Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submis	sion Identification Number (SID)		-		
Taxpayer'	s name	Social securit	y numb	er	
SANTI	HOSH KUMAR ALLADI	668-59-	9154	1	
Spouse's	name	Spouse's soci	al secu	rity numbe	er
	A NANGUNURI	275-97-			
Part I	•	nter year you a	e aut	horizing	ı.)
	hole dollars only on lines 1 through 5.				
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1		,575.
	Fotal tax		2		1,371.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		3,480.
	Amount you want refunded to you		4 5		1,109.
Part I	Amount you owe	d keen a con	- 1	our reti	ırn\
Under pe	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amendal declare that the amounts in Part I and I are the content of the income tax return (original or amendal declare that the amounts in Part I are the content of	ded) I am now auth	norizin	g, and to t	he best of
to send if for any dayment to payment authorizate payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trarmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for lelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terming I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation adays prior to the payment (settlement) date. I also authorize the financial institutions involved in receive confidential information necessary to answer inquiries and resolve issues related to the identification number (PIN) below is my signature for the income tax return (original or amended) or Funds Withdrawal Consent.	rejection of the trace U.S. Treasury are indicated in the tatution to debit the inate the authorizarequests must be the processing of the payment. I furt	ansmised its of the control of the c	sion, (b) talesignated aration so this acc or revoke yed no late through the control of the cont	he reasor I Financia oftware for ount. This (cancel) a ter than 2 ayment of e that the
	er's PIN: check one box only				
X	I authorize GLOBAL TAXES LLC to enter or general ERO firm name	Ent		. 5 4 digits, but r all zeros	as my
	signature on the income tax return (original or amended) I am now authorizing.				
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Your sig	gnature Date				
Spouse	e's PIN: check one box only				ı
. 🔀	I authorize GLOBAL TAXES LLC to enter or general	ate my PIN 7	0 6	6 4	as my
_	ERO firm name	Ent		digits, but	,
	signature on the income tax return (original or amended) I am now authorizing.	dor	i't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I arif you are entering your own PIN and your return is filed using the Practitioner PIN m below.				
Spouse	's signature ▶ Date ▶	•			
	Practitioner PIN Method Returns Only—continue bel	ow			
Part II	Certification and Authentication — Practitioner PIN Method Only				
ERO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 0 Don't ente	5 0 erallze		7 1
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am stents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retu	rn in a	ccordance	
ERO's s	signature ▶ Date ▶				
	FRO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling	, 20	See sep	arate instructions.
Your first name	and m	iddle initial	Last na	ame			Your soc	cial security number
SANTHOSI	H KUI	MAR	ALLA	ADI			668	59 9154
-		s first name and middle initial	Last na				Spouse's	s social security number
RAMYA			NANO	GUNURI			275	97 0664
	(numbe	er and street). If you have a P.O. box, see	•			Apt. no.	Presider	ntial Election Campaig
6005 REI		D PINE RD					Check h	ere if you, or your
		ice. If you have a foreign address, also co	mplete s	spaces below.	State	ZIP code		f filing jointly, want \$3
CONCORD					NC	28027	1 0	this fund. Checking a w will not change
Foreign countr	y name			Foreign province/state/o	county	Foreign postal code		or refund.
								You Spous
Filing Status	s	Single			☐ Head of h	ousehold (HOH)		
Check only		Married filing jointly (even if only o	ne had	income)				
one box.		Married filing separately (MFS)			☐ Qualifying	surviving spouse	(QSS)	
	lf y	you checked the MFS box, enter the	name	of your spouse. If you	u checked the HOI	H or QSS box, ent	er the chil	d's name if the
	qu	ıalifying person is a child but not you	ur depe	ndent:				
 Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward award or	payment for prope	erty or services): o	r (b) sell	
Assets		nange, or otherwise dispose of a dig	,			•	. ,	☐ Yes 🏻 No
Standard		neone can claim: You as a de			e as a dependent	, .		
Deduction		Spouse itemizes on a separate retur	•		•			
				_				
		: Were born before January 2, 1	959 [Are blind Spo	ouse:	rn before January		☐ Is blind
Dependent				(2) Social security	1 ' '	nip (4) Check the b	1	ies for (see instructions) Credit for other dependent
If more	(1) F	irst name Last name		number	to you	Crillid tax C	reuit (
than four dependents,								
see instruction	s							
and check	1							
here L	4.0	Total amount from Farm(a) M. O. b.	ov 1 /or	a inatrustiana)			140	196,463.
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re	•	•			. 1a	190,403.
Attach Form(s)	C	Tip income not reported on line 1a	•	` '			. 1c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	,			. 1d	
W-2G and	e	Taxable dependent care benefits f		.,	nistructions,		. 1a	
1099-R if tax was withheld.	f	Employer-provided adoption bene		· ·			. 16	
If you did not	g g	Wages from Form 8919, line 6.					. 1g	
get a Form	h	Other earned income (see instruct					. 1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	ructions)		i İ		
	z	Add lines 1a through 1h					. 1z	196,463.
Attach Sch. B			2a		b Taxable interes	t	. 2b	
if required.	3a	Qualified dividends	3a		b Ordinary divide	nds	. 3b	
	4a	_	4a		b Taxable amour		. 4b	427.
Standard Deduction for—	5a	Pensions and annuities	5a		b Taxable amour	nt	. 5b	
Single or	6a	Social security benefits	6a		b Taxable amour	nt	. 6b	
Married filing separately,	С	If you elect to use the lump-sum e	election	method, check here	(see instructions)	[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not requ	ired, check here	[□ 7	-1,161.
Married filing jointly or	8	Additional income from Schedule	1, line 1	0			. 8	-26,154.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total inc	come		. 9	169,575.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26			. 10	
Head of household,	11	Subtract line 10 from line 9. This is	s your a	djusted gross incon	ne		. 11	169,575.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)		. 12	27,700.
any box under	13	Qualified business income deduct	ion fron	n Form 8995 or Form	8995-A		. 13	
Standard Deduction,	14	Add lines 12 and 13					. 14	27,700.
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or loc	se optor O. This is v	our tavable incon	20	15	141 875

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	21,828.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	21,828.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	7,500.
	21	Add lines 19 and 20						21	7,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,328.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	43.
	24	Add lines 22 and 23. This is	your total tax					24	14,371.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 18	3,480		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	18,480.
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			
allach Sch. ElC.	28	Additional child tax credit from	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							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	18,480.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	4,109.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	4,109.
Direct deposit?	b	Routing number 1 2 1			,	Checking	Savings	:	
See instructions.	d	Account number 3 2 5	0 5 6 7	1 1 3 2	2 9				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party		you want to allow another							
Designee		,	•			_	omplete	below.	X No
Ü		esignee's		Phone			onal iden	tification	
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							,
Here		•	picto. Decidiation	· · · · ·	 I	oca on an imormati			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	NGINEER		e inst.)	,
See instructions.		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation		If ti	ne IRS se	nt your spouse an
Keep a copy for your records.					HOME MAKER			ntity Prot e inst.)	ection PIN, enter it here
	Ph	one no. (925)568-690	8	Email address	SANTOSH92A	K@GMAIL.CO)M		
Doid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15/2024	P020	32703	Self-employed
Preparer		m's name GLOBAL TA				•	<u>' </u>		(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		-	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. **01** Your social security number

SANT	HOSH KUMAR ALLADI & RAMYA NANGUNURI		668-5	9-91	54
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 Sched	ule E .	5	-28,904.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b	2,750.		
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 oa through 62			9	2,750.
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and	on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-26,154.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i		-	
J	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
05	Tatal allows allow to some Add lines Ode thousands Ode	24z		-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	I - 4 /F 4040\ 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

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

SAN	THOSH KUMAR ALLADI & RAMIA NANGUNUKI 000-3	9-9154	
Pa	rt 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	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
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	8	43.
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	
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	
	(co	ontinued	d on page 2)

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

Part II Other Taxes (continued)

7	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	17 i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k	-		
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
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			
8	Total additional taxes. Add lines 17a through 17z		18		
9	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		04	l	4 -
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		43.

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SANTHOSH KUMAR ALLADI & RAMYA NANGUNURI

Your social security number 668-59-9154

Par	t I Nonrefundable Credits					
1	Foreign tax credit. Attach Form 1116 if required				1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	1, line	e 11. 	Attach	2	
3	Education credits from Form 8863, line 19				3	
4	Retirement savings contributions credit. Attach Form 8880				4	
5a	Residential clean energy credit from Form 5695, line 15				5a	
b	Energy efficient home improvement credit from Form 5695, line 32	2 -			5b	
6	Other nonrefundable credits:					
а	General business credit. Attach Form 3800	6a				
b	Credit for prior year minimum tax. Attach Form 8801	6b				
С	Adoption credit. Attach Form 8839	6с				
d	Credit for the elderly or disabled. Attach Schedule R	6d				
е	Reserved for future use	6e				
f	Clean vehicle credit. Attach Form 8936	6f		7,500.		
g	Mortgage interest credit. Attach Form 8396	6g				
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified electric vehicle credit. Attach Form 8834	6i				
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to holders of tax credit bonds. Attach Form 8912	6k				
ı	Amount on Form 8978, line 14. See instructions	6 I				
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m				
Z	Other nonrefundable credits. List type and amount:					
		6z				
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.				7	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040,	1040-	SR, or		
	1040-NR, line 20				8	7,500.
				(CC	ntinu	ed on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

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

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

	(s) snown on return NTHOSH KUMAR ALLADI & RAMYA NANGUNURI				sociai se 3 – 5 9 –	9154
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	_		
Pa		•			see ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustm to gain or lo Form(s) 894: line 2, colu	ss from 9, Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	5,884.	7,317.		311.	-1,122.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	178.	217.			-39.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise					-1,161.
Pai					r (see	ı
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to be dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustm to gain or lo Form(s) 8949 line 2, colu	ss from), Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	. 3				13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	olumn (h). Then, go	o to Part III		

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,161. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,161.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Attachment Sequence No. 12A

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

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

Social security number or taxpayer identification number 668-59-9154 SANTHOSH KUMAR ALLADI & RAMYA NANGUNURI Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions 01/01/23 12/31/23 5,884. 7,317. W 311 -1,122.

ROBINHOOD SECURITIES LLC 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 5,884. 7,317. -1,122. above is checked), or line 3 (if Box C above is checked) .

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

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Attachment Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SANTHOSH KUMAR ALLADI & RAMYA NANGUNURI

Social security number or taxpayer identification number

668-59-9154

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

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

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

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

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

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

(C) Short-term transactions	not reported	to you on F	orm 1099-B	·			
1 (a) Description of property	(a) (b) (c) (d) Cost or other basis See the Note below		Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	178.	217.			-39.
2 Totals. Add the amounts in column negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	178.	217.			-39.

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

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.

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.

Attachment Sequence No. 13

OMB No. 1545-0074

SAN	THOSH KUMAR ALLADI & RAMYA NANGUNURI						668-5	9-915	4	
Pai	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			C Coo	inatu	ations If you	on ind	مراميانا	nort form	
	rental income or loss from Form 4835 on page 2, line 40.	rty, use S	cneaule	C. See	instru	ctions. If you a	ire an ind	ividuai, re	port farm	
Α	Did you make any payments in 2023 that would require you	to file F	orm(s) 1	0992 5	See in	structions			es 🗵 N	0
	If "Yes," did you or will you file required Form(s) 1099?								′es □ N	
1a								<u> </u>	<u> </u>	<u> </u>
<u>A</u>	11-2-89/2;BHARATH NAGAR SIDDIPET TELAN	NGANA	IN 50	2103						
B										
<u>C</u>					I					
1b	71				Fa	nir Rental		nal Use	QJV	/
	(from list below) above, report the number of fair personal use days. Check the Q			•		Days		ays	+	
<u>A</u>	jersonal use days. Check the Q		,	A B		365		0	+ $+$	
	qualified joint venture. See instru	uctions.		С					+	
	of Property:			C						
	Single Family Residence 3 Vacation/Short-Term Ren	tal.	5 Land	ı	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya				riha)			
	Walti-Family Nesidence 4 Commercial		O HOYE	11103		Other (descr				
						Properti	es:			
Inco				Α		В			С	
3	Rents received	3		9	20.					
	Royalties received	4						-		
-	enses:	_						-		
5	Advertising	5			80.					
6	Auto and travel (see instructions)	7			20.					
7	Cleaning and maintenance	8			18. 80.					
8 9	Commissions	9		/	00.					
10	Insurance	10								
11	Management fees	11		3,5	16					
12	Mortgage interest paid to banks, etc. (see instructions)	12		3,3	40.					
13	Other interest	13								
14	Repairs	14		5.7	41.					
15	Supplies	15		4,5						
16	Taxes	16		, -						
17	Utilities	17		4,9	61.					
18	Depreciation expense or depletion	18		6,3						
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		29,8	24.					
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	-	-28,9	04.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22 (28,90		() ()
23a	·				23a		920.			
b					23b					
C	•				23c		200			
d	·				23d		,382.			
e	·				23e	29	,824.			
24	Income. Add positive amounts shown on line 21. Do not		-				. 24	(20 00	1 ,
25	Losses. Add royalty losses from line 21 and rental real estat							(28,904	t .
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 1040), line 5. Otherwise, include this al						. 26		-28,90)4.

5329

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form5329 for instructions and the latest information.

Attachment Sequence No. **29**

					668-59-9154				
DAIN	THOSH KUMAK ADD	Home address (number and street	t) or P.O. box if	mail is not delivered to v	our home	000 5.	Apt. no.		
		Tiome address (number and street), OI 1 .O. DOX II I	mail is not delivered to y	our nome		Αρι. 110.		
Fill in	Your Address Only	City, town or post office, state, and	d ZIP code. If vo	ou have a foreign addres	s. also complete the spaces				
	u Are Filing This	below. See instructions.		a nave a letegh addite	o, also complete the spaces	16 41=1= 1= =			
Form by Itself and Not With Your Tax Return						If this is a return, ch			
		Foreign country name		Foreign province/state/	county		eign postal code		
				3	,				
If you	only owe the addition	nal 10% tax on the full amo	ount of the e	early distributions	vou may be able to r	eport this	s tax direct	lv on	
		8, without filing Form 5329.			you may be able to t	oport time	, tax anoot	.,	
Par		x on Early Distributions			ok a taxable distribution	on (other	than a qua	alified	
		ution) before you reached							
	endowment cor	ntracť (unless you are repor	ting this tax	directly on Sched	ule 2 (Form 1040)-s	e above). You may	also	
		te this part to indicate that		for an exception to	the additional tax on	early dis	stributions o	or for	
	certain Roth IRA	A distributions. See instruction	ons.						
1	Early distributions inc	cludible in income (see instru	ctions). For [Roth IRA distribution	ons, see instructions.	1	4:	27.	
2	Early distributions inc	cluded on line 1 that are not	subject to the	e additional tax (se	e instructions).				
	Enter the appropriate	exception number from the	instructions:	:		2			
3	Amount subject to ac	dditional tax. Subtract line 2	from line 1			3	4	27.	
4	Additional tax. Enter	10% (0.10) of line 3. Include	e this amoun	t on Schedule 2 (Fo	orm 1040), line 8	4		43.	
		of the amount on line 3 was			RA, you may have to				
		amount on line 4 instead of 1							
Par		x on Certain Distribution					•	•	
	-	an amount in income, on S	,	,,	•		savings acc	count	
		fied tuition program (QTP), o							
5		d in income from a Coverdell				5			
6		d on line 5 that are not subject		•	·	6			
7	•	dditional tax. Subtract line 6				7			
8 Part		10% (0.10) of line 7. Include		•	•				
rait		x on Excess Contribution for 2023 than is allowable or					ea more to	your	
9		tributions from line 16 of your	-		-				
10	•	IA contributions for 2023 a							
10	-	n, see instructions. Otherwis		•	10				
11		distributions included in inco			11				
12		prior year excess contribution			12				
13		12				13			
14	Prior year excess cor	ntributions. Subtract line 13 f	from line 9. If	zero or less, enter	-0	14			
15		for 2023 (see instructions)				15			
16		itions. Add lines 14 and 15				16			
17	Additional tax. Enter	6% (0.06) of the smaller of lir	ne 16 or the	value of your tradition	onal IRAs on December				
		23 contributions made in 2024)). Include this	amount on Schedul	e 2 (Form 1040), line 8	17			
Part	IV Additional Ta	x on Excess Contribution	ns to Roth	h IRAs. Complete	this part if you contri	buted mo	ore to your	Roth	
	IRAs for 2023 th	nan is allowable or you had a	ın amount or	n line 25 of your 20	22 Form 5329.				
18	Enter your excess con	tributions from line 24 of your	12022 Form 5	5329. See instruction	ns. If zero, go to line 23	18			
19		tributions for 2023 are less t							
		ructions. Otherwise, enter -0			19				
20		m your Roth IRAs (see instru			20				
21						21			
22	•	ntributions. Subtract line 21 f				22			
23		for 2023 (see instructions)				23			
24		utions. Add lines 22 and 23				24			
25		6% (0.06) of the smaller of li		•		25			

Form 5329 (2023) Page **2**

Part V	-			tributions to Coverdell ESAs. Chan is allowable or you had an amount	•				•
26 E				of your 2022 Form 5329. See instruction				26	
				SAs for 2023 were less than the					
			<u> </u>	uctions. Otherwise, enter -0	27				
				As (see instructions)	28				
		nes 27 and 2	=		L			29	
				ne 29 from line 26. If zero or less, ente				30	
	•			ions)			+	31	
			· · · · · · · · · · · · · · · · · · ·	nd 31			- 1	32	
				er of line 32 or the value of your Coverd				-	
				in 2024). Include this amount on Schedu				33	
Part VI		<u> </u>		ibutions to Archer MSAs. Comple	•				olover contributed
				nan is allowable or you had an amount	•	-	-		•
34 E				of your 2022 Form 5329. See instruction				34	
				or 2023 are less than the maximum					
			-	therwise, enter -0	35				
					36				
		nes 35 and 3						37	
				ne 37 from line 34. If zero or less, ente				38	
	-			ions)			1	39	
			•	nd 39				40	
							1	+0	
				smaller of line 40 or the value of y					
				butions made in 2024). Include this a				41	
Part VI				tributions to Health Savings Ac					this part if you
rait vii									
			ne 49 of your 2022 Form	nployer contributed more to your HS	AS IOI 202	23 1116	ın ıs alı	owab	ie or you nad ar
					4=				
				of your 2022 Form 5329. If zero, go to	o line 47			42	
				2023 are less than the maximum					
				herwise, enter -0	43				
44 2	023 c	distributions	=	orm 8889, line 16	44				
		nes 43 and 4						45	
46 P	rior y	ear excess	contributions. Subtract li	ne 45 from line 42. If zero or less, ente	er -0 .			46	
47 E	xces	s contribution	ons for 2023 (see instruct	ions)			[47	
48 T	otal e	excess cont	ributions. Add lines 46 ar	nd 47				48	
49 A	dditi	onal tax. Er	nter 6% (0.06) of the sm	aller of line 48 or the value of your H	SAs on Dec	cemb	er 31,		
2	023 (i	ncluding 20	23 contributions made in	2024). Include this amount on Schedule	2 (Form 10	040), 1	ine 8	49	
Part VIII	A	Additional	Tax on Excess Contr	ributions to an ABLE Account. C	omplete thi	is par	t if cont	ributi	ons to your ABLE
	а	ccount for 2	2023 were more than is a	llowable.					
50 E	xces	s contribution	ons for 2023 (see instruct	ions)				50	
51 A	dditi	onal tax. E	Enter 6% (0.06) of the s	maller of line 50 or the value of yo	ur ABLE a	accou	nt on		
				n Schedule 2 (Form 1040), line 8				51	
Part IX	Α	Additional	Tax on Excess Accur	mulation in Qualified Retirement	Plans (In	clud	ing IR	As). (Complete this part
	if	you did no	t receive the minimum re	quired distribution from your qualified	retirement	plan.		•	
52 N	1inim	um required	d distribution for 2023 (se	e instructions)				52	
53 A	mour	nt actually d	distributed to you in 2023	(see instructions)				53	
		-	om line 52. If zero or less	,			t	54	
				o calculate the additional tax. If you q			+		
				ne qualified retirement plan, check this		.5 .0	, s lun		
				1040), line 8 or Form 1041, Schedule G				55	
			,	clare that I have examined this form, including according		chmen	ts, and to		st of my knowledge and
Sign Here Only if You Are Filing This Form Are Filing This Form						ch prepa	arer has any knowledge.		
by Itself and Not With									
Your Tax Return Your signature Date				ate					
		Print/Type prep		Preparer's signature	Date		· ,	- T	PTIN
Paid		i illiv rype prep	paror s name				Check self-emp		i iiiv
Prepar		Eirm's nome				Firm's	·	-,	
Use Or	niy ⊢	Firm's name Firm's address	<u> </u>			Phon			
	- 1	LITTLE S ACCURESS	,			- Luon	= HO.		

Form **8606**

Department of the Treasury Internal Revenue Service

Nondeductible IRAs

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

Go to www.irs.gov/Form8606 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 48

Name. If married, file a separate form for each spouse required to file 2023 Form 8606. See instructions.

SANTHOSH KUMAR ALLADI

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

Foreign country name

Foreign province/state/county

Foreign postal code

Part I

Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, Traditional SEP, and Traditional SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2023.
- You took distributions from a traditional, traditional SEP, or traditional SIMPLE IRA in 2023 **and** you made nondeductible contributions to a traditional IRA in 2023 or an earlier year. For this purpose, a distribution does not include a rollover (other than certain qualified disaster distribution repayments from 2023 Form(s) 8915-F), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, traditional SEP, and traditional SIMPLE IRAs to Roth, Roth SEP, or Roth SIMPLE IRAs in 2023 and you made nondeductible contributions to a traditional IRA in 2023 or an earlier year.

	notification in 2023 and you made nondeductible contributions to a traditional in A in 2023	J 01 a	Treatilet year.
1	Enter your nondeductible contributions to traditional IRAs for 2023, including those made for 2023		
	from January 1, 2024, through April 15, 2024. See instructions	1	
2	Enter your total basis in traditional IRAs. See instructions	2	
3	Add lines 1 and 2	3	
	In 2023, did you take a distribution from traditional, traditional SIMPLE IRAs, or make a Roth, Roth SEP, or Roth SIMPLE IRA conversion? No — Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes — Go to line 4.		
4	Enter those contributions included on line 1 that were made from January 1, 2024, through April 15, 2024	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, traditional SEP, and traditional SIMPLE IRAs as of December 31, 2023, plus any outstanding rollovers. Subtract certain repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)	6	
7	Enter your distributions from traditional, traditional SEP, and traditional SIMPLE IRAs in 2023. Do not include rollovers (other than repayments of qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions)); qualified charitable distributions; a one-time distribution to fund an HSA; conversions to a Roth, Roth SEP, or Roth SIMPLE IRA; certain returned contributions; or recharacterizations of traditional IRA contributions (see instructions)	7	
8	Enter the net amount you converted from traditional, traditional SEP, and traditional SIMPLE IRAs to		
	Roth, Roth SEP, or Roth SIMPLE IRAs in 2023. Also, enter this amount on line 16	8	
9	Add lines 6, 7, and 8		
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"		
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth, Roth SEP, or Roth SIMPLE IRAs. Also, enter this amount on line 17		
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth, Roth SEP, or Roth SIMPLE IRA 12		
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2023 and earlier years .	14	
15a	Subtract line 12 from line 7	15a	
b	Enter the amount on line 15a attributable to qualified disaster distributions, if any, from 2023 Form(s) 8915-F (see instructions). Also, enter this amount on 2023 Form(s) 8915-F, line 18, as applicable (see instructions)	15b	
С	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2023	45.	
	Form 1040, 1040-SR, or 1040-NR, line 4b	15c	
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.		

Form 8606 (2023) Page **2**

Part			onversions From Traditi MPLE IRAs	ional, Traditional SEP, or Tra	iditional SIMI	PLE IRAs to	Roth, Ro	th SEP, or
			e this part if you converted P, or Roth SIMPLE IRA in 20	part or all of your traditional, trad 023.	itional SEP, and	traditional SII	MPLE IRAS	to a Roth,
16	from tr	aditiona	al, traditional SEP, and tra-	from line 8. Otherwise, enter the ditional SIMPLE IRAs to Roth, F	Roth SEP, or F	Roth SIMPLE	16	
17				t from line 11. Otherwise, enter y			17	
18	Form 1	040, 10	40-SR, or 1040-NR, line 4b	line 16. If more than zero, also ir			18	
Part l	II D	istribu	tions From Roth, Roth	SEP, or Roth SIMPLE IRAs				
	di 89	stributio 915-F (s	on does not include a rollov	distribution from a Roth, Roth Siver (other than a repayment of a contraction of a contraction of a contraction of a constructions).	ualified disaste	r distribution f	rom 2023 l	Form(s)
19	includir	ng any d	qualified first-time homebuy	ns from Roth, Roth SEP, and Rever distributions, and any qualified $\dots \dots \dots \dots \dots$	d disaster distri	butions from	19	427.
20							20	
21							21	427.
22	-			Roth SIMPLE IRA contributions (s		•	22	
23				ss, enter -0- and skip lines 24 annstructions)			23	427.
24				aditional, traditional SEP, and tr o a Roth, Roth SEP, or Roth SIMF			24	
25a				s, enter -0- and skip lines 25b ar			25a	427.
b	8915-F	(see in	structions). Also, enter this	to qualified disaster distribution amount on 2023 Form(s) 8915-F	, line 19, as ap	plicable (see		
		-					25b	0.
С							25c	427.
_	lere On Are Fili	ly	Under penalties of perjury, I declare	that I have examined this form, including acc aration of preparer (other than taxpayer) is base	ompanying attachme	nts, and to the best	of my knowle	dge and belief, it
and N	orm by							
Tax Re	eturn .	Dwise±/7F	Your signature	Duemouse's signature	D-4-	Date		
Paid		Print/Ty	pe preparer's name	Preparer's signature	Date	Check self-em		l .
Prepa	arer	Firms's :-					· ·	
Use (Only	Firm's n Firm's a				Firm's I		
		riiiisa	uui coo			Frione		rm 8606 (2023)

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 Attachment Sequence No. **52**

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

SANTHOSH KUMAR ALLADI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

668-59-9154

Befor	Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.						
Part	and both you and your spouse each have separate HSAs, complete a separate Part I for						
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	If-only 🗵 Family				
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.				
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.				
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.				
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.				
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.				
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7					
8	Add lines 6 and 7	8	7,750.				
9	Employer contributions made to your HSAs for 2023						
10	Qualified HSA funding distributions						
11	Add lines 9 and 10	11	1,600.				
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,150.				
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.				
_	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.						
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	rate l	HSAs, complete				
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a					
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were	441-					
_	withdrawn by the due date of your return. See instructions	14b					
C	Qualified medical expenses paid using HSA distributions (see instructions)	14c					
15	, , , , , , , , , , , , , , , , , , , ,	15					
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16					
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here						
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040) Part II, line 179	476					
Part	1040), Part II, line 17c	17b	-f				
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.						
18	Last-month rule	18					
19	Qualified HSA funding distribution	19					
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20					
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form						

REV 02/11/24 PRO

BAA

Form **8936**

Clean Vehicle Credits

OMB No. 1545-2137

2023

Attachment Sequence No. 69

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

Go to www.irs.gov/Form8936 for instructions and the latest information.

Name(s) shown on return Identifying number SANTHOSH KUMAR ALLADI & RAMYA NANGUNURI 668-59-9154 Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year. • Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. **Modified Adjusted Gross Income Amount** Part I 1a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR 169,575. Enter any income from Puerto Rico you excluded 1b c Enter any amount from Form 2555, line 45 1c Enter any amount from Form 2555, line 50 1d Enter any amount from Form 4563, line 15 1e е 2 Add lines 1a through 1e 2 169,575. 106,856 За Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a Enter any income from Puerto Rico you excluded 3b Enter any amount from Form 2555, line 45 3с Enter any amount from Form 2555, line 50 3d Enter any amount from Form 4563, line 15 106,856. 4 Enter the **smaller** of line 2 or line 4 5 106,856. Credit for Business/Investment Use Part of New Clean Vehicles Part II Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) . . . 6 6 0. 7 New clean vehicle credit from partnerships and S corporations (see instructions) 7 Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y . . . 8 0. Part III **Credit for Personal Use Part of New Clean Vehicles** Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). 9 Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) . 9 7,500. 10 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 10 21,828. Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 11 11 12 Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use 12 21,828. 13 Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 13 7,500. Part IV Credit for Previously Owned Clean Vehicles Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household). Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) 14 14 15 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 15 16 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 16 Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit 17 17 Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is 18 18

19

20

21

Part V

19

20

21

Credit for Qualified Commercial Clean Vehicles

Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)

Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) .

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Attachment Sequence No. **69A**

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

Name(s) shown on return					er		
_	THOSH KUMAR ALLADI & RAMYA NANGUNURI		668-59-9154				
Part	Vehicle Details						
1a	Year	_		2023			
b	Make	_	TESLA				
С	Model	MODEL-Y					
2	Vehicle identification number (VIN) (see instructions) 7 S A Y G D E E 3	3	P A	1 6	5 9	8 4	1
3	Enter date vehicle was placed in service (MM/DD/YYYY)		10/07	/202	3		
4	Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions. ☐ Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the United States. ☒ No.						
5	Does the VIN entered on line 2 belong to a new clean vehicle placed in service during the tax definitions. ✓ Yes. Go to Part II. ✓ No. Go to line 6.	ye	ar? See	e instr	uction	s for	
6	Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 202 the tax year? See instructions for definitions. Yes. Go to Part IV. No. Go to line 7.	22	and pla	aced ir	n serv	ice du	ring
7 Part	Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after during the tax year? See instructions for definitions. Yes. Go to Part V. No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described. Credit Amount for Business/Investment Use Part of New Clean Vehicle						
8	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person. ☑ Yes. ☐ No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.						
9	Tentative credit amount (see instructions)		9		7	,500). <u> </u>
10	Business/investment use percentage (see instructions)	<u> </u>	10				%
11	Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below		11			(). <u> </u>
Part	Credit Amount for Personal Use Part of New Clean Vehicle	_					
12	Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936		12		•	7,50	0

Schedu	e A (Form 8936) 2023		Page 2
Part			
13a	Is the sales price of the vehicle more than \$25,000?		
	Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.		
	∐ No.		
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehic	le fron	n another person.
	☐ Yes.		
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a	cquire	ed for resale.
С	Can you be claimed as a dependent on another person's tax return, such as your parent's return	rn?	
	☐ Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.		
	□ No.		
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.		
	☐ Yes.		
	☐ No.		
14	Enter the sales price of the vehicle	14	
15	Multiply line 14 by 30% (0.30)	15	
16	Maximum vehicle credit amount	16	4,000.
10	Waximum vehicle credit amount	10	4,000.
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line		
	14 in Part IV of Form 8936	17	
Part	V Credit Amount for Qualified Commercial Clean Vehicle		
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exceentities discussed in the instructions applies. Yes. No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception		
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person. Yes. No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.		_
С	Is the vehicle also powered by gas or diesel? See instructions. Yes. No.	1	
19	Enter the cost or other basis of the vehicle. See instructions	19	
20	Section 179 expense deduction (see instructions)	20	
21	Subtract line 20 from line 19	21	
	M III I II OA I 450((0.45) [000((0.00) [0] II		
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22	
23	Enter the incremental cost of the vehicle. See instructions	23	
24	Enter the smaller of line 22 or line 23	24	
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)	25	
00	, ,		
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V		

26