1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
DINESH F	TIMAI	B	PEN	TAPALI	.т					718	52	1682
		s first name and middle initial	Last r									security numbe
VANI PRI	ΥA		KOP	PALA						982	94	2220
		er and street). If you have a P.O. box, see						A	pt. no.		• •	ection Campaig
9919 RIC	THMOI	ND AVE						8	301			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	-			jointly, want \$3
HOUSTON						TX	K	770	42			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		0
											🗌 Yo	ou 🗌 Spouse
Filing Status	; [Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ving spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ild's na	me if the
	qu	alifying person is a child but not you	ur depe	endent:								
Digital	Δt ar	ny time during 2023, did you: (a) rece	oivo (a	s a roward	d award or	navr	ment for prope	rtv or	services): or	(h) sell		
Assets		hange, or otherwise dispose of a digi						-			ΠYe	es 🛛 No
Standard		neone can claim: Vou as a de					a dependent	, (,		
Deduction	_	Spouse itemizes on a separate return	•				•					
Age/Blindness	S You	: Were born before January 2, 1	959	Are b	lind Spc	ouse	: 🗌 Was bor	m befo	ore January	2, 1959		s blind
Dependents		•		<u> </u>	Social security		(3) Relationsh	14	,			see instructions)
If more		(1) First name Last name					to you	-		redit	Credit fo	or other dependent
than four	-											
dependents,	-											
see instructions and check	3 —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a		174,806.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b		
W-2 here. Also	с	Tip income not reported on line 1a	a (see i	nstruction	ns)					. 1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from F	orm 2441,	, line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	8839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instructi	ions)					· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i					
	z	Add lines 1a through 1h	···							. 1z		174,806.
Attach Sch. B	2a	'	2a		700		axable interest			. 2b	<u> </u>	511.
if required.	3a		3a		729.		Ordinary divide			. 3b	-	1,845.
Standard	4a		4a				axable amoun			. 4b	-	
Deduction for-	5a		5a				axable amoun			. 5b	-	
 Single or Married filing 	6a	, _	6a				axable amoun	t	 r	. 6b	·	
separately, \$13,850	_c	If you elect to use the lump-sum el				`	,	• •	l	╡┠╺		2 0 0 0
 Married filing 	7	Capital gain or (loss). Attach Sched						• •	l			-3,000.
jointly or Qualifying	8	Additional income from Schedule						• •		. 8	_	-18,712.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9		155,450.
 Head of 	10	Adjustments to income from Sche						• •		. 10		166 450
household, [\$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11		155,450.
• If you checked	12	Standard deduction or itemized					 		· · ·	. 12	-	27,700.
any box under Standard	13 14	Qualified business income deducti	ion fro	III FORM 8	ອອວ or ⊢orm	999	ъ-А.		· · ·	. 13		4.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer		· · ·		· ·	· · · ·		· · ·	. 14		27,704.
	15			ss, enter	-o 11115 15 y	Juri		. 5		. 15	<u>'</u>	127,746.

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

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	18,668.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	18,668.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8				[20	7,500.
	21	Add lines 19 and 20					[21	7,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	11,168.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is						24	11,168.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 26	5,913.		
	b	Form(s) 1099				25b	·		
	c	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	26,913.
	26	2023 estimated tax payment						26	,
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31	906.		
	32	Add lines 27, 28, 29, and 31				-		32	906.
	33	Add lines 25d, 26, and 32. T	,	-			-	33	27,819.
Defined	34	If line 33 is more than line 24					•••	34	16,651.
Refund	34 35a	Amount of line 34 you want				, ,		35a	16,651.
Direct deposit?	b soa	Routing number 2 1 1		2 5				3 5a	10,001.
See instructions.		Account number 4 1 2					Savings		
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	a a					1 1	•••	37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete be	low	🗙 No
Designee							•		
	nai	signee's ne		Phone no.			onal identific ber (PIN)	ation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statemer	ts, and to the	e best i	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which p	orepare	er has any knowledge.
пеге	Yo	ur signature		Date Your occupation			If the I	RS ser	nt you an Identity
									N, enter it here
Joint return?						ICE ENGINE			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an action PIN, enter it here
your records.					HOME MAKER			st.)	ettorr in, enter it here
	Ph	one no. (813) 300-533	Λ	Email address		ALLI51@GMAIL.C	I		
		eparer's name	Preparer's signat	1	LINDOIL FUNIAL	Date			Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P02082	702	Self-employed
Preparer		n's name GLOBAL TAX		ITTUI DUGUL	COLIN INDER	02/20/2024			
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's		678)965-9522
Co to united into an				NOWICK N			FILLS	CIN	84-3171965 Form 1040 (2023)
GO IO WWW.IIS.go	wrom	n1040 for instructions and the late	st mornation.		BAA	REV 02/16/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **01**

Your social security number

718-52-1682

Internal Revenue Service Go to www.irs.gov/Form10 Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DINESH KUMAR PENTAPALLI & VANI PRIYA KOPPALA

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-18,718.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
	Other Income from box 3 of 1099-Misc 6.	8z 6.		
9	Total other income. Add lines 8a through 8z		9	6.
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-18,712.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 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 . 12	
`	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 24i				
۲ ا	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2 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 adjustments to income					
	Form 1040, 1040-SR, or 1040-NR, line 10	• •			. 26	i

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074

Attachment Sequence No. 03

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	cial sec 52-168	urity number			
Par	ESH KUMAR PENTAPALLI & VANI PRIYA KOPPALA I Nonrefundable Credits		/10-	02-100	2
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441			2	
3	Education credits from Form 8863, line 19		3		
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f	7,500.		
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
Ι	Amount on Form 8978, line 14. See instructions	61			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z $\ .$.			7	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20	040, 104 	0-SR, or	8	7,500.
			(cc	ntinue	d on page 2)

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	906.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	906.
	BAA REV	02/16/24 PRO	Schedul	e 3 (Form 1040) 2023

SCHEDULE	В
(Form 1040)	

Department of the Treasury

Interest and Ordinary Dividends

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service		Go to www.irs.gov/ScheduleB for instructions and the latest information.				
Name(s) shown on re	eturn		1	social security nu		
DINESH KUM	AR PI	ENTAPALLI & VANI PRIYA KOPPALA	718	3-52-1682		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amoun	t	
Interest		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:				
(See instructions and the		Robinhood Securities LLC			511.	
Instructions for						
Form 1040, line 2b.)						
Note: If you						
received a Form 1099-INT,						
Form 1099-OID,			1			
or substitute statement from						
a brokerage firm,						
list the firm's name as the						
payer and enter						
the total interest shown on that						
form.						
	2	Add the amounts on line 1	2		511.	
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
	-	Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		511.	
		If line 4 is over \$1,500, you must complete Part III.		Amoun	t	
Part II	5	List name of payer: Robinhood Securities LLC		1,	845.	
Ordinary						
Dividends						
(See instructions						
and the						
Instructions for Form 1040.						
line 3b.)			5			
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	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	1.	845.	
	Note:	If line 6 is over \$1,500, you must complete Part III.		,		
Part III	Vou n	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d	ividor	ude: (b) had a	foreigr	
-		int; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr			loreigi	
Foreign Accounts						
and Trusts				Ye	s No	
	7a	At any time during 2023, did you have a financial interest in or signature authority of				
Caution: If required, failure to)	account (such as a bank account, securities account, or brokerage account) locat country? See instructions	ed in	a toreign	×	
file FinCEN Form		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank	 and	Financial		
114 may result in substantial		Accounts (FBAR), to report that financial interest or signature authority? See Find				
penalties.						
Additionally, you may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) v	vhere the		
to file Form 8938,		financial account(s) is (are) located:	-			
Statement of Specified Foreign						
Financial Assets.	8	During 2023, did you receive a distribution from, or were you the grantor of, or t				

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

foreign trust? If "Yes," you may have to file Form 3520. See instructions .

See instructions.

Schedule B (Form 1040) 2023

. . . .

. .

REV 02/16/24 PRO

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SCHEDULE	D
(Form 1040)	

Capital Gains and Losses

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

DINESH KUMAR PENTAPALLI & VANI PRIYA KOPPALA

Your social security number 718-52-1682

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	676 , 667.	732,222.	54,103.		-1,452.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	10,815.	10,619.			196.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		estates, and tr	usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(36,358.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long- 	7	-37,614.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	le dollars.	()	(,	line 2, colum		with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	27,269.	43,308.	4,8	93.	-11,146.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	. ,	11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any	-		(2752)		
	Worksheet in the instructions				14	(3,752.)
15	Net long-term capital gain or (loss). Combine lines 8a on the back	15	-14,898.			

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-52,512.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

BAA REV 02/16/24 PRO

Schedule D (Form 1040) 2023

Form	8949

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



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

 Go to www.irs.gov/Form8949 for instructions and the latest information.
 Attachment Sequence No. 1

 Social security number or taxpayer identification number

718-52-1682

DINESH KUMAR PENTAPALLI & VANI PRIYA KOPPALA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	c 01/01/23	12/31/23	676,667.	732,222.	W	54,103.	-1,452.	
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abovabove is checked), or line 3 (if Box	otal here and inc ve is checked), li	lude on your ne 2 (if Box B	676,667.	732,222.		54,103.	-1,452.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side DINESH KUMAR PENTAPALLI & VANI PRIYA KOPPALA

Social security number or taxpayer identification number 718-52-1682

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date acquired		(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) (g) Code(s) from instructions Amount of adjustment		from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/23	12/31/23	27,269.	43,308.	W	4,893.	-11,146.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box I	I here and inc is checked), lir	lude on your ne 9 (if Box E	27,269.	43,308.		4,893.	-11,146.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 02/16/24 PRO

Form	8949

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.



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

eturn Social security number or taxpayer identification number

DINESH KUMAR PENTAPALLI & VANI PRIYA KOPPALA

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

718-52-1682

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Crypto LLC	01/01/23	12/31/23	10,815.	10,619.			196.	
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6	al here and inc is checked), lir	lude on your ne 2 (if Box B	10,815.	10,619.			196.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

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

	DULE E		Supplemental Income and Loss								OMB No	OMB No. 1545-0074	
(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs						s, etc.)	20	23					
Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.							Attachm	nent ce No. 13					
Name(s) shown on return Your social								al security i					
DINE	SH KUMAR P	ENTAF	PALLI & VAN	NI PRIYA KOPPAN	LA					718-5	2-1682		
Part				tal Real Estate an									
	Note: If yo	ou are in	the business of	renting personal proper 835 on page 2, line 40.	rty, use	Schedule	e C . See	e instru	ctions. If you ar	e an indi	vidual, repo	ort farm	
Α				nat would require you									
				ed Form(s) 1099?								_	
<u> </u>				(street, city, state, ZII				· ·			. 🗆		
				· · · · ·		,							
	38-6-7073	SRI	LAKSHMI VI	SAKHAPATNAM AN	NDHRA	A PRADE	ISH I	N 53	0007				
B C													
 1b	Turne of Drone	ut o				ha al		5	in Dentel	Davaav			
1D	Type of Prope (from list below			ntal real estate prope ort the number of fair				га	ir Rental Days		nal Use ays	QJV	
Α	3			e days. Check the Q			Α		365		0		
B			if you meet	the requirements to	file as	a	B				0		
С			qualified joi	nt venture. See instru	lctions	6.	С						
Туре	of Property:								I		1		
1 :	Single Family R	esiden	ce 3 Vaca	tion/Short-Term Ren	ntal	5 Lanc	ł	7	Self-Rental				
2	Multi-Family Re	sidenc	e 4 Com	mercial		6 Roya	alties	8	Other (descri	be)			
									Propertie				
Incom	e:						Α		В			С	
3		±			3			504.				-	
4					4								
Expen													
5	Advertising .				5								
6	Auto and trave	l (see i	nstructions)		6								
7	Cleaning and r	nainter	nance		7		2,9	89.					
8	Commissions				8								
9	Insurance				9								
10	•	•			10								
11					11		2,7	54.					
12		-		c. (see instructions)	12								
13					13								
14		• •			14			65.					
15					15		3,0	40.					
16					16			F					
17 18					17 18			25. 49.					
19	Other (list)	xpense	e or depietion		19		5,1	.49.					
20				19	20		19,3	22					
21	•		•	nd/or 4 (royalties). If	20		10,0	22.					
21				find out if you must									
					21		-18,7	18.					
22	Deductible ren	ital real	l estate loss af	ter limitation, if any,									
	on Form 8582	(see in	structions) .		22	(18,71	L8.)	()	()	
23a	Total of all am	ounts r	eported on line	3 for all rental prope	erties			23a		604.			
b	Total of all am	ounts r	eported on line	4 for all royalty prop	oerties			23b					
С		nounts reported on line 12 for all properties											
d		mounts reported on line 18 for all properties 23d 3, 149.											
е		amounts reported on line 20 for all properties											
24				wn on line 21. Do no						24			
25				1 and rental real estat							(1	18,718.)	
26				y income or (loss).									
				40 on page 2 do no erwise, include this a								10 710	
E D						NE		116 4 1	-18,718.	26		-18,718.	
For Pa	perwork Reduct	ion Act	wouce, see the	separate instructions	-	1 / 1	. л		±0,/±0.	· Sc	nedule E (Fo	orm 1040) 2023	

888 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment Sequence No. 52

Internal	Revenue Service Go to www.irs.gov/Form8889 for instructions and the latest informati	ion.	ŝ	equence No. 52
,	,	f both spouses ha	mber o ave HSA	f HSA beneficiary. As, see instructions.
	ESH KUMAR PENTAPALLI	718-52-		
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (-	
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) de See instructions	uring 2023.	Se	lf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those m unextended due date of your tax return that were for 2023. Do not include employer co contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter	(\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from I lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had famil under an HDHP at any time during 2023, enter your additional contribution amount. See ins	structions.	7	
8 9 10	Add lines 6 and 7 .	· · · · · 7,744.	8	7,750.
11	Add lines 9 and 10		11	7,744.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	6.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
10	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction		10	0.
Part			ate F	ISAs, complete
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 a contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	14b	
с	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, i 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 Addition	al 20%		

lax (see instructions), check here 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

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.

	and the distribution of the state of the sta		_	0000
	1040), Part II, line 17d	21		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
19	Qualified HSA funding distribution	19		
18	Last-month rule	18		

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

17b

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

Go to www.irs.gov	/Form2005 for	r instructions	and that	atact informatic	h
	/ FUI 1110335 101		and the h	αιεδι πποιπαιιύ	וונ

2023 Attachment Sequence No. 55

OMB No. 1545-2294

•

Your taxpayer identification number 718-52-1682

DINESH KUMAR PENTAPALLI & VANI PRIYA KOPPALA

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 20.		
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 20.		
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		10	4.
11	Taxable income before qualified business income deduction (see instructions)	11 127,750.		
12	Enter your net capital gain, if any, increased by any qualified dividends			
	(see instructions)	12 729.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 127,021.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	25,404.
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)			
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	n zero, enter -0	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			
	zero, enter -0		17	(0.)
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/	16/24 PRO		Form 8995 (2023)

Clean	Vehicle	Credits
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Ş	3936	Clean Vehicle Credits		0	MB No. 1545-2137
Form UJJU				9 07 2	
Department of the Treasury Attach to your tax return.				Att	
Internal Revenue Service Go to www.irs.gov/Form8936 for instructions and the latest information.					quence No. 69
) shown on return				
		PENTAPALLI & VANI PRIYA KOPPALA	718-5		82
Notes	•	a separate Schedule A (Form 8936) for each clean vehicle placed in service during	g the tax	year.	
		completing Parts II, III, or IV, must also complete Part I. See "Note" text below.			
Part		d Adjusted Gross Income Amount		_	
1a			5,450.		
b	•	me from Puerto Rico you excluded			
С		bunt from Form 2555, line 45			
d	•	bunt from Form 2555, line 50			
е	-	bunt from Form 4563, line 15			
2		hrough 1e		2	155,450.
3a			5,196.		
b	•	me from Puerto Rico you excluded			
С	•	ount from Form 2555, line 45			
d	•	ount from Form 2555, line 50			
е	-	ount from Form 4563, line 15			
4		nrough 3e	+	4	106,196.
5		ller of line 2 or line 4		5	106,196.
Part		or Business/Investment Use Part of New Clean Vehicles			
		dividuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$30 g surviving spouse; \$225,000 if head of household).	0,000 if n	narrieo	filing jointly or a
6	Enter the total	credit amount figured in Part II of Schedule(s) A (Form 8936)		6	0.
7	New clean ver	nicle credit from partnerships and S corporations (see instructions)		7	
8	Business/inve	estment use part of credit. Add lines 6 and 7. Partnerships and S corporations, sto	op here		
	and report this	amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1	у	8	0.
Part	III Credit f	or Personal Use Part of New Clean Vehicles			
		ou can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300, g surviving spouse; \$225,000 if head of household).	000 if ma	arried	filing jointly or a
9	Enter the total	credit amount figured in Part III of Schedule(s) A (Form 8936)		9	7,500.
10		unt from Form 1040, 1040-SR, or 1040-NR, line 18		10	18,668.
11	Personal cred	its from Form 1040, 1040-SR, or 1040-NR (see instructions)		11	,
12	Subtract line 1	1 from line 10. If zero or less, enter -0- and stop here. You can't claim the perso	nal use		
	part of the cre	dit		12	18,668.
13	Personal use	part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3	6 (Form		
	1040), line 6f.	If line 12 is smaller than line 9, see instructions		13	7,500.
Part		or Previously Owned Clean Vehicles			· .
	Note: Yo	ou can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,	000 if ma	arried	filing jointly or a
	qualifying	g surviving spouse; \$112,500 if head of household).			
14	Enter the total	credit amount figured in Part IV of Schedule(s) A (Form 8936)		14	
15	Enter the amo	unt from Form 1040, 1040-SR, or 1040-NR, line 18		15	
16	Personal cred	its from Form 1040, 1040-SR, or 1040-NR (see instructions)	-	16	
17		6 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV		17	
18		aller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If lin			
	smaller than li	ne 14, see instructions		18	
Part		or Qualified Commercial Clean Vehicles	1		
19		credit amount figured in Part V of Schedule(s) A (Form 8936)		19	
20		mercial clean vehicle credit from partnerships and S corporations (see instructions	-	20	
21		and 20. Partnerships and S corporations, stop here and report this amount on Sc	· · · · · · · ·		
		eport this amount on Form 3800, Part III, line 1aa		21	
For Pa	perwork Reduct	ion Act Notice, see separate instructions. BAA REV 02/1	6/24 PRO		Form 8936 (2023)

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

(Forn	1 8930)			2023
Department of the Treasury		Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.		Attachment
Internal Revenue Service			Sequence No. 69A	
) shown on return			ifying number
_		PENTAPALLI & VANI PRIYA KOPPALA	718	8-52-1682
Part	Vehicle	Details		
1a	Year			2023
b	Make		TES	SLA
с	Model		MOE	DEL Y
2	Vehicle identifi	cation number (VIN) (see instructions) 7 S A Y G D E E 8	Ρ	A 2 1 1 8 4 2
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	04/	12/2023
4 5	☐ Yes. StopX No.		ited S	itates.
6 7	the tax year? S			
Part	 Yes. Go to No. Stop h 	year? See instructions for definitions. Part V. here. You can't use this schedule to figure a credit amount for a vehicle not describe Amount for Business/Investment Use Part of New Clean Vehicle	ibed o	on line 5, 6, or 7.
8	Did you acquir another person	e the vehicle for use or to lease to others, and not for resale? Answer "No" if you		-
9	Tentative cred	it amount (see instructions)	9	7,500.
10	Business/inve	stment use percentage (see instructions)	10	%
11 Part	entered 100%	by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11	0.
12	Subtract line 1 Part III of Form	1 from line 9 in Part II. Stop here and include this credit amount on line 9 in	12	7 , 500 . Schedule A (Form 8936) 2023

Schedu	e A (Form 8936) 2023	Page 2
Part	V Credit Amount for Previously Owned Clean Vehicle	
13a	Is the sales price of the vehicle more than \$25,000?	
	☐ Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.	
	□ No.	
h	Did you acquire the vehicle for use and not for receive? Answer "Ne" if you are lessing the vehicle	a from another person
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle	e from another person.
	 Yes. No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a 	oquired for resale
		equired for resale.
С	Can you be claimed as a dependent on another person's tax return, such as your parent's retu	rn?
	☐ Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.	
	□ No.	
h	le the vehicle a qualified fuel call mater vehicle? See instructions	
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.	
	 ☐ Yes. ☐ No. 	
14	Enter the sales price of the vehicle	14
15	Multiply line 14 by 30% (0.30)	15
16	Maximum vehicle credit amount	16 4,000.
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line	
	14 in Part IV of Form 8936	17
Part	V Credit Amount for Qualified Commercial Clean Vehicle	
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exce	eption for certain tax-exempt
	entities discussed in the instructions applies.	
	Yes.	
	□ No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception	applies.
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you	are leasing the vehicle from
D	another person.	are leasing the vehicle norm
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to	lease to others or acquired for
	resale.	
С	Is the vehicle also powered by gas or diesel? See instructions.	
	Yes.	
	□ No.	
19	Enter the cost or other basis of the vehicle. See instructions	19
20	Section 179 expense deduction (see instructions)	20
21	Subtract line 20 from line 19	21
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22
23	Enter the incremental cost of the vehicle. See instructions	23
24	Enter the smaller of line 22 or line 23	24
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is	
	14,000 pounds or more)	25
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V	
-	of Form 8936	26

Schedule A (Form 8936) 2023

(Rev. 8-23)		2023 KANSAS INDIVIDUAL	INCOME TAX		305 _{Page} 1228	
DINESH KUMA VANI PRIYA 9919 RICHMC HOUSTON		PENTAPALLI KOPPALA AVE APT 801 TX 77042	8133005334	PEN KOP		
Name or address ha	as chan	ged? Taxpayer or (spouse if filing joint) died dur	ing this tax year	Taxpayer w	as engaged in commercial	farming/fishing in 2023
Amended Return:		Amended affects Kansas only Amended Fede	eral tax return	Adjustment	by the IRS	
Filing Status:		Single X Married Filing Joint (Even if only one	e had income)	Married Fili	ng Separate	Head of Household (Do not check if filing joint return)
Residency Status:		Resident NonResident (Complete Sch S, Part	в) ТХ	State of Leo	gal Residence	
	Х	Part-Year Resident (Complete Sch S, Part B) From	1012023 то	042	12023	
Exemptions:	2	Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent.	If filing status above is H Household, add one exe		If claiming the Disabled Exemption allowance, e (See instructions for qua	nter the total here.
	2	Total Kansas exemptions				
	In th	e following spaces, provide the requested information for all perso If additional space is needed, enclose a separate				

···			
Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2023?	E. Number of exemptions claimed
B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?	F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006)
C. Were you (or spouse) totally and permanently disabled or blind all of 2023, regardless of age? If you answered NO to A, B, and C, STOP HERE, you do	G. Total qualifying exemptions (subtract line F from line E)
not qualify for this credit. D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.	0 H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.
If Line D is more than \$30,615 STOP HERE, you do not qualify for this credit.	

REV 11/29/23 PRO

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2023 KANSAS INDIVIDUAL INCOME TAX



305

PENT

23. Refundable portion of earned

24. Refundable portion of tax credits 25. Payments remitted with original

26. Credit for tax paid on the K-120S

27. Overpayment from original return. This figure is a subtraction.

42. Local School District Contribution

43. Kansas Historic Site Contribution

School District Number

Historic Site Number

Fund.

Fund.

44. REFUND

income tax credit

return



0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

365

365

3882

(Rev. 8-23)		
DINESH KUMAR	PENTAPALLI	
1. Federal adjusted gross income		155450
2. Modifications		0
3. Kansas adjusted gross income		155450
4. Standard or itemized deductions. (If itemizing, complete KS Sch A)		8000
5. Exemption allowance		4500
6. Total deductions		12500
7. Taxable income		142950
8. Tax		7233
9. Nonresident percentage		48.6291
10. Nonresident tax		3517

K-40

11. KS tax on lump sum distributions

12. TOTAL INCOME TAX

care expenses

17. Earned Income Credit

18. Food Sales Tax Credit

20. KS income tax withheld from W-2,

19. Total Tax Balance

1099 or K-19

21. Estimated tax paid

22. Amount paid with Kansas

15. Other credits

16. Subtotal

states

13. Credit for taxes paid to other

14. Credit for child and dependent

12500	28. Total refundable credits
142950	29. Underpayment
7233	30. Interest
48.6291	31. Penalty
3517	32. Estimated tax penalty
0	33. AMOUNT YOU OWE
3517	34. Overpayment
0	35. CREDIT FORWARD
0	36. Chickadee Checkoff
0	37. Senior Citizens Meals On Wheels Contribution Program
3517	38. Breast Cancer Research Fund
0	39. Military Emergency Relief Fund
0	40. Kansas Hometown Heroes Fund
3517	41. Kansas Creative Arts Industry Fund

0 extension I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.

3882

0

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required)						Date	Spouse Signature (Required)		Date
Preparer Signature (Required)	SYAM	PRIYA	RAM	SAGAR	GUPT	Preparer Phone Number	6789659522	Preparer PTIN, EIN or SSN (Required)	P02082703

Page 2 of 2

INDIVIDUAL INCOME TAX PO Box 750260 TOPEKA KS 66699-0260

REV 11/29/23 PRO

SCH Rev. 9-23	I S	2023	KANS SUPPLEMENTA		305	Sch S Part A 122623		
DINES	H KUMAR	PENTAP	ALLI		PENT	718521682		
VANI	PRIYA	KOPPAL	A		KOPP	982942220		
		PART A -	MODIFICATIONS TO	FEDERAL ADJUST	ED GROSS IN	COME		
ADDITIO	NS TO FEDE	RAL ADJUST	ED GROSS INCOME:					
not spec	d municipal bond ifically exempt fro ax (reduced by re s)	m KS		A5. Business inte carryforward (I.R.C. § 163	deduction			
(Kansas	utions to all KPE s Public Employed ent Systems)				vithdrawals from First Buyer Savings Accour			
A3. Kansas (enclose	Expensing Recap applicable sched	ture ules)		A7. Other additio	ns to FAGI (enclose	list)		
A4. Low inco contribu	ome student schol tion (enclose Sch	arship K-70)		A8. Total addition A1 - A7)	A8. Total additions to FAGI (add lines A1 - A7)			
SUBTRA	CTIONS FRO	M FEDERAL	ADJUSTED GROSS IN	COME:				
A9. Social S	ecurity benefits			A17. Global Intar Income (GII	ngible Low-Taxed LTI) (I.R.C. § 951A)			
A10. KPERS exempt	lump sum distrib from income tax	utions			business interest I.R.C. § 163(J))			
A11. Interes obligati expens	t on U.S. Governr ons (reduced by r es)	nent elated		A19. Disallowed (I.R.C. § 27	business meal exper 4)	nses		
A12. State o include	r local income tax d in line 1 of Form	refund (if n K-40)		A20. Contribution account	ns to an ABLE saving	IS		
A13. Retiren exemp	nent benefits spec t from Kansas Inc	cifically ome Tax		A21. Kansas Exp (Enclose K-	pensing Deduction 120EX)			
nonres	compensation of ident servicemem nts only)	a ber (Non-			ontributions from Firs Buyer Savings Acco			
A15. Contrib or othe program	utions to Learning r states' qualified m	g Quest tuition		A23. Other subtr (enclose list	actions from FAGI t)			
	forces recruitmen ntion bonus	t, sign-up,		A24. Total subtra lines A9 - A	actions from FAGI (ac 23)	dd		

NET MODIFICATIONS:

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

REV 11/29/23 PRO

SCH S Rev. 9-23	2023 KANSAS SUPPLEMENTAL SC	305 HEDULE	Sch S Part B 122723			
DINESH KUMA	R PENTAPALLI	PENT	718521682			
VANI PRIYA	KOPPALA	KOPP	982942220			
	PART B - PART-YEAR RESIDEN	T/NONRESIDENT ALLOCAT	ION			
INCOME:	Т	otal From Federal Return:	Amount From Kansas Sources:			
	B1. Wages, salaries, tips, etc	174806	75594			
	B2. Interest and dividend income	2356	0			
Additional Income:	B3. Pensions, IRA distributions and annuities					
(Lines B4 - B12)	B4. Refunds of state and local income taxes					
	B5. Alimony received					
	B6. Business income or loss					
	B7. Capital gain or loss	-3000	0			
	B8. Other gains or losses					
	B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc	-18718	0			
	B10. Farm income or loss					
	B11. Unemployment compensation, taxable social security benefits and other income	6	0			
	B12. Total income from Kansas sources (Add lines B1 - B11)		75594			
ADJUSTMENTS AND	MODIFICATIONS TO KANSAS SOURCE INCOME:	Total From Federal Return:	Amount From Kansas Sources:			
B13. IRA Retirement Dec	luctions					
B14. Penalty on early wit	ndrawal of savings					
B15. Alimony paid						
B16. Moving expenses for	r members of the armed forces					
B17. Other federal adjust	ments		0			
B18. Total federal adjustr	0					
B19. Kansas source inco	75594					
B20. Net modifications fro	om Part A that are applicable to Kansas source income					
B21. Modified Kansas so	urce income (Line B19 plus or minus line B20)		75594			
B22. Kansas adjusted gross income (From line 3, Form K-40) 155450						
B23. Nonresident allocati	on percentage (Divide line B21 by line B22 and round to the fou to exceed 100.0000). Enter result here and on li		48.6291			
	REV 11/29/23 PRO		Г			