

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 KANNA BHARGAV CHEVVA	Social security number 424-87-2643
Spouse's name	Spouse's social security number

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	120,492.
2 Total tax	2	18,978.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,729.
4 Amount you want refunded to you	4	2,751.
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

7	2	6	4	3
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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- 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 _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- 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: KANNA BHARGAV Last name: CHEVVA Your social security number: 424 87 2643

If joint return, spouse's first name and middle initial Last name Spouse's social security number: 845 66 4045

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 2252 DENALI DR Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State: MD ZIP code: 21702 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.

Foreign country name Foreign province/state/county Foreign postal code Foreign postal code You Spouse

Filing Status: Single, Married filing jointly, Married filing separately (MFS), Head of household (HOH), 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: JEEVITHA MALATHI KOTESWARARAO

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 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.

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 132,035. 1b Household employee wages not reported on Form(s) W-2 1b. 1c Tip income not reported on line 1a (see instructions) 1c. 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d. 1e Taxable dependent care benefits from Form 2441, line 26 1e 318. 1f Employer-provided adoption benefits from Form 8839, line 29 1f. 1g Wages from Form 8919, line 6 1g. 1h Other earned income (see instructions) 1h 0. 1i Nontaxable combat pay election (see instructions) 1i. 1z Add lines 1a through 1h 1z 132,353.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest 2a. 2b Taxable interest 2b. 3a Qualified dividends 3a. 3b Ordinary dividends 3b. 4a IRA distributions 4a. 4b Taxable amount 4b. 5a Pensions and annuities 5a. 5b Taxable amount 5b. 6a Social security benefits 6a. 6b Taxable amount 6b.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7. 8 Additional income from Schedule 1, line 10 8 -11,861. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 120,492. 10 Adjustments to income from Schedule 1, line 26 10. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 120,492. 12 Standard deduction or itemized deductions (from Schedule A) 12 14,566. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13. 14 Add lines 12 and 13 14 14,566. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 105,926.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	18,822.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	18,822.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	18,822.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	156.
24	Add lines 22 and 23. This is your total tax	24	18,978.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	21,729.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	0.
	d	Add lines 25a through 25c	25d	21,729.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	21,729.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,751.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,751.
	b	Routing number 052001633 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 446051032005		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, 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.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (845) 750-9236	Email address CHKANNABHARGAV@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/11/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's 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
KANNA BHARGAV CHEVVA

Your social security number
424-87-2643

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	-11,861.
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 ABLÉ 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	-11,861.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

Table with columns for line numbers (11-26) and descriptions of adjustments to income, including educator expenses, business expenses, health savings account deduction, moving expenses, self-employment tax, and other adjustments.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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. **02**

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

Your social security number
424-87-2643

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	156.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

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

**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

KANNA BHARGAV CHEVVA

Your social security number

424-87-2643

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	10,109.	
b	State and local real estate taxes (see instructions)	5b		
c	State and local personal property taxes	5c		
d	Add lines 5a through 5c	5d	10,109.	
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	5,000.	
6	Other taxes. List type and amount: _____	6		
7	Add lines 5e and 6			7 5,000.

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	9,566.	
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	9,566.	
9	Investment interest. Attach Form 4952 if required. See instructions	9		
10	Add lines 8e and 9			10 9,566.

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
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Other Itemized Deductions

16	Other—from list in instructions. List type and amount: _____			16
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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 14,566.
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

KANNA BHARGAV CHEVVA

Your social security number

424-87-2643

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 2-45 SANAMPUDI VILLAGE SINGARAYAKONDA ANDHRA PRADESH IN 523101

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	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 613.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,641.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,226.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,632.		
15 Supplies	15 2,243.		
16 Taxes	16		
17 Utilities	17 2,144.		
18 Depreciation expense or depletion	18 3,588.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 12,474.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -11,861.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (11,861.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 613.		
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 3,588.		
e Total of all amounts reported on line 20 for all properties	23e 12,474.		
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 (11,861.)		
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 -11,861.		

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **21**

Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Your social security number

KANNA BHARGAV CHEVVA

424-87-2643

A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box

B If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
If you have more than three care providers, see the instructions and check this box

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions)	(e) Amount paid (see instructions)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive dependent care benefits? **No** Complete only Part II below.
 Yes Complete Part III on page 2 next.

Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Check here if the qualifying person was over age 12 and was disabled. (see instructions)	(d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a)
First	Last			
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

3 Add the amounts in column (d) of line 2. **Don't** enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 **3**

4 Enter your **earned income**. See instructions **4**

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 **5** 0.

6 Enter the **smallest** of line 3, 4, or 5 **6**

7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 **7**

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:			If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$25,000—27,000		.29	\$37,000—39,000		.23
15,000—17,000		.34	27,000—29,000		.28	39,000—41,000		.22
17,000—19,000		.33	29,000—31,000		.27	41,000—43,000		.21
19,000—21,000		.32	31,000—33,000		.26	43,000—No limit		.20
21,000—23,000		.31	33,000—35,000		.25			
23,000—25,000		.30	35,000—37,000		.24			

9a Multiply line 6 by the decimal amount on line 8 **9a**

b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c **9b**

c Add lines 9a and 9b and enter the result **9c**

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10**

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2 **11**

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2023. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	318.
13	Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period. See instructions	13	
14	If you forfeited or carried over to 2024 any of the amounts reported on line 12 or 13, enter the amount. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	318.
16	Enter the total amount of qualified expenses incurred in 2023 for the care of the qualifying person(s)	16	
17	Enter the smaller of line 15 or 16	17	0.
18	Enter your earned income . See instructions	18	132,035.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	85,011.
20	Enter the smallest of line 17, 18, or 19	20	0.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions	21	2,500.
22	Is any amount on line 12 or 13 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23	Subtract line 22 from line 15	23	318.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0.
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	0.
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e	26	318.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2022 expenses in 2023, see the instructions for line 9b	29	
30	Complete line 2 on page 1 of this form. Don't include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

KANNA BHARGAV CHEVVA

Your social security number

424-87-2643

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	142,315.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	142,315.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	125,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		17,315.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		156.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		156.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,064.	
20	Enter the amount from line 1	20	142,315.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,064.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		0.

IRS e-file Authentication Statement

2023

Keep for your records

Name(s) Shown on Return
KANNA BHARGAV CHEVVA

Social Security Number
424-87-2643

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Taxpayer(s) entered PIN(s)
ERO entered Primary Taxpayer's PIN
ERO entered Secondary Taxpayer's PIN
ERO entered PIN(s) on behalf of taxpayer(s)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN222496 Self-Select PIN 08271

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers.
Taxpayer's PIN (5 numbers) 72643
Spouse's PIN (5 numbers)
Date 03/06/2024

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit)

Date

- ▶ Not a required statement - Use for import purposes
- ▶ Data will not transfer year to year if imported in prior year
 - ▶ Keep for your records

Name(s) Shown on Return KANNA BHARGAV CHEVVA	Your Social Security No. 424-87-2643
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Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name LENNAR MORTGAGE, LLC	1 Mortgage interest received from payer(s) 259.
Street address 140 FOUNTAIN PKWY N.SUITE 250	2 Outstanding mortgage principal 651,321.00
City State ZIP code SAINT PETERSBURG FL 33716	3 Mortgage origination date 11/29/2023
Telephone number (800)741-8262	4 Refund of overpaid interest
RECIPIENT'S federal identification number 59-1494026	5 Mortgage insurance premiums
PAYER'S social security number 424-87-2643	6 Points paid on purchase of principal residence 9,307.
PAYER'S/BORROWER'S name KANNA BHARGAV CHEVVA	8 Address of the property securing this mortgage (if different than your mailing address shown)
Street address 2252 DENALI DR	Street address 2252 DENALI DRIVE
City State ZIP code FREDERICK MD 21702	City State ZIP code FREDERICK MD 21702
7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)	9 If the property securing the mortgage has no address, provide a description of the property below <u>1</u>
Account number	10 Property tax
	11 Mortgage Acquisition Date

Mortgage Use

Note: For an office in home deduction, manually enter Form 1098 expenses on Form 8829.

- 1** Mortgage was used to finance (check one):
- | | | |
|--|---|--|
| a <input checked="" type="checkbox"/> Main home | b <input type="checkbox"/> Second home | c <input type="checkbox"/> Business activity |
| d <input type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity | h <input type="checkbox"/> Other | |
- 2** If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity ↩
- | | |
|--|--|
| a Schedule C, Business | |
| b Schedule F, Farm | |
| c Schedule E, Rental or Royalty | |
| d Form 4835, Farm Rental | |

Rental of Owner-Occupied or Vacation Home

- 1** If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA
- 2** If yes, complete lines 2a and 2b:
- | | |
|--|--|
| a Mortgage interest qualifying for main or second home treatment | |
| b Mortgage interest not qualifying for main or second home treatment | |

Mortgage Insurance Premiums Information

- 1** Did the home loan close after December 31, 2006? Yes No

Part I – Personal Information

Taxpayer:
 Last name CHEVVA
 First name KANNA BHARGAV
 Middle initial Suffix
 Social security no. 424-87-2643
 Occupation SOFTWARE ENGINEER
 Date of birth 10/29/1991 (mm/dd/yyyy)
 Age as of 1-1-2024 32
 Date of death
 Legally blind
 E-mail address CHKANNABHARGAV@GMAIL.COM
 Work phone (845) 750-9236 Ext
 Cell phone (845) 750-9236
 Home phone (845) 750-9236
 Fax number

Spouse:
 Last name (if different) .MALATHI KOTESWARARAO
 First name JEEVITHA
 Middle initial Suffix
 Social security no. 845-66-4045
 Occupation
 Date of birth 08/19/1994 (mm/dd/yyyy)
 Age as of 1-1-2024 29
 Date of death
 Legally blind
 E-mail address
 Work phone Ext
 Cell phone
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (845) 750-9236
 Print phone number on Form 1040 Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:
 Address 2252 DENALI DR Apt no.
 City FREDERICK State MD ZIP code 21702
Foreign Address: Check this box to use foreign address
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/country Foreign postal code
 Foreign phone
 APO/FPO/DPO address APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Taxpayer did **not** live with spouse at any time during year
 Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 If qualifying person is child but not dependent:
 Child's First name MI Last Name Suff
 Child's social security number
- 5 Qualifying surviving spouse
 Year spouse died 2021 2022
 Enter the qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2023 Child Disa bled Code	Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2023

See tax help for more information on identity verification

Name(s) Shown on Return
KANNA BHARGAV CHEVVA

Social Security Number
424-87-2643

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

X Taxpayer
Spouse

Note: Alabama does not allow this option
Louisiana does not allow this option for extensions

Taxpayer/Spouse did not provide driver's license or state id information

Spouse
Taxpayer

Note: Alabama, New York and Ohio do not allow this option
Louisiana does not allow this option for extensions

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state.
License number.
Issue date
Expiration date
Does not expire
NY Document number (first 3 chars)*

Spouse:

Issuing state
License number
Issue date
Expiration date.
Does not expire
NY Document number (first 3 chars)*

State Identification Card Detail

Taxpayer:

Issuing state.
Identification number
Issue date
Expiration date
Does not expire
NY Document number (first 3 chars)*

Spouse:

Issuing state
Identification number
Issue date
Expiration date.
Does not expire
NY Document number (first 3 chars)*

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

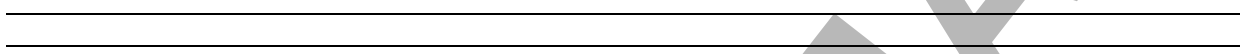
- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)



DO NOT MAIL

Electronic Filing Information Worksheet
 ▶ Keep for your records

2023

Name(s) Shown on Return KANNA BHARGAV CHEVVA	Social Security Number 424-87-2643
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Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client ▶ _____

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. ▶ 222496
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

ERO Name <u>GLOBAL TAXES LLC</u>	ERO Electronic Filers Identification Number (EFIN) <u>222496</u>
ERO Address <u>245 ROONEY CT</u>	ERO Employer Identification Number <u>84-3171965</u>
City State ZIP Code <u>E BRUNSWICK NJ 08816</u>	ERO Social Security Number or PTIN _____
Country _____	

Paid Preparer Information

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number or PTIN <u>P02082703</u>
Name <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Employer Identification Number <u>84-3171965</u>
Address <u>245 ROONEY CT</u>	Phone Number Fax Number <u>(678)965-9522</u> _____
City State ZIP Code <u>E BRUNSWICK NJ 08816</u>	E-mail Address <u>syam@gtaxfile.com</u>
Country _____	

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed ▶

IRS-prepared ▶

Prepared by taxpayer or other non-paid preparer ▶

Amended Returns

- Check this box to file another **federal** amended return electronically
- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
- Check this box to file another **state and/or city** amended return electronically

* Select the state and/or city amended return(s) to file electronically.

State/City *	
<input type="checkbox"/>	Arkansas
<input type="checkbox"/>	California
<input type="checkbox"/>	Colorado
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	See TB266

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-02) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-02), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Deceased taxpayer(s):

Yes No

Is there a court certificate showing appointment of a personal representative for the deceased? If you have a refund and know you must complete Form 1310

NOTE: remember to attach a pdf of the court certificate to your electronically filed return or court certificate to the main form of your printed return.

Is this a Joint return with surviving spouse who is personal representative of deceased? Name of personal representative for the deceased

Check this box if your client is in the U.S. Armed Forces with a stateside address

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. Other combat zone deployment date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Table with 3 columns: Form description, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, and Form 3115.

Table with 3 columns: Form description, Transmit PDF, Print & Mail with 8453. Rows include Form 5713, Form 8858, and Form 8864.

Superseded Returns

A refund or payment from the original return may need to be applied to the superseded balance due. The amount entered here will flow to the balance due section of the information worksheet.

Enter a negative number if the superseded return will generate a refund.

Enter zero if the superseded return has an even balance.

Amount you are paying with this superseded return

CAUTION: Important information about Superseded Return Payments

If you made a payment with your original return or scheduled a payment to be made at a later date, the payment will still be processed unless a call is made to cancel the payment.

To cancel a scheduled payment, call the IRS at 1-888-353-4537.

The cancellation request must be received no later than 11:59 p.m., Eastern Time at least two business days prior to the scheduled payment date.

This change cannot be made online at this time.

► Keep for your records

Name(s) Shown on Return KANNA BHARGAV CHEVVA	Social Security Number 424-87-2643
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
AXLE INFORMATICS LLC		132,035.	21,729.	132,035.	10,109.
Totals		132,035.	21,729.	132,035.	10,109.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C . . .			
b	W2 box 1 inmate or halfway house wages . . .			
c	All other W2 box 1 wages	132,035.		132,035.
d	Foreign wages included in total wages			
e	Unreported tips	0.		0.
2	Total federal tax withheld	21,729.		21,729.
3 & 7	Total social security wages/tips	142,315.		142,315.
4	Total social security tax withheld	8,824.		8,824.
5	Total Medicare wages and tips	142,315.		142,315.
6	Total Medicare tax withheld	2,064.		2,064.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits	318.		318.
b	Offsite dependent care benefits	318.		318.
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	10,387.		10,387.
b	Elective deferrals to qualified plans	10,280.		10,280.
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d 1	Elective deferrals to government 457 plans			
2	Non-elective deferrals to gov't 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	107.		107.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	132,035.		132,035.
17	Total state tax withheld	10,109.		10,109.
19	Total local tax withheld			

Keep for your records

Name as shown on return
KANNA BHARGAV CHEVVA

Social Security Number
424-87-2643

Employer EIN 72-1533966
Employer Name AXLE INFORMATICS LLC
Name (continued) .
Street Address or P. O. Box 6116 EXECUTIVE BLVD STE
City ROCKVILLE State MD ZIP 20852-4931
Foreign Province/County . . .
Foreign Postal Code
Foreign Country

Spouse's W-2
Automatically calculate lines 3 through 6 and line 16.
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 132,035.
3 Social security wages 142,315.
5 Medicare wages and tips 142,315.
7 Social security tips
2 Federal income tax withheld 21,729.
4 Social sec tax withheld 8,824.
6 Medicare tax withheld 2,064.
8 Allocated tips
13 b Retirement plan
Foreign source income eligible for exclusion on Form 2555
Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes codes C, D and corresponding amounts 107, 10,280. Also includes instructions for Box 12 codes A through S.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax. Values: MD, 15609362, 132,035., 10,109.

I confirm that the state withholding identification number(s) are accurate

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9
10 Dependent care benefits (Check if employer furnished care at work) 318.
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)
Sect. 457 and nonqualified plans - State Allocation
Indicate the amount of distributions pertaining to states. For each row, enter the state ID in col (a) and state amount in col (b).

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

<u>KANNA BHARGAV CHEVVA</u>	<u>424-87-2643</u>	Page 2
Employer Name <u>AXLE INFORMATICS LLC</u>		

Part I – Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee B New for 2022: A Schedule C is mandatory. Proceed to line C. C Double-click to link to Schedule C	C	
--	----------	--

Part II – Clergy, church employees, members of recognized religious sects

Clergy only:		
D Enter your designated housing or parsonage allowance E Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value F If no FICA was withheld, check the applicable box below 1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only 2 <input type="checkbox"/> Pay self-employment tax on W-2 income only 3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance 4 <input type="checkbox"/> Exempt from SE tax and have an approved exemption Form 4361	D E	
Non-Clergy:		
G If no FICA was withheld, check the applicable box below 1 <input type="checkbox"/> Pay self-employment tax on this W-2 income 2 <input type="checkbox"/> Exempt from self-employment tax and have an approved Form 4029		

Part III – Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer 2 Tips less than \$20 in a month which were not required to be reported 3 Value of non-cash tips, such as tickets or passes, not reported to employer 4 Actual amount of allocated tips if different than the amount in box 8 5 Tips paid out through a tip-sharing arrangement 6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	H1 H2 H3 H4 H5	
--	---	--

Part IV – Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V – Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution

Part VI – Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments

b Amount of wages from box 1 excludable as difficulty of care payments. _____

c Excludable difficulty of care payments received from this payer and not in box 1 _____

Part VII – Additional Information for Electronic Filing and Certain States (See Help)

L a Third-party sick pay
 Non-standard W-2 (handwritten, typewritten, or altered in any way)
 Corrected W-2
 Income from Paid Family Leave
 Control number (optional) _____

Employee information: Correct to match employee information on W-2

Employee's SSN. 424-87-2643

First name KANNA BHARGAV M.I. Last name CHEVVA Suff.

Address 2252 DENALI DR City FREDERICK St MD ZIP code 21702

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

► Keep for your records

Name(s) Shown on Return
KANNA BHARGAV CHEVVA

Social Security Number
424-87-2643

The following amounts are included on **line 1** of Form 1040 or 1040-NR:

	Taxpayer	Spouse	Total
a Wages, salaries, tips, etc. from Form W-2 . . .	132,035.		132,035.
b Household employee wages not on Form W-2			
c 1 Taxable tips, from Form 4137			
2 Noncash tips (not included on 1a)			
d Medicaid waiver payments not on Form W-2			
e Strike benefit income			
f Taxable dependent care benefits from Form 2441	318.		318.
g Employer-provided adoption benefits from Form 8839			
h Wages from Form 8919			
i Items from Form 1099-R:			
1 a Disability before minimum retirement age			
b Return of contributions			
2 Excess moving expense reimbursement, from Form 3903			
3 Sick pay or disability payments			
4 Total foreign source income			
Check this box if the amount on line h4 is eligible for the foreign exclusion/ded'n	<input type="checkbox"/>	<input type="checkbox"/>	
5 Ordinary income from employer stock transactions not reported on Form W-2			
6 Non-gov unemploy'm't recv'd/repaid 2023			
7 Other earned income:			

8 Excess reimbursement, from Form 2106			
z Total	132,353.		132,353.

DRAFT

Tax Payments Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return KANNA BHARGAV CHEVVA	Social Security Number 424-87-2643
--	--

Estimated Tax Payments for 2023 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/23		04/18/23			04/18/23		
2	06/15/23		06/15/23			06/15/23		
3	09/15/23		09/15/23			09/15/23		
4	01/16/24		01/16/24			01/16/24		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2023					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2023 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			21,729.	10,109.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax			0.		
19	Total Withholding Lines 10 through 18d			21,729.	10,109.	
20	Total Tax Payments for 2023			21,729.	10,109.	

Prior Year Taxes Paid In 2023 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2022 extensions				
22	2022 estimated tax paid after 12/31/2022				
23	Balance due paid with 2022 return				
24	Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return KANNA BHARGAV CHEVVA	Social Security Number 424-87-2643
---	---------------------------------------

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	132,035.		132,035.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	132,035.		132,035.
9 a Taxable dependent care benefits	318.		318.
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	132,353.		132,353.
11 Scholarship or fellowship income not on W-2 plus wages while incarcerated			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	132,353.		132,353.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 a Wages, salaries, tips, etc	132,035.		132,035.
b2 Amount of In. b1 for graduate/postgrad studies			
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	132,035.		132,035.

Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	132,353.		132,353.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	132,353.		132,353.

Keep for your records

Name(s) shown on return
KANNA BHARGAV CHEVVA

Social Security No.
424-87-2643

General Information:

Property description 2-45 SANAMPUDI VILLAGE
Property type . . . 3 Vacation/Short-term If type is other, enter a description . .
Location (street address) 2-45 SANAMPUDI VILLAGE
City SINGARAYAKONDA State ZIP code
If a foreign address: Foreign province or state . . . ANDHRA PRADESH
Foreign postal code 523101 Foreign country India

Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? Yes [] No [X]
If yes, did you or will you file all required Form(s) 1099? Yes [] No []

Complete For All Rental Properties:

Days rented at fair rental value 365 Days of personal use 0

Check All That Apply:

- A Owned by spouse [] B Owned jointly []
C Active participation [] D Material participation []
E Qualified joint venture [] F Some investment is not at risk []
G Other passive exceptions [X] H Complete taxable disposition — See Help []
I Treat all MACRS assets for this activity as qualified Indian reservation property? . . Yes [] No [X]
J Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular [] Extension [] No [X]
K Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes [] No [X]
L Was this activity located in a Qualified Disaster Area? Yes [] No [X]
M Check this box if filing this Schedule E as an LLC in CA or TX []
N Check this box if some or all assets for this property are located outside the United States or United States possessions (See tax help) []

Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage []
O Enter ownership percentage %

Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A []
Q Percentage of rental use %

Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method []
S Number of days property owned if less than the entire year

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	613.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	613.	100.000000	613.
4 Enter royalties received (not reported elsewhere)			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint	1,641.		1,641.		
8 Commissions					
9 a Mort insur qualified					
From Form 1098 import					
Total mort insur qual					
b Other Insurance					
10 Legal & other prof fees					
11 Management fees	1,226.		1,226.		
12 a Mortgage int qualified					
From Form 1098 import					
Total mort int qualified					
b Mort int other					
From Form 1098 import					
Total mort int other					
13 Other interest					
14 Repairs	1,632.		1,632.		
15 Supplies	2,243.		2,243.		
16 a Real estate taxes					
From Form 1098 import					
Total real estate taxes					
b Other taxes					
17 Utilities	2,144.		2,144.		
18 a Depreciation	3,588.		3,588.		
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	12,474.		12,474.		
21 Income or (loss)			-11,861.		
22 Deductible rental real estate loss			-11,861.		

DO NOT MAIL

Federal Carryover Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return KANNA BHARGAV CHEVVA	Social Security Number 424-87-2643
---	---------------------------------------

2022 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2022 State Extension Information

(a) State	(b) Paid With Extension

2022 Locality Extension Information

(a) Locality	(b) Paid With Extension

2022 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2022 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2022 State Taxes Due Information

(a) State	(e) Paid With Return

2022 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2022 State Refund Applied Information

(a) State	(g) Applied Amount

2022 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2022 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2022 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2022	2023
1	Filing status	1	3 MFS
2	Number of exemptions for blind or over 65 (0 - 4).	2	
3	Itemized deductions	3	14,566.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>
5	Adjusted gross income	5	120,492.
6	Tax liability for Form 2210 or Form 2210-F	6	18,978.
7	Alternative minimum tax.	7	
8	Federal overpayment applied to next year estimated tax.	8	

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2022	2023
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31.	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31.	b	
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a	
b	Spouse's excess HSA contributions as of 12/31	b	

Loss and Expense Carryovers		2022	2023		
Note: Enter all entries as a positive amount					
12 a	Short-term capital loss.	12 a			
b	AMT Short-term capital loss	b			
13 a	Long-term capital loss	13 a			
b	AMT Long-term capital loss	b			
14 a	Net operating loss available to carry forward	14 a			
b	AMT Net operating loss available to carry forward	b			
15 a	Investment interest expense disallowed	15 a			
b	AMT Investment interest expense disallowed	b			
16	Nonrecaptured net Section 1231 losses from:	a	2023.	16 a	
		b	2022.	b	
		c	2021.	c	
		d	2020.	d	
		e	2019.	e	
		f	2018.	f	
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2023.	17 a	
		b	2022.	b	
		c	2021.	c	
		d	2020.	d	
		e	2019.	e	
		f	2018.	f	

Credit Carryovers		2022	2023		
18	General business credit	18			
19	Adoption credit from:	a	2023	19 a	
		b	2022	b	
		c	2021	c	
		d	2020	d	
		e	2019	e	
		f	2018	f	
20	Mortgage interest credit from:	a	2023	20 a	
		b	2022	b	
		c	2021	c	
		d	2020	d	
21	Credit for prior year minimum tax.	21			
22	District of Columbia first-time homebuyer credit.	22			
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23			

Schedule E Two-Year Comparison

2023

▶ Keep for your records

Name(s) Shown on Return
KANNA BHARGAV CHEVVA

Social Security Number
424-87-2643

Property Location

2-45 SANAMPUDI VILLAGE, SINGARAYAKONDA, ANDHRA PRADESH, 523101, India

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule E Worksheet.

	2022	2022 Percent of Income*	2023	2023 Percent of Income*	2022 to 2023 Comparison <input checked="" type="checkbox"/> as amount <input type="checkbox"/> as percent
Income:					
1 Rental income	600.	100.00	613.	100.00	13.00
2 Royalty income.					
Expenses:					
3 Advertising					
4 Auto.					
5 Travel.					
6 Cleaning & maintenance	1,200.	200.00	1,641.	267.70	441.00
7 Commissions.					
8 Insurance:					
a Mortgage Insur qualified.					
b Other insurance					
9 Legal & professional. . .					
10 Management fees	600.	100.00	1,226.	200.00	626.00
11 Mortgage interest:					
a Qualified					
b Other					
12 Other interest.					
13 Repairs	2,648.	441.33	1,632.	266.23	-1016.00
14 Supplies	2,487.	414.50	2,243.	365.91	-244.00
15 a Real estate taxes					
b Other taxes					
16 Utilities	3,618.	603.00	2,144.	349.76	-1474.00
17 a Depreciation			3,588.	585.32	3588.00
b Depletion					
c Depreciation carryover .					
18 a Other expenses					
b Indirect operating exp . .					
c Operating exp carryover.					
d Vehicle rental.					
e Amortization					
19 Total expenses.	10,553.	999.00	12,474.	999.00	1921.00
20 Income or (loss)	-9,953.	-999.00	-11,861.	-999.00	-1908.00
21 Deductible rental loss .	-9,953.		-11,861.		-1908.00
Passive suspended losses:					
Schedule E					
Form 4797.					
Schedule D					

*Lines 1 through 20 as a percentage of income.

Tax History Report

2023

▶ Keep for your records

Name(s) Shown on Return

KANNA BHARGAV CHEVVA

Five Year Tax History:					
	2019	2020	2021	2022	2023
Filing status					MFS
Total income					120,492.
Adjustments to income					
Adjusted gross income					120,492.
Tax expense					5,000.
Interest expense . . .					9,566.
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					14,566.
QBI deduction					
Taxable income					105,926.
Tax					18,822.
Alternative min tax . .					
Total credits					
Other taxes					156.
Payments					21,729.
Form 2210 penalty . . .					
Amount owed					
Applied to next year's estimated tax . .					
Refund					2,751.
Effective tax rate % . .					15.62
**Tax bracket %					24.0

**Tax bracket % is based on Taxable income.

Tax Summary Report

2023

Name(s) Shown on Return

KANNA BHARGAV CHEVVA

Filing status Married Filing Separately

Number of exemptions 1

Gross Income

Wages and salaries	132,353.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	-11,861.
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	120,492.

Adjustments to Income

Adjusted Gross Income (Last year's AGI) 120,492.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	5,000.
Interest	9,566.
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Total Itemized Deductions	14,566.
Standard deduction	_____

Taxable Income 105,926.

Income tax	18,822.
Alternative minimum tax	_____
Total Taxes before Credits	18,822.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	156.

Total Tax 18,978.

Withholding	21,729.
Estimated tax payments	_____
Other payments	_____
Total Payments	21,729.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 2,751.

Refund 2,751.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	24.0 %
Effective tax rate	15.62 %

Smart Worksheets From 2023 Federal Tax Return

Schedule A: Itemized Deductions -- Smart Worksheet

State and Local Taxes Smart Worksheet

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

A Income from Form 1040, line 7 120,492.

B Nontaxable income entered elsewhere on return

C Available income: 2022 refundable credits in excess of tax 0.

D **Enter** any additional nontaxable income

E Total available income for sales taxes 120,492.

F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
 If AZ, CO, LA, MS, NY or SC column (a):
QuickZoom to Misc Global Options to enter default locality
or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
MD	01/01/23	12/31/23	6.0000	6.0000	0.0000	969.	0.	969.

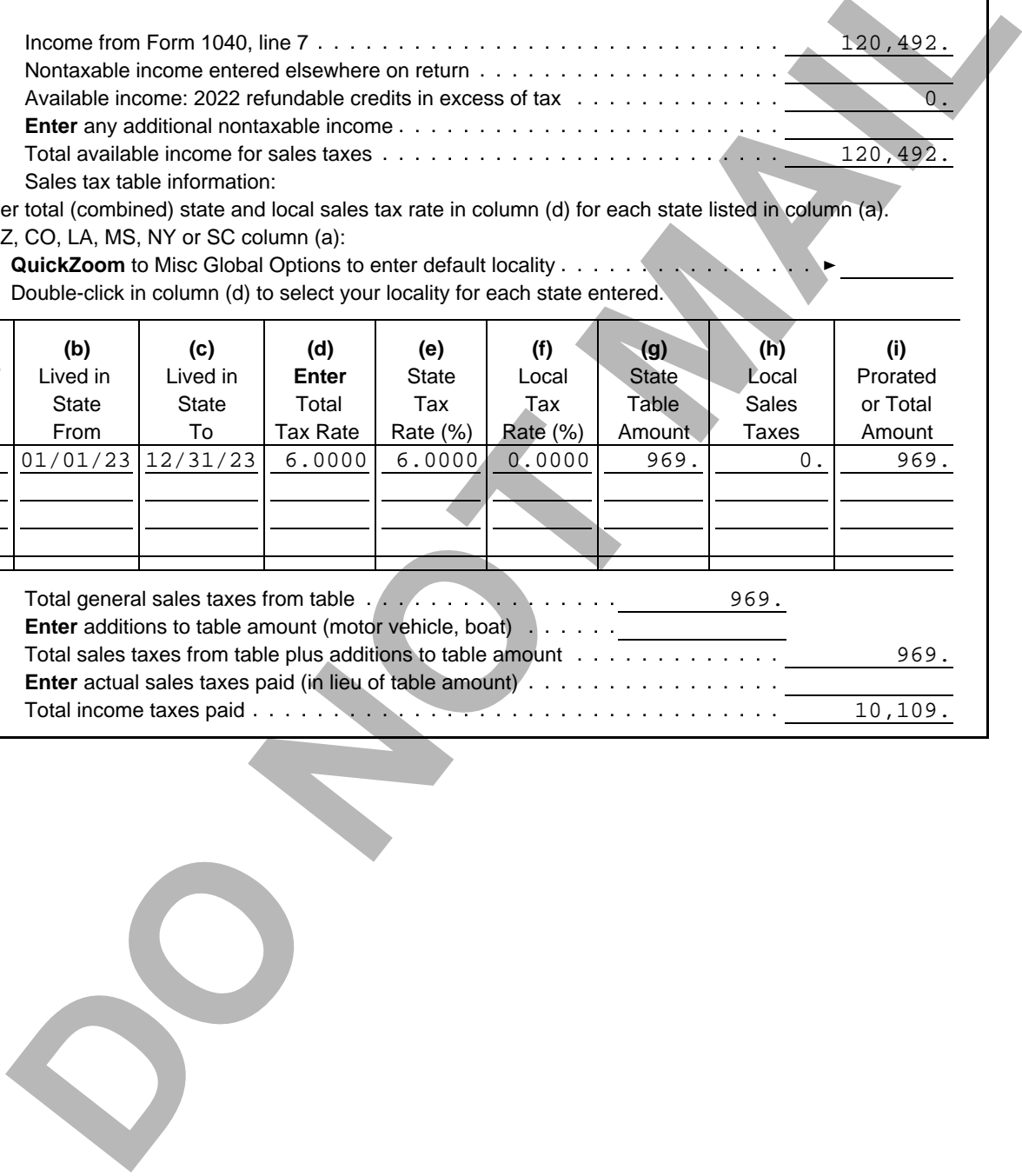
Total general sales taxes from table 969.

H **Enter** additions to table amount (motor vehicle, boat)

I Total sales taxes from table plus additions to table amount 969.

J **Enter** actual sales taxes paid (in lieu of table amount)

K Total income taxes paid 10,109.



Schedule A: Itemized Deductions -- Smart Worksheet

Mortgage Interest and Points Smart Worksheet

A Enter a description and an amount for fully deductible mortgage interest and points. Check the box if the mortgage was sold to another lender, or the mortgage has been paid off; the lender's name will **not** transfer to next year's return.
 Check the box if the mortgage interest and/or points are **not** reported on Form 1098.
Note: When the points must be deducted over the life of the loan, enter this information on the Other Points Smart Worksheet.
 If the interest deduction may be limited, enter all information on the Deductible Home Mortgage Interest Worksheet instead.
QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Lender's Name/Description	Deductible Mortgage Interest	Fully Deductible Points	Paid Off	Not on Form 1098
			<input type="checkbox"/>	<input type="checkbox"/>
LENNAR MORTGAGE, LLC	259.	9,307.	<input type="checkbox"/>	<input type="checkbox"/>

Schedule A: Itemized Deductions -- Smart Worksheet

A Adjust Home mortgage interest and points reported on Form 1098:

1 Total home mortgage interest and points from 1098's from detail. 9,566.

2 Enter amount to deduct on Line 8a if different.

Form 2441: Child and Dependent Care Expenses -- Smart Worksheet

Married Filing Separate Smart Worksheet

A If married filing separately and taxpayer **is** considered unmarried under the Special Rule for Married Filing Separate Returns (See form help for more details):
 Check this box

B If married filing separately and taxpayer **is not** considered unmarried under the Special Rule for Married Filing Separate Returns (See form help for more details):
 Check this box Enter spouse's earned income 85,011.

Form 1098 (LENNAR MORTGAGE,LLC): Mortgage Interest Statement -- Smart Worksheet

Home Mortgage Interest Limitation Smart Worksheet

A Is this the original loan used to purchase this home? Yes No

B Is this a **home equity** loan or **refinance** of a purchase loan? Home Equity Refi
 Was cash ever taken out as part of a refinance? Yes No

C Were all loan proceeds used to purchase, build, or improve the home secured by this loan? Yes No
(see help if this loan is a refinance loan)
 If no, amount used to purchase, build, or improve this home *(see help)* _____

D Date loan was paid off, if paid off in 2023 _____

E Outstanding mortgage principal as of 12/31/2023 (or pay-off date, if applicable) _____
 Check if only one 1098

Federal Information Worksheet -- Smart Worksheet
Print page 2

Federal Information Worksheet -- Smart Worksheet
Print page 3

Federal Information Worksheet -- Smart Worksheet
Print page 4

Federal Information Worksheet -- Smart Worksheet
Print page 5

Federal Information Worksheet -- Smart Worksheet
Print page 6

Earned Income Worksheet -- Smart Worksheet

**Medicaid Waiver Payments for the Earned Income Credit and
Additional Child Tax Credit Smart Worksheet**

A Check box if any wages are Medicaid Waiver Payments that you choose to **include**
in earned income

Taxpayer
Spouse

Schedule E Worksheet (2-45 SANAMPUDI VILLAGE) -- Smart Worksheet
This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A

Schedule E Worksheet (2-45 SANAMPUDI VILLAGE) -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet past line A is generally only necessary if Form 8995A must be filed (i.e. taxable income is above threshold amounts or qualified coop payments are present).

A 1 Is this activity a qualified trade or business? Yes No

a This rental is part of a Rental Real Estate Enterprise described in Rev Proc 2019-38
 If part of a Rev Proc 2019-38 enterprise, select group # (see help) _____

2 QBI worksheet to report if qualified business (double click to link) ▶ _____

B Trade or Business Name _____

C Trade or Business ID Number _____

D 1 Is this a Specified Service Trade or Business (SSTB)? Yes No

2 If No, is income attributable to a SSTB? (see help) Yes No

3 QBI worksheet for SSTB income (this will auto-populate if Yes) _____

4 Percentage of qualified income attributable to SSTB _____ %

E 1 Tentative Schedule E profit (loss) from this business _____

2 Adjustments to qualified business income _____

3 Schedule E qualified business income _____

4 a Calculated QBI allowed after passive/at-risk limits _____

b Adjustments to allowed QBI _____

c Allowable QBI after loss limits _____

5 Additional deductions related to this business reported on separate schedules _____

6 Net profit (loss) after adjustments, limitations, and deductions _____

7 Allowable Schedule E profit (loss) allocated to SSTB _____

8 Allowable Schedule E profit (loss) from this business _____

F 1 Ordinary gain (loss) from business assets _____

2 Ordinary gain (loss) adjustments _____

3 Qualified ordinary gain (loss) _____

4 a Calculated QBI allowed after passive/at-risk limits _____

b Adjustments to allowed QBI _____

c Allowable short term qualified gain (loss) after passive/at-risk limits _____

5 Allowable ordinary gain (loss) allocated to SSTB _____

6 Allowable ordinary gain (loss)/recapture from this business _____

G 1 Section 1231 gain (loss) from business assets _____

2 Section 1231 gain (loss) adjustments _____

3 Section 1231 gain (loss) from qualified business _____

4 a Calculated QBI allowed after passive/at-risk limits _____

b Adjustments to allowed QBI _____

c Allowable **ordinary** 1231 qualified gain (loss) _____

5 Allowable ordinary 1231 gain (loss) allocated to SSTB _____

6 Allowable ordinary 1231 gain (loss) from this business _____

Schedule E Worksheet (2-45 SANAMPUDI VILLAGE) -- Smart Worksheet

Carryovers to 2023 Smart Worksheet

	Regular Tax	QBI	Alternative Minimum Tax
A Section 179 carryover <i>(enter as positive amount)</i> . . .			
At-Risk Loss Carryovers <i>(enter as negative amts)</i>			
B Schedule E suspended loss			
C Schedule D short-term suspended loss			
D Schedule D long-term suspended loss			
E Form 4797 ordinary suspended loss			
F Form 4797 long-term suspended loss			
Passive Loss Carryovers <i>(enter as negative amts)</i>			
G Schedule E suspended loss			
H Schedule D short-term suspended loss			
I Schedule D long-term suspended loss			
J Form 4797 ordinary suspended loss			
K Form 4797 long-term suspended loss			
Vacation Home Carryover Enter carryover expenses as positive numbers.			
L Vacation home operating expenses			
M Vacation home depreciation			

Carryovers to 2023 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

Percentage of SSTB income (by category)				
<i>Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)</i>				
	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018				
2019				
2020				
2021				
2022		0.00	0.00	0.00

Schedule E Worksheet (2-45 SANAMPUDI VILLAGE) -- Smart Worksheet

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.				
		Regular Tax	QBI	Alternative Minimum Tax
A	Ownership	Taxpayer		
B	At risk status	All		
C	Passive status	Nonpassive		
Schedule E				
D	Tentative profit (loss)	-11,861.		-11,861.
E	Other adjustments			
F	At risk disallowed loss			
G	Passive carryover loss			
H	Passive disallowed loss			
I	Net profit (loss) allowed	-11,861.		-11,861.
Related Dispositions				
J	Tentative profit (loss)			
K	At risk disallowed loss			
L	Passive carryover loss			
M	Passive disallowed loss			
N	Net profit (loss) allowed			

DO NOT

Additional Information From 2023 Federal Tax Return

Electronic Filing Information Worksheet
TB266

Continuation Statement

	Idaho
	Kentucky
	Maryland
	Massachusetts
	Michigan
	Montana
	New Jersey
	New Mexico
	New York
	North Carolina
	Oklahoma
	Pennsylvania
	South Carolina
	Vermont
	Wisconsin

DO NOT MAIL