | Nontaxable amount of Medicaid waiver payments included on Form  | _  |                       |
| S      | 1040, line 1a or 1d   |    |                       |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or   |    |                       |
| Ľ      | a nongovernmental section 457 plan  |    |                       |
| u      | Wages earned while incarcerated   | _  |                       |
| z      | Other income. List type and amount:   |    |                       |
| 2      | Q-  |    |                       |
| 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> . Enter here and on Forn                             |    |                       |
|        | 1040, 1040-SR, or 1040-NR, line 8   |    | -18,943.              |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.   |    | le 1 (Form 1040) 2023 |

| 1        | Adjustments to Income           Educator expenses                           |             |       |       | . 11              |          |
|----------|---|-------------|-------|-------|-------------------|----------|
|          | •   |             |       |       |                   |          |
| 2        | Certain business expenses of reservists, performing artists, and fee        | -pasis      | s gov | ernme | nt<br>. <b>12</b> |          |
| <b>`</b> | officials. Attach Form 2106   | • •         | • •   | • •   | · 12              |          |
| 3        | Moving expenses for members of the Armed Forces. Attach Form 3903           |             |       |       |                   |          |
| 4        |   |             |       |       |                   |          |
| 5        | Deductible part of self-employment tax. Attach Schedule SE                  |             |       |       |                   |          |
| 6        | Self-employed SEP, SIMPLE, and qualified plans                              |             |       |       |                   |          |
| 7        | Self-employed health insurance deduction                                    |             |       |       |                   |          |
| 8        | Penalty on early withdrawal of savings                                      |             |       |       |                   |          |
| 9a       | Alimony paid  |             |       |       |                   | a        |
| b        | Recipient's SSN   | ·           |       |       | _                 |          |
| С        | Date of original divorce or separation agreement (see instructions):        |             |       |       | _                 |          |
| 0        | IRA deduction   |             |       |       |                   |          |
| 21       | Student loan interest deduction   |             |       |       |                   |          |
| 22       | Reserved for future use   |             |       |       |                   |          |
| 3        | Archer MSA deduction  |             |       |       | . 23              | 3        |
| 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         |       |       |                   |          |
| •        | Attorney fees and court costs for actions involving certain unlawful        | 9           |       |       | _                 |          |
| ••       | 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         |       |       |                   |          |
|          | Housing deduction from Form 2555  | 24i<br>24i  |       |       |                   |          |
| ۲<br>ا   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form         | <b>2</b> 4j |       |       | _                 |          |
| ĸ        |   | 24k         |       |       |                   |          |
| -        |   | 24K         |       |       |                   |          |
| z        | Other adjustments. List type and amount:                                    | 24z         |       |       |                   |          |
| F        | Total athen adjustments Add lines 04- through 04-                           |             |       |       |                   |          |
| 25       | Total other adjustments. Add lines 24a through 24z                          |             |       |       | . 25              | )        |
| 6        | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> |             |       |       |                   |          |
|          | Form 1040, 1040-SR, or 1040-NR, line 10                                     | • •         |       |       | . 26              | <b>i</b> |

| SCHEDULE    | 2 |
|-------------|---|
| (Form 1040) |   |

## **Additional Taxes**

OMB No. 1545-0074

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

202 23 Attachment

|        | Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information. |                    |                         |  |
|--------|--|--------------------|-------------------------|--|
| Name   | e(s) shown on Form 1040, 1040-SR, or 1040-NR   | our socia          | Sequence No. 02         |  |
| RAD    | DHA KRISHNA PALOJU & DIVYA UPPALA  | 236-69-            | 5036                    |  |
| Pa     | rt I Tax   | 1                  |                         |  |
| 1      | Alternative minimum tax. Attach Form 6251  | 1                  |                         |  |
| 2      | Excess advance premium tax credit repayment. Attach Form 8962  | 2                  |                         |  |
| 3      | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17   | 3                  |                         |  |
| Par    | rt II Other Taxes  |                    |                         |  |
| 4      | Self-employment tax. Attach Schedule SE  | 4                  |                         |  |
| 5      | Social security and Medicare tax on unreported tip income.Attach Form 41375  |                    |                         |  |
| 6      | Uncollected social security and Medicare tax on wages. AttachForm 89196  |                    |                         |  |
| 7      | Total additional social security and Medicare tax. Add lines 5 and 6   | 7                  |                         |  |
| 8      | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if requir   | red.               |                         |  |
|        | If not required, check here .......................  | 8                  | 10.                     |  |
| 9      | Household employment taxes. Attach Schedule H  | 9                  |                         |  |
| 10     | Repayment of first-time homebuyer credit. Attach Form 5405 if required   | 10                 |                         |  |
| 11     | Additional Medicare Tax. Attach Form 8959  | 1                  |                         |  |
| 12     | Net investment income tax. Attach Form 8960  | 12                 | 2                       |  |
| 13     | Uncollected social security and Medicare or RRTA tax on tips or group-term insurance from Form W-2, box 12                     |                    | 3                       |  |
| 14     | Interest on tax due on installment income from the sale of certain residential and timeshares                                  | lots<br><b>1</b> 4 | 1                       |  |
| 15     | Interest on the deferred tax on gain from certain installment sales with a sales p over \$150,000                              |                    | 5                       |  |
| 16     | Recapture of low-income housing credit. Attach Form 8611........   | 16                 | 6                       |  |
|        |  |                    | nued on page 2)         |  |
| For Pa | aperwork Reduction Act Notice, see your tax return instructions.   | Sche               | dule 2 (Form 1040) 2023 |  |

| Par | t II Other Taxes (continued)  |                    |        |                      |     |
|-----|---|--------------------|--------|----------------------|-----|
| 17  | Other additional taxes:   |                    |        |                      |     |
| а   | Recapture of other credits. List type, form number, and amount:   | 17a                |        |                      |     |
| b   | Recapture of federal mortgage subsidy, if you sold your home see instructions   | 17b                |        |                      |     |
| С   | Additional tax on HSA distributions. Attach Form 8889   | 17c                |        |                      |     |
| d   | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889   | 17d                |        |                      |     |
| е   | Additional tax on Archer MSA distributions. Attach Form 8853 .  | 17e                |        |                      |     |
| f   | Additional tax on Medicare Advantage MSA distributions. Attach<br>Form 8853   | 17f                |        |                      |     |
| g   | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property                         | 17g                |        |                      |     |
| h   | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A                  | 17h                |        |                      |     |
| i   | Compensation you received from a nonqualified deferred compensation plan described in section 457A                                      | 17i                |        |                      |     |
| j   | Section 72(m)(5) excess benefits tax  | 17j                |        |                      |     |
| k   | Golden parachute payments   | 17k                |        |                      |     |
| I   | Tax on accumulation distribution of trusts  | 171                |        |                      |     |
| m   | Excise tax on insider stock compensation from an expatriated corporation  | 17m                |        |                      |     |
| n   | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866  | 17n                |        |                      |     |
| 0   | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR                         | 170                |        |                      |     |
| р   | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund                | 17p                |        |                      |     |
| q   | Any interest from Form 8621, line 24  | 17q                |        |                      |     |
| z   | Any other taxes. List type and amount:  |                    |        |                      |     |
|     |   | 17z                |        |                      |     |
| 18  | Total additional taxes. Add lines 17a through 17z   |                    | 18     |                      |     |
| 19  | Reserved for future use   |                    | 19     |                      |     |
| 20  | Section 965 net tax liability installment from Form 965-A   | 20                 |        |                      |     |
| 21  | Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . | es. Enter here and | 21     | 10                   | )   |
|     | BAA   | REV 02/16/24 PRO   | Schedu | ule 2 (Form 1040) 20 | )23 |

| SCHE<br>(Form | DULE E<br>1040)                        | Supplementa<br>(From rental real estate, royalties, partners)         |          |                       |          |         | truete RFMICe           | etc.)        |               | . 1545-0074              |
|---------------|--|---|----------|-----------------------|----------|---------|-------------------------|--------------|---------------|--------------------------|
| Departm       | ent of the Treasury<br>Revenue Service | Attach to Form 1040,<br>Go to <i>www.irs.gov/ScheduleE</i> for        | , 1040-  | SR, 1040-             | NR, or   | 1041.   |                         | , etc.,      | 20<br>Attachm | )23<br>nent<br>ce No. 13 |
|               | shown on return                        |   |          |                       |          |         |                         | our socia    | al security   |                          |
| ( )           |  | PALOJU & DIVYA UPPALA   |          |                       |          |         |                         |              | 9-5036        |                          |
| Part          |  | or Loss From Rental Real Estate an                                    | d Ro     | valties               |          |         |                         |              |               |                          |
|               | Note: If yo                            | ou are in the business of renting personal proper                     | rty, use | Schedule              | e C. See | instru  | ctions. If you are      | an indiv     | /idual, rep   | ort farm                 |
|               |  | ome or loss from <b>Form 4835</b> on page 2, line 40.                 | + - Cl - | <b>F</b> (_) <b>f</b> |          |         |                         |              |               |                          |
|               |  | ny payments in 2023 that would require you                            |          |                       |          |         |                         |              |               |                          |
|               |  | or will you file required Form(s) 1099?                               |          |                       | • •      | • •     |                         | • •          | re            |                          |
| 1a            |  | ress of each property (street, city, state, ZIF                       |          | ,                     |          |         |                         |              |               |                          |
| Α             | HNO 10-75                              | 6, MADHU VENTURE CHITKUL TELA   | ANGAN    | NA IN 5               | 50230    | 7       |                         |              |               |                          |
|               |  |   |          |                       |          |         |                         |              |               |                          |
| <u> </u>      |  |   |          |                       |          |         |                         |              |               |                          |
| 1b            | Type of Prope<br>(from list below      |   |          |                       |          | Fa      | ir Rental I<br>Days     | Person<br>Da | al Use        | QJV                      |
| A             | 3                                      | personal use days. Check the Q  |          |                       | Α        |         | 365                     | Du           | 0             |                          |
| B             | 5                                      | if you meet the requirements to f                                     | file as  | a                     | B        |         |                         |              | 0             |                          |
| C             |  | qualified joint venture. See instru                                   | lctions  | 6.                    | C        |         |                         |              |               |                          |
| Туре          | of Property:                           |   |          |                       | _        | 1       |                         |              |               |                          |
| 1             | Single Family R                        | Residence 3 Vacation/Short-Term Ren                                   | ital     | 5 Lanc                | ł        |         | Self-Rental             |              |               |                          |
| 2             | Multi-Family Re                        | esidence 4 Commercial   |          | 6 Roya                | alties   | 8       | Other (describ          | e)           |               |                          |
|               |  |   |          |                       |          |         | Properties              |              |               |                          |
| Incom         | e:                                     |   |          |                       | Α        |         | В                       | -            |               | С                        |
| 3             |  | d   | 3        |                       |          | 35.     |                         |              |               | -                        |
| 4             | Royalties rece                         | ived  | 4        |                       |          |         |                         |              |               |                          |
| Expen         |  |   |          |                       |          |         |                         |              |               |                          |
| 5             | Advertising .                          |   | 5        |                       |          |         |                         |              |               |                          |
| 6             |  | el (see instructions)   | 6        |                       |          |         |                         |              |               |                          |
| 7             | •                                      | maintenance   | 7        |                       | 3,7      | 91.     |                         |              |               |                          |
| 8             |  |   | 8        |                       |          |         |                         |              |               |                          |
| 9             |  |   | 9        |                       |          |         |                         |              |               |                          |
| 10            | -                                      | er professional fees  | 10       |                       | 2 0      | 2.4     |                         |              |               |                          |
| 11<br>12      | -                                      | fees  | 11       |                       | 3,6      | 24.     |                         |              |               |                          |
| 12            | Other interest                         |   | 13       |                       |          |         |                         |              |               |                          |
| 14            |  |   | 14       |                       | 3,8      | 96.     |                         |              |               |                          |
| 15            |  |   | 15       |                       | 2,7      |         |                         |              |               |                          |
| 16            |  |   | 16       |                       |          |         |                         |              |               |                          |
| 17            |  |   | 17       |                       | 2,9      | 10.     |                         |              |               |                          |
| 18            | Depreciation e                         | expense or depletion  | 18       |                       | 2,7      | 22.     |                         |              |               |                          |
| 19            | Other (list)                           |   | 19       |                       |          |         |                         |              |               |                          |
| 20            |  | s. Add lines 5 through 19   | 20       |                       | 19,6     | 78.     |                         |              |               |                          |
| 21            |  | 20 from line 3 (rents) and/or 4 (royalties). If                       |          |                       |          |         |                         |              |               |                          |
|               | file Form 6198                         | s), see instructions to find out if you must                          |          |                       | 10 0     | 12      |                         |              |               |                          |
| 00            |  |   | 21       |                       | -18,9    | 43.     |                         |              |               |                          |
| 22            |  | ntal real estate loss after limitation, if any,<br>(see instructions) | 22       | (                     | 18,94    |         | (                       | )            | (             | Ň                        |
| 23a           |  | ounts reported on line 3 for all rental prope                         |          |                       |          | 23a     | -                       | /<br>735.    | (             | )                        |
| b             |  | ounts reported on line 4 for all royalty prop                         |          |                       |          | 23b     |                         | ,            |               |                          |
| c             |  | ounts reported on line 12 for all properties                          |          |                       |          | 23c     |                         |              |               |                          |
| d             |  | ounts reported on line 18 for all properties                          |          |                       |          | 23d     | 2,                      | 722.         |               |                          |
| е             |  | ounts reported on line 20 for all properties                          |          |                       |          | 23e     |                         | 678.         |               |                          |
| 24            | Income. Add                            | positive amounts shown on line 21. Do not                             | t inclu  | de any lo             | sses     |         |                         | 24           |               |                          |
| 25            | Losses. Add ro                         | byalty losses from line 21 and rental real estate                     | e losse  | es from lin           | e 22. Ei | nter to | tal losses here         | 25           | (             | 18,943.)                 |
| 26            |  | eal estate and royalty income or (loss).                              |          |                       |          |         |                         |              |               |                          |
|               |  | II, III, and IV, and line 40 on page 2 do no                          |          |                       |          |         |                         |              |               | 10.010                   |
|               |  | orm 1040), line 5. Otherwise, include this ar                         |          |                       |          | ne 41   | on page 2 .<br>-18,943. | 26           |               | -18,943.                 |
| For Pa        | perwork Reduct                         | tion Act Notice, see the separate instructions.                       |          | NE                    | А        |         | ±0,94J.                 | Scl          | nedule E (Fo  | orm 1040) 2023           |

Schedule E (Form 1040) 2023

532 Form Department of the Treasury

# **Additional Taxes on Qualified Plans** (Including IRAs) and Other Tax-Favored Accounts Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/Form5329 for instructions and the latest information.

| OMB No. 1545-0074                    |
|--------------------------------------|
| 2023                                 |
| Attachment<br>Sequence No. <b>29</b> |

| Internal | Revenue Service                  | Go to www.irs.gov/Form5329 for in  | structions and the late         | st information.             | Se              | quence No. Z   | .9      |
|----------|----------------------------------|--|---------------------------------|-----------------------------|-----------------|----------------|---------|
| Name     | of individual subject to additic | onal tax. If married filing jointly, see instructions.   |                                 |                             |                 | ial security n | umber   |
| RAD      | HA KRISHNA PALO                  |  |                                 |                             | 236-6           | 9-5036         |         |
|          |                                  | Home address (number and street), or P.O. box  | k if mail is not delivered to y | our home                    |                 | Apt. no.       |         |
| Fill in  | Your Address Only                |  | 6                               |                             |                 |                |         |
|          | u Are Filing This                | City, town or post office, state, and ZIP code. I below. See instructions.   | f you have a foreign address    | s, also complete the spaces |                 |                |         |
|          | by Itself and Not                |  |                                 |                             |                 | an amended     |         |
| With     | Your Tax Return                  | Foreign country name   | Foreign province/state/         |                             |                 | heck here      |         |
|          |                                  | Toreign country name   | Toreign province/state/o        | Jounty                      | roleigirp       |                |         |
| If you   | only owe the addition            | nal 10% tax on the full amount of the  | e early distributions           | you may be able to r        | eport thi       | s tax direc    | tly on  |
|          |                                  | e 8, without filing Form 5329. See instr   |                                 |                             |                 |                | ily on  |
| Par      |                                  | x on Early Distributions. Comple   |                                 | k a taxable distributio     | on (other       | than a qu      | alified |
|          |                                  | ution) before you reached age 591/2  |                                 |                             |                 |                |         |
|          |                                  | ntract (unless you are reporting this t  |                                 |                             |                 |                |         |
|          |                                  | te this part to indicate that you qualif   | y for an exception to           | the additional tax on       | early dis       | stributions    | or for  |
|          | certain Roth IRA                 | A distributions. See instructions.   |                                 |                             |                 |                |         |
| 1        | Early distributions inc          | cludible in income (see instructions). Fe  | or Roth IRA distributio         | ns, see instructions.       | 1               |                | 98.     |
| 2        | Early distributions inc          | cluded on line 1 that are not subject to   | the additional tax (se          | e instructions).            |                 |                |         |
|          | Enter the appropriate            | e exception number from the instructio   | ns:                             |                             | 2               |                |         |
| 3        |                                  | dditional tax. Subtract line 2 from line 1   |                                 |                             | 3               |                | 98.     |
| 4        |                                  | r 10% (0.10) of line 3. Include this amo   | •                               |                             | 4               |                | 10.     |
|          |                                  | of the amount on line 3 was a distribu<br>amount on line 4 instead of 10%. See i   |                                 | RA, you may have to         |                 |                |         |
| Par      |                                  | amount of fine 4 instead of 10%. See in a concern of the second s |                                 | to and ADIE Acco            |                 |                |         |
| r ai     |                                  | an amount in income, on Schedule 1   |                                 |                             |                 | •              | •       |
|          |                                  | fied tuition program (QTP), or on Sche   |                                 |                             |                 | savings ac     | Joounn  |
| 5        |                                  | d in income from a Coverdell ESA, a Q  |                                 |                             | 5               |                |         |
| 6        |                                  | d on line 5 that are not subject to the a  |                                 |                             | 6               |                |         |
| 7        |                                  | dditional tax. Subtract line 6 from line 5   |                                 |                             | 7               |                |         |
| 8        |                                  | r 10% (0.10) of line 7. Include this amo   |                                 |                             | 8               |                |         |
| Part     |                                  | x on Excess Contributions to Tr  |                                 | •                           | contribut       | ted more to    | o vour  |
|          |                                  | for 2023 than is allowable or you had  |                                 |                             |                 |                | ,       |
| 9        | Enter your excess con            | ntributions from line 16 of your 2022 For  | m 5329. See instructior         | ns. If zero, go to line 15  | 9               |                |         |
| 10       | If your traditional IR           | RA contributions for 2023 are less th  | nan your maximum                |                             |                 |                |         |
|          |                                  | n, see instructions. Otherwise, enter -0   |                                 | 10                          |                 |                |         |
| 11       |                                  | distributions included in income (see in   |                                 | 11                          |                 |                |         |
| 12       |                                  | prior year excess contributions (see in  |                                 | 12                          |                 |                |         |
| 13       |                                  | 112  |                                 |                             | 13              |                |         |
| 14       | •                                | ntributions. Subtract line 13 from line 9  |                                 |                             | 14              |                |         |
| 15       |                                  | for 2023 (see instructions)  |                                 |                             | 15              |                |         |
| 16       |                                  | utions. Add lines 14 and 15  |                                 |                             | 16              |                |         |
| 17       |                                  | 6% (0.06) of the <b>smaller</b> of line 16 or th   |                                 |                             |                 |                |         |
| Part     |                                  | 23 contributions made in 2024). Include the second se   |                                 |                             | 17  <br>buted m | oro to vou     | r Doth  |
| rait     |                                  | nan is allowable or you had an amount  |                                 |                             | buted m         |                | notin   |
| 18       |                                  | ntributions from line 24 of your 2022 For  | -                               |                             | 18              |                |         |
| 19       |                                  | tributions for 2023 are less than your   |                                 |                             |                 |                |         |
| 15       |                                  | ructions. Otherwise, enter -0-   |                                 | 19                          |                 |                |         |
| 20       |                                  | om your Roth IRAs (see instructions)   |                                 | 20                          |                 |                |         |
| 21       |                                  |  |                                 | -                           | 21              |                |         |
| 22       |                                  | ntributions. Subtract line 21 from line 1  |                                 |                             | 22              |                |         |
| 23       | •                                | for 2023 (see instructions)  |                                 |                             | 23              |                |         |
| 24       | Total excess contribu            | utions. Add lines 22 and 23  |                                 |                             | 24              |                |         |
| 25       |                                  | 6% (0.06) of the smaller of line 24 or t   |                                 |                             |                 |                |         |
|          | 2023 (including 2023 d           | contributions made in 2024). Include this  | s amount on Schedule            | 2 (Form 1040), line 8       | 25              |                |         |

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

| Form 53  | 329 (2023 | 3)                     |                                       |  |                  |                  |          | Page <b>2</b>           |
|----------|-----------|------------------------|---------------------------------------|--|------------------|------------------|----------|-------------------------|
| Part     |           |                        |                                       | tributions to Coverdell ESAs. C<br>han is allowable or you had an amoun                                    |                  |                  |          |                         |
| 26       | Enter     | the excess c           | contributions from line 32 c          | of your 2022 Form 5329. See instruction  | s. If zero, g    | o to line 31     | 26       |                         |
| 27       | If the    | contributio            | ons to your Coverdell E               | SAs for 2023 were less than the  |                  |                  |          |                         |
|          | maxir     | num allowab            | ole contribution, see instr           | uctions. Otherwise, enter -0   | 27               |                  |          | 1                       |
| 28       | 2023      | distributions          | from your Coverdell ESA               | As (see instructions)  | 28               |                  |          | 1                       |
| 29       | Add I     | ines 27 and 2          | 28                                    |  |                  |                  | 29       |                         |
| 30       | Prior     | year excess            | contributions. Subtract li            | ne 29 from line 26. If zero or less, ente  | er-0             |                  | 30       |                         |
| 31       | Exces     | ss contributio         | ons for 2023 (see instruct            | ions)  |                  |                  | 31       |                         |
| 32       | Total     | excess cont            | ributions. Add lines 30 ar            | nd 31  |                  |                  | 32       |                         |
| 33       | Addit     | ional tax. En          | ter 6% (0.06) of the smalle           | er of line 32 or the value of your Coverd  | ell ESAs on      | December         |          | l                       |
|          |           | · · ·                  |                                       | in 2024). Include this amount on Schedu  |                  |                  | 33       | 1                       |
| Part     |           |                        |                                       | ibutions to Archer MSAs. Comple  | •                |                  |          | •                       |
|          |           |                        |                                       | han is allowable or you had an amount  |                  |                  | 2 Form   | າ 5329.                 |
| 34       | Enter     | the excess c           | contributions from line 40 c          | of your 2022 Form 5329. See instruction  | ns. If zero, g   | jo to line 39    | 34       |                         |
| 35       |           |                        | -                                     | or 2023 are less than the maximum  |                  |                  |          | 1                       |
|          |           |                        |                                       | herwise, enter -0  | 35               |                  |          |                         |
| 36       |           |                        |                                       | from Form 8853, line 8   | 36               |                  |          | 1                       |
| 37       |           |                        |                                       |  |                  |                  | 37       |                         |
| 38       |           | •                      |                                       | ne 37 from line 34. If zero or less, ente  |                  |                  | 38       |                         |
| 39       |           |                        |                                       | ions)  |                  |                  | 39       |                         |
| 40       |           |                        |                                       | nd 39  |                  |                  | 40       |                         |
| 41       |           |                        | . ,                                   | smaller of line 40 or the value of y   |                  |                  |          | 1                       |
|          |           |                        |                                       | butions made in 2024). Include this a  |                  |                  |          | 1                       |
|          |           |                        |                                       | <u> </u>   |                  |                  | 41       |                         |
| Part     |           |                        |                                       | tributions to Health Savings Ac  | •                | •                | •        | • •                     |
|          |           |                        |                                       | nployer contributed more to your HS  | SAs for 202      | 23 than is al    | lowab    | le or you had an        |
|          |           |                        | ne 49 of your 2022 Form               |  |                  |                  |          |                         |
| 42       |           |                        |                                       | s of your 2022 Form 5329. If zero, go t  | o line 47        |                  | 42       |                         |
| 43       |           |                        |                                       | 2023 are less than the maximum   |                  |                  |          | 1                       |
|          |           |                        |                                       | herwise, enter -0  | 43               |                  | -        |                         |
| 44       |           |                        |                                       | orm 8889, line 16  | 44               |                  |          |                         |
| 45       |           |                        |                                       |  |                  |                  | 45       |                         |
| 46       |           | -                      |                                       | ne 45 from line 42. If zero or less, ente  |                  |                  | 46       | 1                       |
| 47       |           |                        | -                                     | ions)  |                  |                  | 47       |                         |
| 48       |           |                        |                                       | nd 47  |                  |                  | 48       | 1                       |
| 49       |           |                        | . ,                                   | aller of line 48 or the value of your H  |                  |                  |          |                         |
| Dout     |           |                        |                                       | 2024). Include this amount on Schedule   |                  |                  | 49       |                         |
| Part V   |           |                        |                                       | ibutions to an ABLE Account. C   | omplete th       | is part if con   | tributi  | ons to your ABLE        |
| 50       |           |                        | 2023 were more than is a              |  |                  |                  | 50       |                         |
| 50       |           |                        | ·                                     | ions)  |                  |                  | 50       |                         |
| 51       |           |                        | ( )                                   | maller of line 50 or the value of yo   |                  |                  | E4       | 1                       |
| Part     |           |                        |                                       | n Schedule 2 (Form 1040), line 8 mulation in Qualified Retirement  |                  |                  | 51<br>(  |                         |
| rait     |           |                        |                                       | quired distribution from your qualified  |                  |                  | ASJ. C   | Jompiete this part      |
| 50       |           |                        |                                       | e instructions)  |                  |                  | 52       | <br>I                   |
| 52<br>53 |           |                        |                                       |  |                  |                  | 52       | <br>I                   |
| 53<br>54 |           |                        | rom line 52. If zero or less          | (see instructions)   |                  |                  | 53       |                         |
|          |           |                        |                                       |  |                  |                  | 54       |                         |
| 55       |           |                        |                                       | o calculate the additional tax. If you q<br>ne qualified retirement plan, check this                       | ·                |                  |          |                         |
|          |           |                        |                                       | 040), line 8 or Form 1041, Schedule G  |                  |                  | 55       |                         |
| 0.       |           |                        |                                       |  |                  |                  |          | st of my knowledge and  |
|          |           | nly if You             | belief, it is true, correct, and corr | clare that I have examined this form, including accupiete. Declaration of preparer (other than taxpayer) i | s based on all i | nformation of wh | ich prep | arer has any knowledge. |
|          |           | nis Form<br>I Not With |                                       |  |                  |                  |          |                         |
|          | Tax Re    |                        | Your signature                        |  |                  | Date             |          |                         |
|          |           | Print/Type prep        |                                       | Preparer's signature   | Date             |                  |          | PTIN                    |
| Paid     |           |                        |                                       |  |                  | Check<br>self-em |          | · ····                  |
| Prep     |           | Firm's name            |                                       | I  |                  | Firm's EIN       |          |                         |
| Use      | Only      | Firm's address         |                                       |  |                  | Phone no.        |          |                         |
|          |           | i inn s auuress        | 3                                     |  |                  |                  |          |                         |

Form **5329** (2023)

| Form <b>8606</b>           |
|----------------------------|
| Department of the Treasury |

### **Nondeductible IRAs**

OMB No. 1545-0074 2023

Attach to 2023 Form 1040, 1040-SR, or 1040-NR.

|          | ent of the Treasury<br>Revenue Service   | Go to www.irs.gov/Form8  | 606 for in   | structions and the late  | st information.   |   | Attachment<br>Sequence No. <b>48</b>                                  |
|----------|--|--|--|--|---|---|---|
| Name. If | f married, file a sepa   | arate form for each spouse required to file 202  | 3 Form 8606  | 6. See instructions.   |   | Your socia  | al security number  |
| RADH     | A KRISHNA  | PALOJU   |  |  |   | 236-6   | 9-5036  |
|          | Your Address   | Home address (number and street, or P.O. b   | ox if mail is  | not delivered to your home)  | )   |   | Apt. no.  |
| Filing   | f You Are<br>This Form by<br>and Not With  | City, town or post office, state, and ZIP code   | e. If you have   | e a foreign address, also co   | mplete the spaces belo  | w (see instru   | uctions).   |
|          | Tax Return   | Foreign country name   |  | Foreign province/state/co  | unty  | Foreign po  | stal code   |
| Part     | and Tra  | luctible Contributions to Tradit<br>iditional SIMPLE IRAs  |  |  | ns From Traditi   | onal, Tra   | aditional SEP,  |
|          |  | e this part only if one or more of the   |  |  |   |   |   |
|          | <ul> <li>You too<br/>contrib<br/>(other t<br/>one-tim</li> <li>You co</li> </ul> | ade nondeductible contributions to a<br>ok distributions from a traditional, tra<br>utions to a traditional IRA in 2023 or<br>han certain qualified disaster distribu-<br>ne distribution to fund an HSA, conven-<br>nverted part, but not all, of your trad<br>IMPLE IRAs in 2023 <b>and</b> you made r | aditional S<br>an earlien<br>ution repa<br>ersion, re<br>litional, tra | SEP, or traditional SIM<br>year. For this purpos<br>ayments from 2023 For<br>characterization, or re<br>aditional SEP, and tra | se, a distribution de<br>orm(s) 8915-F), qua<br>eturn of certain cor<br>aditional SIMPLE IF | ces not in<br>alified cha<br>atributions<br>RAs to Ro | nclude a rollover<br>aritable distribution,<br>s.<br>th, Roth SEP, or |
| 1        |  | ndeductible contributions to tradition   |  |  |   |   |   |
| •        | •  | 1, 2024, through April 15, 2024. See   |  |  |   | . 1   |   |
| 2        | •  | al basis in traditional IRAs. See instru   |  |  |   | . 2   |   |
| 3        |  | <u>d2</u>  |  |  |   | . 3   |   |
|          |  | you take a distribution from<br>raditional SEP, or traditional   | — No —   | Enter the amount   |   | 14.   |   |
|          |  | s, or make a Roth, Roth SEP,   |  | Do not complete  | the rest of Part I.   |   |   |
|          |  | PLE IRA conversion?  | — Yes —  | — Go to line 4.  |   |   |   |
| 4        |  | ntributions included on line 1 that we   | re made f  | rom January 1, 2024,   | through April 15, 2   |   |   |
| 5<br>6   | Subtract line 4  | e of <b>all</b> your traditional, traditional SE   | D and tr   |  | · · · · · ·   | . 5   |   |
| U        | 2023, plus any   | <ul> <li>outstanding rollovers. Subtract cer</li> <li>Form(s) 8915-F (see instructions) .</li> </ul>   | tain repa  |  | isaster distribution  |   |   |
| 7        | include rollove  | tributions from traditional, traditiona<br>ers (other than repayments of qualif  | ied disas  | ter distributions, if ar   | ny, from 2023 Forr  | n(s)  |   |
|          | conversions t  | nstructions)); qualified charitable dis<br>to a Roth, Roth SEP, or Roth<br>tions of traditional IRA contributions  | SIMPLE   | IRA; certain return  |   |   |   |
| 8        | Enter the net a  | amount you converted from traditio   | nal, tradit  | ional SEP, and tradit  |   | s to  |   |
| 9        |  | P, or Roth SIMPLE IRAs in 2023. Als<br>and 8   |  |  | 6<br>  <b>9</b>   | . 8   |   |
| 10       |  | by line 9. Enter the result as a de  |  |  | 3   |   |   |
|          | places. If the r   | esult is 1.000 or more, enter "1.000"  | '  |  | 10 ×  |   |   |
| 11       |  | B by line 10. This is the nontaxable<br>Roth, Roth SEP, or Roth SIMPLE IF  |  |  |   |   |   |
|          |  |  |  |  | 11  |   |   |
| 12       | Multiply line 7  | by line 10. This is the nontaxable   | portion c  | of your distributions  |   |   |   |
| 13       | •  | ot convert to a Roth, Roth SEP, or R<br>nd 12. This is the nontaxable portior  |  |  | 12  | . 13  |   |
| 13<br>14 |  | 3 from line 3. This is your total bas  | -  |  | and earlier vears   |   |   |
| 15a      |  | 2 from line 7  |  |  | -   | . 15a   |   |
| b        |  | unt on line 15a attributable to quali  |  |  |   |   |   |
|          |  | structions). Also, enter this amount   |  |  |   |   | 0   |
| с        |  | u <b>nt.</b> Subtract line 15b from line 15a.<br>)40-SR, <b>or</b> 1040-NR, line 4b  |  |  |   |   | •   |
|          |  | y be subject to an additional 10% to<br>the of the distribution. See instruction   |  | amount on line 15c   | if you were under   | age   |   |

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

| Form 8                    | 606 (2023)   |                        |  |  |                          |                   |           | Page <b>2</b>   |
|---------------------------|--|------------------------|--|--|--------------------------|-------------------|-----------|-----------------|
| Part                      |  |                        |  | onal, Traditional SEP, or Tr                                     | aditional SIMPLE I       | RAs to Ro         | oth,      | , Roth SEP, or  |
|                           |  |                        |  |  | ditional SEP, and tradi  | tional SIMF       | PLE       | IRAs to a Roth, |
| 16                        | Roth SIMPLE IRAS         Complete this part if you converted part or all of your traditional, traditional SEP, and traditional SEP, or Roth SIMPLE IRA in 2023.           If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIM IRAs in 2023.           If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIM IRAs in 2023.           Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on Form 1040, 1040-SR, or 1040-NR, line 4b           Total Distributions From Roth, Roth SEP, or Roth SIMPLE IRAS           Completed Part I, enter the anount from line 16. If more than a repayment of a qualified disaster distribution does not include a rollover (other than a repayment of a qualified disaster distributions 8915-F (see instructions)), qualified charitable distribution, one-time distribution to fund an H return of certain contributions (see instructions).           Including any qualified first-time homebuyer distributions, and any qualified disaster distributions 2023 Form(s) 8915-F (see instructions)         In one onter more than \$10,000 red by the total of all your prior qualified first-time homebuyer distributions           Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 red by the total of all your prior qualified first-time homebuyer distributions           Subtract line 22 from line 21. If zero or less, enter -0-         Subtract line 22 from line 11. If zero or less, enter -0-           Ente |                        |  | 6  |                          |                   |           |                 |
| 17                        |  |                        |  |  |                          |                   | 7         |                 |
| 18                        | Form 1   | 040, 10                | 40-SR, or 1040-NR, line 4b                                       |  |                          |                   | 8         |                 |
| Part                      | III D  | istribu                | tions From Roth, Roth  | SEP, or Roth SIMPLE IRAs   |                          |                   |           |                 |
|                           | d<br>8:  | istributio<br>915-F (s | on does not include a rollove<br>see instructions)), qualified c | er (other than a repayment of a haritable distribution, one-time | qualified disaster distr | ibution fror      | n 20      | 023 Form(s)     |
| 19                        | includi  | ng any c               | qualified first-time homebuy                                     | er distributions, and any qualified                              | ed disaster distributior | ns from           |           |                 |
|                           |  |                        |  |  |                          |                   | 9         | 98.             |
| 20                        | by the   | total of               | all your prior qualified first-t                                 | me homebuyer distributions                                       |                          | 2                 | 20        |                 |
| 21                        |  |                        |  |  |                          |                   | 21        | 98.             |
| 22                        | -  |                        |  |  | ,                        |                   | 22        |                 |
| 23                        |  |                        |  |  |                          |                   | 23        | 98.             |
| 24                        |  |                        |  |  |                          |                   | 24        |                 |
| 25a                       | Subtra   | ct line 2              | 4 from line 23. If zero or less                                  | s, enter -0- and skip lines 25b a                                | nd 25c                   | 2                 | 5a        | 98.             |
| b                         |  |                        |  |  |                          |                   |           |                 |
|                           |  | /                      |  |  |                          |                   | 5b        | 0.              |
| С                         |  |                        |  |  |                          |                   | 5c        | 98.             |
| if You<br>This F<br>and N | ı Are Fili<br>Form by<br>lot With  | ng<br>Itself           |  |  |                          |                   |           |                 |
| lax R                     | leturn   |                        | 0  | 1  |                          | ate               |           |                 |
| Paid<br>Pren              |  | Print/Typ              | pe preparer's name   | Preparer's signature   | Date                     | Check self-employ | if<br>/ed | PTIN            |
|                           |  | Firm's n               | ame  |  |                          | Firm's EIN        |           |                 |
| Use Only Firm's address   |  |                        |  |  |                          | Phone no.         |           |                 |

BAA

REV 02/16/24 PRO

Form **8606** (2023)

10800

110717 00

4484

00

00

| 2023 MICHIGAN Indi<br>Return is due April 15, 2024.  |                |   |                 | n MI-10          |   |                 |          | Amended Return (Include Schedule AMD)  |      |  |
|--|----------------|---|-----------------|------------------|---|-----------------|----------|--|------|--|
| 1. Filer's First Name  | M.I.           | Last Name   |                 |                  | 2. Filer's                                    | Full Social Se  | curity   | No. (Example: 123-45-6789  | 9)   |  |
| RADHA KRISHNA  |                | PALOJU  |                 |                  |   |                 |          |  | ,    |  |
| If a Joint Return, Spouse's First Name   | M.I.           | Last Name   |                 |                  | 23  | 36 —            | 69       | <u> </u>   |      |  |
| DIVYA  |                | UPPALA  |                 |                  | 3. Spous                                      | e's Full Social | Secur    | ity No. (Example: 123-45-6   | 789) |  |
| Home Address (Number, Street, or P.O. Bo   | ox)            | • -   |                 |                  | 1   |                 |          |  |      |  |
| 140 LAKE VILLAGE D   | R              |   |                 |                  | 85  | 58 <del>—</del> | 86       | <u> </u>   |      |  |
| City or Town   |                | State   | ZIP Code        |                  | 4. Schoo                                      | District Code   | e (5 dig | its)   |      |  |
| WALLED LAKE  |                | MI  | 48390           | )                |   | 63060           |          |  |      |  |
| <ol> <li>STATE CAMPAIGN FUND<br/>Check if you (and/or your spous<br/>filing a joint return) want \$3 of yo<br/>to go to this fund. This will not in<br/>your tax or reduce your refund.</li> </ol> | our taxe       | a. Filer<br>s b. Spouse                                   |                 |                  |   | ox if 2/3 of    |          | AFARERS  |      |  |
| <ul> <li>7. 2023 FILING STATUS. Check o</li> <li>a. Single</li> <li>b. X Married filing jointly</li> <li>c. Married filing separately*</li> </ul>  | * If y         | rou check box "c," comp<br>3 and enter spouse's ful<br>w: |                 | a. 🔀 R<br>b. 🗌 N | ESIDENC<br>esident<br>onresiden<br>art-Year R | t *             | Chec     | k all that apply.<br>* If you check box "b" or<br>"c," you must complete<br>and <b>include Schedule</b><br><b>NR</b> . | -    |  |
| 9. EXEMPTIONS. NOTE: If som  |                | -   |                 |                  | ter 0 on lir<br>2                             |                 |          | 1,500 on line 9e (see ins<br>10800   |      |  |
| <ul> <li>a. Number of exemptions (see</li> <li>b. Number of individuals who q</li> <li>blind, hemiplegic, paraplegic</li> </ul>  | ualify fo      | r one of the following spe                                | cial exemptio   | ns: deaf,        |   | x \$5,400       |          | 10000  | 00   |  |
|  |                |   |                 |                  |   | x \$3,100       |          |  |      |  |
| c. Number of qualified disabled  | i velera       | ns  |                 | 9c.              |   | x \$400         | 9c.      |  | 00   |  |
| d. Number of Certificates of St  | illbirth fr    | om MDHHS (see instruc                                     | ctions)         | 9d.              |   | x \$5,400       | 9d.      |  | 00   |  |
| e. Claimed as dependent, see   | line 9 N       | OTE above   |                 | 9e.              |   |                 | 9e.      |  | 00   |  |
| f. Add lines 9a, 9b, 9c, 9d and  | 9e. En         | ter here and on line 15 .                                 |                 |                  |   | г               | 9f.      | 10800  | 00   |  |
| 10. Adjusted Gross Income from   | your U.        | S. Form 1040 (see instru                                  | uctions)        |                  |   | 10.             |          | 121517   | 00   |  |
| 11. Additions from Schedule 1, line  | 9. <b>Incl</b> | ude Schedule 1  |                 |                  |   | 11.             |          |  | 00   |  |
| 12. Total. Add lines 10 and 11   |                |   |                 |                  |   | 12.             |          | 121517   | 00   |  |
| 13. Subtractions from Schedule 1,  | line 31.       | Include Schedule 1  |                 |                  |   | 13.             |          |  | 00   |  |
| 14. Income subject to tax. Subtra  | ct line 1      | 3 from line 12. If line 13                                | 3 is greater th | an line 12, ent  | er "0"  | 14.             |          | 121517   | 00   |  |

15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....

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) .....

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included. REV 02/08/24 PRO

15.

16.

17.

Filer's Full Social Security Number

236 —

69 — 5036

| NON  | REFUNDABLE CREDITSAMOUNT  |      | CREDIT         |
|------|---|------|----------------|
| 18.  | Income Tax Imposed by government units outside Michigan.       18a.         Include a copy of the return (see instructions)       18a.  | 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.<br>If the sum of lines 18b and 19b is greater than line 17, enter "0"   | 20.  | 4484 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-Time Home Buyer Savings</i><br><i>Program</i> , line 5  | 22.  | 00             |
| 23.  | USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from<br>Worksheet 1 (see instructions)   | 23.  | 0 00           |
| 24.  | Total Tax Liability. Add lines 20 through 23       24.  |      | 4484 00        |
| REFL | 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)       00         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.  | 5163 <b>00</b> |
| 31.  | Estimated tax, extension payments and 2022 credit forward   | 31.  | 00             |
| 32.  | <b>2023 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2023 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .  |      |                |
|      | 32a. If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.  | I    |                |
|      | 32b. If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty. | 32c. | 00             |
| 33.  | Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c 33.  |      | 5163 <b>00</b> |

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

236 <del>-</del> 69

9 — 5036

#### **REFUND OR TAX DUE**

| 34. | If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.     |     | 00 |
|-----|--|-----|----|
| 35. | Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33                       | 679 | 00 |
| 36. | Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return | 36. | 00 |
| 37. | Subtract line 36 from line 35  | 679 | 00 |

|           | CT DEPOSIT  | a. Routing Transit Number |                |                | b. Account Number   |  | c. Type of Account       |  |  |  |
|-----------|---|---------------------------|----------------|----------------|---|--|--------------------------|--|--|--|
|           | your refund directly to your financial<br>n! See instructions and complete a, b | 21139                     | 1825           |                | 42679647  | 647  | 1. X Checking 2. Savings |  |  |  |
|           | sed Taxpayer. If Filer and/or Spous<br>DATE OF DEATH ONLY. Example:             |                           |                | dates below.   | <b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge. |  |                          |  |  |  |
|           |   |                           |                |                | Preparer's PTIN, FEIN or  | SSN  |                          |  |  |  |
| Filer     |   | Spouse                    |                | _              |   | P02082703  |                          |  |  |  |
| Taxnay    | /er Certification. / declare under  | nenalty of ne             | riury that the | information in | this return   | Preparer's Name (print or type)                        |                          |  |  |  |
|           | chments is true and complete to the bes   |                           |                |                |   | SYAM PRIYA   | RAM SAGAR GUPTA TA       |  |  |  |
| Filer's S | ignature  |                           |                | Date           |   | Preparer's Signature                                   |                          |  |  |  |
|           |   |                           |                |                |   | SYAM PRIYA   | RAM SAGAR GUPTA TA       |  |  |  |
| Spouse'   | s Signature   |                           |                | Date           |   | Preparer's Business Name, Address and Telephone Number |                          |  |  |  |
|           |   |                           |                |                |   | GLOBAL TAXE  | S LLC                    |  |  |  |
|           |   |                           | 245 ROONEY CT  |                |   |  |                          |  |  |  |
| В         | y checking this box, I authorize Tre  | easury to dis             | scuss my r     | eturn with m   | y preparer.   | E BRUNSWICK  | NJ 08816                 |  |  |  |
|           |   |                           |                |                |   | 678-965-952  | 2                        |  |  |  |

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

## 2023 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

**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)  |
|--|------|-----------|---|
| RADHA KRISHNA                          |      | PALOJU    | 236 — 69 — 5036   |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) |
| DIVYA                                  |      | UPPALA    | 858 — 86 — 9402   |

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

| A                                 |       | В                                | С               | D                                       |    | E  |    |
|-----------------------------------|-------|----------------------------------|-----------------|---|----|--|----|
| Enter "X" for:<br>Filer or Spouse |       |                                  |                 | Box 1 — Wages, tips, other compensation |    | Box 17 — Michigan<br>income tax withheld |    |
| X                                 |       | 36-4549621                       | GENIUS BUSINESS | 140362                                  | 00 | 5163                                     | 00 |
|                                   |       |                                  |                 |   | 00 |  | 00 |
|                                   |       |                                  |                 |   | 00 |  | 00 |
|                                   |       |                                  |                 |   | 00 |  | 00 |
|                                   |       |                                  |                 |   | 00 |  | 00 |
| Enter                             | Table |                                  |                 | 00                                      |    |  |    |
| 4.                                | SUB   | TOTAL. Enter total of Table 1, c | olumn E         |   | 4. | 5163                                     | 00 |

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

| A   | В   | C            | D  | E                               |    |
|---|---|--------------|--|---------------------------------|----|
| Enter "X" for:<br>Filer or Spouse                                       | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income<br>tax withheld |    |
|   |   |              | 00   | D                               | 00 |
|   |   |              | 00   |                                 | 00 |
|   |   |              | 00   | 0                               | 00 |
|   |   |              | 00   | 2                               | 00 |
|   |   |              | 00   | 0                               | 00 |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable) |   |              |  |                                 | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E                           |   |              |  |                                 | 00 |
| 6. TOTAL. Add lines 4 and 5. Enter here and carry to MI-1040, line 30   |   |              |  | . 5163                          | 00 |

Attachment 13

REV 02/08/24 PRO