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



1040		artment of the Treasury-Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		<u>'</u>	, 2023, end	ling			, 20		See se	oarate i	nstructio	ons.
Your first name	and m	iddle initial	Last nar	me	<u></u>						Your so	cial sec	urity num	nber
PRANEET	Н		PALA	.DUGULA	A						359	45	5980	
		s first name and middle initial	Last nar										security r	number
NAGARAN	Т		RACH	ARTA							743	52	3067	
		er and street). If you have a P.O. box, see						A	Apt. no.			-	ction Car	mpaign
7255 TE	XAS I	RANGERS DR							247		Check h	nere if y	ou, or you	ur
		ice. If you have a foreign address, also co	mplete sp	paces belo	W.	Sta	te	ZIP c	ode			•	jointly, wa	
FRISCO						ТХ	ζ	750	34		•		nd. Check not chang	_
Foreign countr	y name		F	oreign pro	vince/state/				n postal c		your tax		•	ge
											•	Yo	u 🗌 S	Spouse
Filing Status	s \Box	Single					Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only o	ne had ir	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the)
		ıalifying person is a child but not you												
District	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oo											
Digital Assets		ny time during 2023, did you: (a) reco										ΠYe	es 🛛 l	No
		neone can claim: You as a de					a dependent); (O	JC IIISti u	CLIOIT	J.,		.3 🔼 1	-
Standard Deduction	_	Spouse itemizes on a separate retur	•				•							
Deduction	<u> </u>	Spouse iternizes on a separate retur	ii oi you	wele a u	uai-status i	allell	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd Spc	use	: Was bor	n befo	ore Janu	ary 2,	, 1959		blind	
Dependent	s (see	instructions):		(2) So	cial security	.	(3) Relationsh	ip (4) Check the b			x if quali	fies for (see instru	ıctions):
If more	(1) F	(1) First name Last name		number to you			Child tax c		edit	Credit fo	r other dep	pendents		
than four														
dependents, see instruction	e —													
and check														
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructi	ions)						1a		287,1	L17.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•								1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, I	ine 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, 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 instruction	ions) .					ι.			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i							
	<u>z</u>	Add lines 1a through 1h									1z		287,1	
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			60.
if required.	3a_		3a				rdinary divide				3b		2	288.
Standard	4a	IRA distributions	4a				axable amoun				4b			
Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e		•		`	,			. <u>L</u>				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7			
jointly or	8	Additional income from Schedule	•								8		-18,9	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	ur total inc	ome	e				9		268,5	548.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household,	11		10 from line 9. This is your adjusted gross income					11		268,5				
\$20,800 If you checked	12	Standard deduction or itemized		•		-					12		<u>27,7</u>	700.
any box under Standard	13	Qualified business income deducti	ion from	Form 89	95 or Form	899	5-A				13			6.
Deduction,	14										14		27,7	
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loce	ontor (Thic ic v	Our t	tavabla incom	•			15	1	2/10 8	212

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	44,580.	
Credits	17	Amount from Schedule 2, lir	ne 3					[17		
	18	Add lines 16 and 17						[18	44,580.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			[19		
	20	Amount from Schedule 3, lir	ne 8					[20		
	21	Add lines 19 and 20						[21		
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0					22	44,580.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			[23	477.	
	24	Add lines 22 and 23. This is	your total tax					[24	45,057.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	45,9	971.			
	b	Form(s) 1099				25b		3.			
	С	Other forms (see instruction	s)			25c		0.			
	d	Add lines 25a through 25c							25d	45 , 974.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			[26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
attach Sch. ElC.	28	Additional child tax credit fro	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable c	edits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	45 , 974.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you ove	rpaid		34	917.	
	35a	Amount of line 34 you want			is attached, che	ck here .		. 🗆 📗	35a	917.	
Direct deposit?	b	Routing number 0 4 4			c Type: 🛛	Checking	☐ Sa	vings			
See instructions.	d	Account number 1 6 6	0 8 7 8	1 0							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe							
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions .			[37		
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?						
Designee	ins	instructions						•		⊠ No	
		Designee's Phone Personal ic name no. number (Pl					cation				
Cian		der penalties of perjury, I declare t	hat I have examined		accompanying sche	dules and s		,	e best o	of my knowledge and	
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If the I	RS ser	nt you an Identity	
										IN, enter it here	
Joint return?				SOFTWARE ENGINEER			(see in	ıst.) ———			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date Spouse's occupation						nt your spouse an	
your records.					SOFTWARE ENGINEER				Identity Protection PIN, enter it here (see inst.)		
		one no. (646) 275-902	6	Email address	PRANEETHPP(,			
		eparer's name	Preparer's signat	l .	INANUEINFE	Date		TIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAM	03/13/		02082	703	Self-employed	
Preparer		m's name GLOBAL TA	1	1711 0110111	COLIN INDUM	100/10/	2021 1	Phone		678) 965-9522	
Use Only			JNSWICK NJ 08816			Firm's		84-3171965			
	1 11	TOONE	- 01 11 11/0		- 00010			1 11111 3	V	04 OT/T300	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2023
Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PRANEETH PALADUGULA & NAGARANI RACHARLA

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

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

	Sequence No. 01
Your soc	ial security number
250-15	_5000

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-18,917.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-18,917.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	o		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	_		
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		.	
f	Contributions to section 501(c)(18)(D) pension plans		.	
g	Contributions by certain chaplains to section 403(b) plans 24g	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	n	-	
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		.	
j	Housing deduction from Form 2555	j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
- -				
25	Total other adjustments. Add lines 24a through 24z		25	_
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

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 Your social security number PRANEETH PALADUGULA & NAGARANI RACHARLA 359-45-5980 Part I Tax Alternative minimum tax. Attach Form 6251 1 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 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. 5 Attach Form 4137 Uncollected social security and Medicare tax on wages. Attach 6 6 7 Total additional social security and Medicare tax. Add lines 5 and 6 . . . 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 Household employment taxes. Attach Schedule H 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 11 11 477. 12 Net investment income tax. Attach Form 8960 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 Recapture of low-income housing credit. Attach Form 8611 16 16

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

(continued on page 2) Schedule 2 (Form 1040) 2023 Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach 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		
ı	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use	, . ,	19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	477.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

Your social security number

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

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

Sequence No. 13

OMB No. 1545-0074

359-45-5980 PRANEETH PALADUGULA & NAGARANI RACHARLA Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . ☐ Yes 1a Physical address of each property (street, city, state, ZIP code) 1-1-45/1/G103, FLAT NO 103 KANAKADURGA ENCLAVE HANAMKONDA, TELANGANA IN 506004 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 672. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 3,679. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,910. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,965. Repairs 15 Supplies 15 3,481. 16 16 Taxes 17 Utilities 17 2,912. 18 2,642. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 19,589. 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 -18,917. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 18,917.) 672. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c $2,\overline{642}$ 23d Total of all amounts reported on line 18 for all properties 23e 19,589. Total of all amounts reported on line 20 for all properties 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 18,917. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -18,917.

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

NAGARANI RACHARLA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 743-52-3067

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required. HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse. Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. ☐ Self-only X Family HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, 2 0. If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you 3 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for 3 7,750. Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also 4 0. 5 7,750. 5 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . 6 7,750. If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage 7 under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. 7 8 8 7,750. Employer contributions made to your HSAs for 2023 9 10 11 11 1,860. 12 12 5,890. HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 13 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were 14b 14c 15 15 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this 16 16 If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% 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. 18 18 19 19 20 **Total income.** Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 21

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return

PRANEETH PALADUGULA & NAGARANI RACHARLA

Your taxpayer identification number 359-45-5980

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	1	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 4 5	Qualified business net (loss) carryforward from the prior year	3 () 4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 30.		
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 30.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	6.
10	Qualified business income deduction before the income limitation. Add lines 5 and	d9	10	6.
11	Taxable income before qualified business income deduction (see instructions)	11 240,848.		
12	Enter your net capital gain, if any, increased by any qualified dividends	·		
	(see instructions)	12 251.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 240,597.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	48,119.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			•
	the applicable line of your return (see instructions)		15	6.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0-	nd 7. If greater than	17	(0.
			111	,

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

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.

OMB No. 1545-0074

Attachment Sequence No. 71

Your social security number

PRANEETH PALADUGULA & NAGARANI RACHARLA 359-45-5980 Part I Additional Medicare Tax on Medicare Wages 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 1 303,050. 2 2 3 3 4 4 303,050. 5 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 6 6 53,050. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 477. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 Enter the following amount for your filing status: Married filing separately Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS 18 477. Withholding Reconciliation Part V Medicare tax withheld from Form W-2, box 6. If you have more than one Form 19 W-2, enter the total of the amounts from box 6 4,394. 20 20 303,050. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 0. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 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, 24

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Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023 Attachment Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN PRANEETH PALADUGULA & NAGARANI RACHARLA 359-45-5980 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 60. 2 2 288. 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -18,917.Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b -18,917. 4c Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -18,569 Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) 13 268,548. 14 250,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 18,548. 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

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