

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name SRIKANTH VUPPUNUTHALA	Social security number 336-91-5099
Spouse's name RACHANA MARTHA	Spouse's social security number 668-57-8514

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	102,070.
2 Total tax	2	8,215.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,383.
4 Amount you want refunded to you	4	168.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	5	0	9	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

7	8	5	1	4
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial SRIKANTH Last name VUPPUNUTHALA Your social security number 336 91 5099

If joint return, spouse's first name and middle initial RACHANA Last name MARTHA Spouse's social security number 668 57 8514

Home address (number and street). If you have a P.O. box, see instructions. 25303 N 21ST AVE Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [] You [] Spouse

Filing Status [] Single [] Head of household (HOH) [X] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [X] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1959 [] Are blind Spouse: [] Was born before January 2, 1959 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents.

Income section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 117,170. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions) 1i. 1z Add lines 1a through 1h 117,170.

Table with rows 2a through 3b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends 9. 3b Ordinary dividends 27.

Table with rows 4a through 6b. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here []

8 Additional income from Schedule 1, line 10. 8 -16,724. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. 9 102,070.

10 Adjustments to income from Schedule 1, line 26. 10. 11 Subtract line 10 from line 9. This is your adjusted gross income. 11 102,070.

12 Standard deduction or itemized deductions (from Schedule A). 12 29,931.

13 Qualified business income deduction from Form 8995 or Form 8995-A. 13 4.

14 Add lines 12 and 13. 14 29,935.

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income. 15 72,135.

Tax and Credits table with rows 16-24. Includes Tax (8,215), Amount from Schedule 2, line 3, Add lines 16 and 17 (8,215), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (8,215), Other taxes (0), and Add lines 22 and 23 (8,215).

Payments table with rows 25-33. Includes Federal income tax withheld (8,383), 2023 estimated tax payments, Earned income credit (0), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, and total other payments and refundable credits (8,383).

Refund table with rows 34-36. Includes amount overpaid (168), amount refunded (168), routing number (121000358), account number (325036815041), and amount applied to 2024 estimated tax (36).

Amount You Owe table with rows 37-38. Includes amount you owe (37) and estimated tax penalty (38).

Third Party Designee section. Includes question: 'Do you want to allow another person to discuss this return with the IRS?' with 'No' selected. Includes fields for name, phone, and PIN.

Sign Here section. Includes declaration: 'Under penalties of perjury, I declare that I have examined this return...' and signature lines for taxpayer (IT EMPLOYEE) and spouse (HOME MAKER).

Paid Preparer Use Only section. Includes fields for preparer name (SYAM PRIYA RAM SAGAR GUPTA TALLAM), signature, date (02/22/2024), PTIN (P02082703), firm name (GLOBAL TAXES LLC), address (245 ROONEY CT E BRUNSWICK NJ 08816), phone (678) 965-9522, and EIN (84-3171965).

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SRIKANTH VUPPUNUTHALA & RACHANA MARTHA

Your social security number
336-91-5099

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-16,724.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-16,724.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	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		
c	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		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

SRIKANTH VUPPUNUTHALA & RACHANA MARTHA

Your social security number

336-91-5099

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	
	3	Multiply line 2 by 7.5% (0.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5	State and local taxes.		
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	2,343.
	b	State and local real estate taxes (see instructions)	5b	702.
	c	State and local personal property taxes	5c	
	d	Add lines 5a through 5c	5d	3,045.
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	3,045.
	6	Other taxes. List type and amount: _____	6	
	7	Add lines 5e and 6	7	3,045.
Interest You Paid	Caution: Your mortgage interest deduction may be limited. See instructions.			
	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	26,886.
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____	8b	
	c	Points not reported to you on Form 1098. See instructions for special rules	8c	
	d	Reserved for future use	8d	
	e	Add lines 8a through 8c	8e	26,886.
	9	Investment interest. Attach Form 4952 if required. See instructions	9	
	10	Add lines 8e and 9	10	26,886.
Gifts to Charity	Caution: If you made a gift and got a benefit for it, see instructions.			
	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	
	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
	13	Carryover from prior year	13	
	14	Add lines 11 through 13	14	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15
Other Itemized Deductions	16	Other—from list in instructions. List type and amount: _____		16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	29,931.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

SRIKANTH VUPPUNUTHALA & RACHANA MARTHA

Your social security number

336-91-5099

**Part I
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

AMERICAN EXPRESS NATIONAL BANK
AMERICAN EXPRESS NATIONAL BANK
JPMORGAN CHASE BANK
DISCOVER BANK
GOLDMAN SACHS BANK

		Amount
1		250.
		50.
		200.
		834.
		263.
2	Add the amounts on line 1	1,597.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	1,597.

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer: ROBINHOOD SECURITIES LLC

		Amount
5		27.
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	27.

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

- 7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____
- 8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
X	
	X

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

SRIKANTH VUPPUNUTHALA & RACHANA MARTHA

Your social security number

336-91-5099

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A FORT ROAD WARANGAL TELANGANA IN 506002

B
C

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days		QJV	
				A	B	A	B	A	B
A	1			355		0		<input type="checkbox"/>	
B								<input type="checkbox"/>	
C								<input type="checkbox"/>	

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	950.		
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)			
7 Cleaning and maintenance	1,445.		
8 Commissions			
9 Insurance			
10 Legal and other professional fees			
11 Management fees	1,365.		
12 Mortgage interest paid to banks, etc. (see instructions)			
13 Other interest			
14 Repairs	3,654.		
15 Supplies	3,255.		
16 Taxes			
17 Utilities	2,455.		
18 Depreciation expense or depletion	5,500.		
19 Other (list) _____			
20 Total expenses. Add lines 5 through 19	17,674.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	-16,724.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(16,724.)		
23a Total of all amounts reported on line 3 for all rental properties	23a	950.	
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d	5,500.	
e Total of all amounts reported on line 20 for all properties	23e	17,674.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(16,724.)	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26	-16,724.	

Health Savings Accounts (HSAs)

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

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 336-91-5099

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7 0.
8	Add lines 6 and 7	8 3,850.
9	Employer contributions made to your HSAs for 2023	9 500.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 500.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 3,350.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

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

Name(s) shown on return SRIKANTH VUPPUNUTHALA & RACHANA MARTHA	Your taxpayer identification number 336-91-5099
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Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 18.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 18.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 4.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 4.
11	Taxable income before qualified business income deduction (see instructions)	11 72,139.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 9.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 72,130.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 14,426.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 4.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,3 AND ENDING 66F

1 SRIKANTH VUPPUNUTHALA 336 91 5099
1 RACHANA MARTHA 668 57 8514

2 25303 N 21ST AVE 94 (669) 243-9678
3 PHOENIX AZ 85085 97

4 Married filing joint return
5 Head of household
6 Married filing separate return
7 Single
8 Age 65 or over
9 Blind
10a Dependents: Under age of 17
10b Dependents: Age 17 and over
11a Qualifying parents and grandparents

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023

Main tax calculation table with 35 rows and 3 columns (line number, amount, total). Includes sections for Additions (lines 12-19) and Subtractions (lines 20-35).

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **SRIKANTH VUPPUNUTHALA & RACHANA MARTHA** Your Social Security Number **336-91-5099**

Exemptions	36	Other Subtractions from Income. Complete <i>Other Subtraction from Arizona Gross Income</i> schedule on page 6.....	36		00		
	37	Subtract line 36 from line 35. Enter the difference	37	102,070	00		
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00		
	39	Blind: Multiply the number in box 9 by \$1,500	39		00		
	40	Other Exemptions. See instructions.....40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00		
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00		
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	102,070	00		
	43	Deductions: Check box and enter amount. See instructions..... 43I <input checked="" type="checkbox"/> ITEMIZED ...43S <input type="checkbox"/> STANDARD	43	29,931	00		
	44	If you checked box 43S and claim charitable contributions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	72,139	00		
	46	Tax: Multiply line 45 by 2.5% (.025). Enter the result.....	46	1,803	00		
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	47		00		
	48	Subtotal of tax: Add lines 46 and 47. Enter the total	48	1,803	00		
	49	Dependent Tax Credit. See instructions	49		00		
	50	Family income tax credit (from the worksheet - see instructions).....	50		00		
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 62.....	51		00		
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0"	52	1,803	00		
	53	2023 AZ income tax withheld.....	53	2,343	00		
	54	2023 AZ estimated tax payments. 54a <input type="checkbox"/> 00 Claim of Right 54b <input type="checkbox"/> 00 Add 54a and 54b. 54c	54c		00		
	55	2023 AZ extension payment (Form 204).....	55		00		
	56	Increased Excise Tax Credit (from the worksheet - see instructions)	56		00		
	57	Property Tax Credit from Arizona Form 140PTC.....	57		00		
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 334 583 <input type="checkbox"/> 349	58		00		
	59	Total payments and refundable credits: Add lines 53 through 58. Enter the total.....	59	2,343	00		
	Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 and 63.....	60		00	
61		OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment.....	61	540	00		
62		Amount of line 61 to be applied to 2024 estimated tax.....	62		00		
63		Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	540	00		
Voluntary Gifts	64 - 74 Voluntary Gifts to:						
		Solutions Teams Assigned to Schools.....	64	00	00		
		Arizona Wildlife.....	65		00		
	Child Abuse Prevention.....	66	00	Domestic Violence Services.....	67	00	
	Neighbors Helping Neighbors..	69	00	Political Gift.....	68	00	
	I Didn't Pay Enough Fund.....	72	00	Special Olympics.....	70	00	
		Sustainable State Parks and Road Fund.....	73	00	Veterans' Donations Fund.....	71	00
				00	Spay/Neuter of Animals..	74	00
Penalty	75	Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican					
	76	Estimated payment penalty	76		00		
	77	771 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included					
Refund or Amount Owed	78	Add lines 64 through 74 and 76; enter the total.....	78		00		
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80	79	540	00		
	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....	80		00		

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION IT EMPLOYEE

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION HOME MAKER

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02222024 GLOBAL TAXES LLC
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT 84-3171965
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

E BRUNSWICK NJ 08816 (678) 965-9522
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140.
 If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

SRIKANTH VUPPUNUTHALA & RACHANA MARTHA

Your social security number

336-91-5099

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)		
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	
	3	Multiply line 2 by 7.5% (0.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5	State and local taxes.		
	5a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>		2,343
	5b	State and local real estate taxes (see instructions)		702
	5c	State and local personal property taxes		
	5d	Add lines 5a through 5c		3,045
	5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		3,045
	6	Other taxes. List type and amount: _____	6	
	7	Add lines 5e and 6		7 3,045
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	8a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited		26,886
	8b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		
	8c	Points not reported to you on Form 1098. See instructions for special rules		
	8d	Reserved for future use		
	8e	Add lines 8a through 8c		26,886
	9	Investment interest. Attach Form 4952 if required. See instructions	9	
	10	Add lines 8e and 9		10 26,886
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11	
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		12	
	13 Carryover from prior year		13	
	14 Add lines 11 through 13			14
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15
Other Itemized Deductions	16	Other—from list in instructions. List type and amount: _____		16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	29,931
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

Include with your return.

Your Name as shown on Form 140 SRIKANTH VUPPUNUTHALA	Your Social Security Number 336 91 5099
Spouse's Name as shown on Form 140 (if filing joint) RACHANA MARTHA	Spouse's Social Security Number 668 57 8514

To itemize on your Arizona return, you must first complete a federal Schedule A even if you did not itemize on your federal return. Use Form 140 Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140 Schedule A **only if you are making changes** to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1 Medical and dental expenses.....	1		00
2 Medical expenses allowed to be taken as a federal itemized deduction.....	2		00
3 If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4	3		00
4 If line 2 is more than line 1, subtract line 1 from line 2	4		00

Adjustment to Interest Deduction

5 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2023 that is equal to the amount of your 2023 federal credit.....	5		00
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Adjustments to Charitable Contributions

6 Amount of charitable contributions for which you are claiming a credit under Arizona law	6		00
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Adjustment to State Income Taxes

7 Amount of state income taxes deducted on the federal Schedule A that are for contributions to a charity for which an Arizona credit was received. If your tax deductions were limited on your federal Schedule A complete the worksheet on page 2 to determine the adjustment on this line	7		00
--	---	--	----

Other Adjustments

8 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	8		00
--	---	--	----

Adjusted Itemized Deductions

9 Add the amounts on lines 3 and 5.....	9		00
10 Add the amounts on lines 4, 6, 7, and 8.....	10		00
11 Total federal itemized deductions allowed to be taken on federal return.....	11	29,931	00
12 Enter the amount from line 9 above	12		00
13 Add lines 11 and 12.....	13	29,931	00
14 Enter the amount from line 10 above	14		00
15 Arizona itemized deductions: Subtract line 14 from line 13. Enter the difference here. Also, enter the amount on Form 140, page 2, line 43. If less than zero, enter "0".....	15	29,931	00



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

Your Name (as shown on page 1)
SRIKANTH VUPPUNUTHALA

Your Social Security Number
336-91-5099

2023 Form 140 Schedule A Adjustment to State Income Taxes

Arizona Revised Statutes § 43-1042 was amended to require taxpayers to reduce the amount of itemized deductions for amounts used to claim an Arizona credit even if the amount was deducted on the federal return as state income taxes paid rather than as charitable contributions.

If you claimed income taxes on your federal 1040 Schedule A, complete the following worksheet to determine the amount of your adjustment to enter on page 1, line 7.

1A	Total state income taxes on the federal Schedule A before applying the federal limitations.....	1A	00
2A	Amount included in the line 1A for which you claimed an Arizona credit.....	2A	00
3A	Subtract line 2A from line 1A. Enter the difference.....	3A	00
4A	Limit from federal Schedule A. Enter \$10,000 (\$5,000 if married filing separate)..	4A	00
5A	Enter the smaller of line 3A or 4A.....	5A	00
6A	Enter total state income taxes claimed on federal Schedule A (after limitation).....	6A	00
7A	Subtract line 5A from line 6A. This is the amount of your Arizona adjustment. Enter the amount on page 1, line 7.....	7A	00