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

| | 1.0751.00 001.100 | | | | |
|---|--|---|--|--|---|
| Submis | ssion Identification Number (SID) | | | | |
| Taxpaye | r's name | Social securi | ty numl | per | |
| SACE | ETH REDDY PINNAPUREDDY | 311-69 | -322 | 6 | |
| Spouse's | s name | Spouse's soo | ial seci | urity numbe | r |
| Part | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | Vear vou a | re au | thorizina | 1 |
| | whole dollars only on lines 1 through 5. | year you a | i e au | unonzing | ·) |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| | Adjusted gross income | | 1 | 96 | ,239. |
| | Total tax | | 2 | | ,930. |
| | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,641. |
| | Amount you want refunded to you | | 4 | | ,711. |
| | Amount you owe | | 5 | | ,,, |
| Part | | еер а сор | y of y | our retu | rn) |
| my kno return (of to send for any Agent to payment authoriz payment business taxes to persona | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the patic Funds Withdrawal Consent. | e are the ametter, or electro- action of the tree of t | ounts for the counts of the co | rom the in turn original ssion, (b) the designated paration so to this accor or revoke of ved no late ectronic paratically | come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the |
| | yer's PIN: check one box only | | | | |
| X | • | my DINI 9 | 3 2 | 2 2 6 | as my |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | En | | digits, but er all zeros | as my |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Your si | gnature ▶ Date ▶ | | | | |
| Snous | e's PIN: check one box only | | | | |
| Ороцз | I authorize to enter or generate | my PINI | | | as my |
| ш | ERO firm name | | ter five | digits, but | asiny |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | |
| Spouse | e's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| Part I | Certification and Authentication — Practitioner PIN Method Only | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 | 2 4 9 Don't ent | 6 0 er all ze | 8 2 7 | 1 |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir | x return (origi itting this retu | nal or ırn in a | amended) accordance | |
| ERO's | signature ▶ Date ▶ | | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | |

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



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 se | parate in | nstructions. | |
|----------------------------------|------------|--|--------------|---------------------------------------|--------------|-----------------------|----------|----------|------------|----------------------------|---|--------------------|--|
| Your first name | and m | iddle initial | Last na | ıme | | | | | - | Your so | cial secu | ırity number | |
| SACHETH | REDI | DY | PINNAPUREDDY | | | | | | 311 | 69 | 3226 | | |
| | | s first name and middle initial | Last na | | | | | | | | | security number | |
| | | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ons. | | | Ap | t. no. | | Preside | ntial Elec | ction Campaign | |
| 2115 LO | NG M | EADOW DRIVE | | | | | | | | Check here if you, or your | | | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | ZIP cod | de | | | pouse if filing jointly, want \$3 o go to this fund. Checking a | | |
| SPRING H | HILL | | | | TN | 1 | 3717 | 4 | | 0 | | ot change | |
| Foreign country | y name | | | Foreign province/state/o | count | ty | Foreign | postal c | ode | your tax | c or refun | | |
| | | | | | | | | | | | You | ı Spouse | |
| Filing Status | , X | Single | | | | ☐ Head of ho | ouseho | d (HOF | H) | | | | |
| Check only | | Married filing jointly (even if only or | ne had i | income) | | | | | | | | | |
| one box. | | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS | | | | | | | | | | | |
| | If y | you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the | | | | | | | | the chi | ild's nam | ne if the | |
| | qu | alifying person is a child but not you | ır deper | ndent: | | | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rece | eive (as | a reward, award, or | pavn | ment for prope | rtv or s | ervices |): or (l | o) sell. | | | |
| Assets | | nange, or otherwise dispose of a digi | | | | | | | | | ☐ Yes | s 🛛 No | |
| Standard | Som | neone can claim: | penden | t | e as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate returi | n or you | u were a dual-status a | alien | 1 | | | | | | | |
| Age/Blindness | . Vou | : Were born before January 2, 1 | 050 F | Are blind Spo | ouse | : Was bor | n hefor | a lanur | any 2 | 1050 | □le | blind | |
| | _ | | 333 <u></u> | | | | (4) | | | | | ee instructions): | |
| Dependent | | irst name Last name | | (2) Social security number | ´ | (3) Relationsh to you | ip ('' | Child t | | | | other dependents | |
| If more than four | (1) | Last name | | | | | | [| 7 | | | | |
| dependents, | | | | | | | | | = | | | \vdash | |
| see instruction | s | | | | | | | | _ | | | – | |
| and check here | 1 | | | | | | | | = | | | – | |
| Income | 1a | Total amount from Form(s) W-2, bo | ox 1 (se | e instructions) | | | | | | 1a | | 110,387. | |
| | b | Household employee wages not re | • | , | | | | | | 1b | | | |
| Attach Form(s) W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | 10 | ; | | | |
| attach Forms | d | Medicaid waiver payments not rep | orted o | n Form(s) W-2 (see ir | nstru | ictions) | | | | 1d | ı | | |
| W-2G and 1099-R if tax | е | Taxable dependent care benefits f | rom Fo | rm 2441, line 26 . | | | | | | 1e | , | | |
| was withheld. | f | Employer-provided adoption bene | fits fron | n Form 8839, line 29 | | | | | | 1f | | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | 1g | ı | | |
| get a Form W-2, see | h | Other earned income (see instructi | ions) | | | | | | | 1h | 1 | 0. | |
| instructions. | i | Nontaxable combat pay election (s | see inst | ructions) | | <u>1</u> i | | | | | | | |
| | z | Add lines 1a through 1h | . ; | | | | | | | 1z | : : | 110,387. | |
| Attach Sch. B | 2 a | Tax-exempt interest | 2a | | b Ta | axable interest | t. | | | 2b | | 2,398. | |
| if required. | 3a | Qualified dividends | 3a | | b 0 | rdinary divider | nds . | | | 3b |) | | |
| Standard | 4a | IRA distributions | 4a | | | axable amount | | | | 4b | , | | |
| Deduction for— | 5a | | 5a | | | axable amount | | | | 5b |) | | |
| Single or Married filing | 6a | , | 6a | | | axable amount | t | | · <u>·</u> | 6b | • | | |
| separately, | С | If you elect to use the lump-sum el | | · · · · · · · · · · · · · · · · · · · | ` | , | | | | | | _ | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sched | | | | | | | . L | 7 | | 1. | |
| jointly or Qualifying | 8 | Additional income from Schedule | - | | | | | | | 8 | + - | -16,547. | |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | • | | | | | | 9 | | 96,239. | |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | | 10 | | 06.000 | |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | - | | | | | | | 11 | | 96,239. | |
| If you checked | 12 | Standard deduction or itemized | | • | , | | | | | 12 | | 13,850. | |
| any box under Standard | 13 | Qualified business income deducti | | | 899 | р-A | | | | 13 | | 12 050 | |
| Deduction, see instructions. | 14 15 | Add lines 12 and 13 Subtract line 14 from line 11. If zer | | | | avable inco- | | | | 14 | | 13,850. 82,389. | |
| | 15 | Subtract line 14 HOTH line 11. If Zer | o or ies | ə, eπτει -υ 11115 IS y | our t | axable incom | | | | 15 | ' | U4,309. | |

| Form 1040 (2023 | 3) | | | | | | | | Page Z |
|------------------------------------|------|---|--------------------------|--------------------|------------------------|------------------------|--------------------------|---------------------|---|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | ı(s): 1 881 | 4 2 4972 | з 🗌 | | 16 | 13,430. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 13,430. |
| | 19 | Child tax credit or credit for o | other dependen | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | 7,500. |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 7,500. |
| | 22 | Subtract line 21 from line 18. | . If zero or less, | enter -0 | | | | 22 | 5,930. |
| | 23 | Other taxes, including self-er | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 5,930. |
| Payments | 25 | Federal income tax withheld | from: | | | | | | |
| • | а | Form(s) W-2 | | | | 25a 1 | 7,641. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 17,641. |
| If you have a | 26 | 2023 estimated tax payment | s and amount a | pplied from 20 |)22 return | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | n Schedule 8812 | 2 | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | e 15 | | | 31 | | | |
| | 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. The | nese are your to | tal payments | | | | 33 | 17,641. |
| Refund | 34 | If line 33 is more than line 24 | , subtract line 2 | 4 from line 33. | This is the amour | nt you overpaid | | 34 | 11,711. |
| | 35a | Amount of line 34 you want | efunded to you | ı. If Form 8888 | is attached, chec | ck here | 🗆 | 35a | 11,711. |
| Direct deposit? | b | Routing number 0 4 4 | | | c Type: 🛛 | Checking | Savings | | |
| See instructions. | d | Account number 5 2 1 | 3 7 7 1 | 0 8 | | | | | |
| | 36 | Amount of line 34 you want a | pplied 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, go | o to <i>www.ir</i> s.gov | v/Payments or | see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see in | structions) . | | | 38 | | | |
| Third Party | | you want to allow another | • | | | _ | | | |
| Designee | | | | | | | omplete | | ⊠ No |
| | | signee's me | | Phone no. | | | sonal ident ber (PIN) | ification | |
| Sign | | der penalties of perjury, I declare th | at I have examined | d this return and | accompanying sche | | ` ' | the best | of my knowledge and |
| Here | be | lief, they are true, correct, and comp | plete. Declaration of | of preparer (othe | r than taxpayer) is ba | sed on all informat | ion of whic | h prepar | er has any knowledge. |
| пеге | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity |
| | | | | | | | | tection P inst.) | IN, enter it here |
| Joint return? See instructions. | | | | 5. | SOFTWARE E | | | | |
| Keep a copy for your records. | | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupati | on | Ider | | nt your spouse an ection PIN, enter it here |
| | ——Ph | one no. (908)848-3793 | 1 | Email address | SACHETHREDD | V98@GMATT. C | I | • | |
| | | eparer's name | Preparer's signat | | STICITE THEEDD | Date | PTIN | | Check if: |
| Paid | | | | | GUPTA TALLAM | 02/17/2024 | P0208 | 2703 | Self-employed |
| Preparer | | | | | | | | | 678)965-9522 |
| Use Only | | m's address 245 ROONE | | NSWICK N | J 08816 | | | n's EIN | 84-3171965 |
| | | 10105 | | 2011 111 | | | 1 | | = 1010 (2222) |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SACHETH REDDY PINNAPUREDDY

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 |
| 211 60 | 2226 |

| 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 | -16,547. |
| 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 (| <u>)</u> | |
| 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 . Ente | r here and on Form | | 1.6 - 4- |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -16,547. |

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 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 SACHETH REDDY PINNAPUREDDY

Your social security number 311-69-3226

| Par | 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 | , lin | e 11. Attacł | 2 | |
| 3 | Education credits from Form 8863, line 19 | | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | | | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32 | | | 5b | |
| 6 | Other nonrefundable credits: | | | | |
| а | General business credit. Attach Form 3800 | 6a | | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | | |
| С | Adoption credit. Attach Form 8839 | 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 | 6I | | | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 . | 6m | | | |
| z | Other nonrefundable credits. List type and amount: | | | | |
| | | 6z | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | | 7 | 7,500. |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 | 040, | 1040-SR, o | r | |
| | 1040-NR, line 20 | | | 8 | 7,500. |
| | | | (| contin | ued 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 B (Form 1040)

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

Attachment Sequence No. **08**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

| Name(s) shown on r | eturn | | Your | social secur | ity numb | oer |
|---|-------|--|-----------------------|--|----------|--|
| SACHETH RE | DDY I | PINNAPUREDDY | 311 | -69-322 | 26 | |
| Part I Interest (See instructions and the Instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. | | List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: CAPITAL ONE N.A Citibank Client Services DISCOVER BANK Robinhood Securities LLC AMERICAN EXPRESS NATIONAL BANK Goldman Sachs Bank USA | 1 | Am | 65 52 | 338. 222. 440. 1. 773. 224. |
| | 2 | Add the amounts on line 1 | 2 | | 2,39 | 98. |
| | 3 | Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | 3 | | | |
| | 4 | Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b | 4 | | 2,39 | 9.8 |
| | | If line 4 is over \$1,500, you must complete Part III. | · · | Am | ount | , , , , |
| Part II | 5 | List name of payer: | | | | |
| Ordinary Dividends (See instructions and the Instructions for Form 1040, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the | | | 5 | | | |
| payer and enter the ordinary | | | | | | |
| dividends shown | 6 | Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b | 6 | | | |
| on that form. | Note: | If line 6 is over \$1,500, you must complete Part III. | | | | |
| Part III Foreign Accounts and Trusts | accou | nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary of int; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign. At any time during 2023, did you have a financial interest in or signature authority of | trust. | • | | reigr No |
| Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of | b | account (such as a bank account, securities account, or brokerage account) locat country? See instructions | ed in and CEN Fies) w | a foreign Financial form 114 there the | | × |
| Statement of Specified Foreign | | | | | | |

Financial Assets.

See instructions.

During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a

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

X

SCHEDULE D (Form 1040)

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.

OMB No. 1545-0074

Attachment

Department of the Treasury Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 311-69-3226 SACHETH REDDY PINNAPUREDDY Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with column (a) 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 50. 51. 1. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 1. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 1. • 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 amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 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 • (\$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.

Department of the Treasury

Internal Revenue Service

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

Name(s) shown on return

Social security number or taxpayer identification number 311-69-3226 SACHETH REDDY PINNAPUREDDY

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

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

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

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

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

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

| (C) Short-term transactions | not reported | to you on F | orm 1099-B | | | | |
|---|--|--------------------------------|------------|--|---|--|---|
| 1 (a) Description of property | (b) (c) Date so | Date sold or | Proceeds S | (e) Cost or other basis See the Note below | Adjustment, i If you enter an enter a co See the sep | (h) Gain or (loss) Subtract column (e) | |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | uisposed of (Sales price) and | | and see Column (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). |
| Robinhood Securities LLC | 01/01/23 | 12/31/23 | 51. | 50. | | | 1. |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6). | al here and inc is checked), lir | lude on your ne 2 (if Box B | 51. | 50. | | | 1. |

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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

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

SACHETH REDDY PINNAPUREDDY

Your social security number

| | 311-69-3226 |
|------------------------------|-------------|
| al Poal Estate and Povalties | |

| Pa | Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | | | c . See | e instru | ctions. If you a | re an ind | ividual, rep | oort farm |
|-------------|--|---------|------------------|----------------|-----------------|-----------------------------|-----------|----------------|-----------|
| Α | Did you make any payments in 2023 that would require you | to file | Form(s) 1 | 099? 5 | See ins | structions . | | . 🗆 Ye | es 🗵 No |
| В | If "Yes," did you or will you file required Form(s) 1099? . | | | | | | | | |
| 1a | | | | | | | | | |
| Α | BESIDE SAIBABATEMPLE, AMBER HYDERABAD | relai | NGANA I | N 50 | 1505 | | | | |
| В | | | | | | | | | |
| С | | | | | | | | | |
| 1b | (from list below) above, report the number of fair | rental | and | | Fa | air Rental Days | | nal Use ays | QJV |
| Α | g personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | if you meet the requirements to a qualified joint venture. See instru | | | В | | | | | |
| С | qualified joint venture. See instit | JULIONS | · | С | | | | | |
| Туре | of Property: | | | | | | | | |
| | Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial | ıtal | 5 Land 6 Roya | | | Self-Rental Other (descr | ibe) | | |
| | | | | | | Properti | es: | | |
| Inco | me: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 6 | 00. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Ехре | enses: | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,4 | 10. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,2 | 00. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 3,8 | 25. | | | | |
| 15 | Supplies | 15 | | | 74. | | | | |
| 16 | Taxes | 16 | | | | | | | |
| 17 | Utilities | 17 | | 4,5 | 87. | | | | |
| 18 | Depreciation expense or depletion | 18 | | | 51. | | | | |
| 19 | Other (list) | 19 | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 17,1 | 47. | | | | |
| 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 | _ | -16,5 | 47. | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| 16,54 | 1 7. | (| |)(| |
| 23 a | Total of all amounts reported on line 3 for all rental prope | erties | | | 23a | | 600. | | |
| b | | | | | 23b | | | | |
| С | | | | | 23c | | | | |
| d | | | | | 23d | 3 | ,651. | | |
| е | | | | | 23e | 17 | ,147. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | de any los | sses | | | . 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | | | | nter to | tal losses here | | (| 16,547. |
| 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 a | ot appl | ly to you, | also e | nter t | his amount o | | | -16.547 |

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

SACHETH REDDY PINNAPUREDDY

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

311-69-3226

| 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 | Setor | e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it | requ | iired. | | | | |
|--|---|---|-------|-------------------|--|--|--|--|
| See instructions . Self-only Family 2 HSA contributions you made for 2023 for 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 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 . 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 each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter 6 3,850. 7 If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. 8 Add lines 6 and 7 8 Employer contributions made to your HSAs for 2023 9 8 333. 10 Qualified HSA funding distributions 11 833. 12 Subtract line 11 from line 8. If zero or less, enter -0- 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 0. Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions 14a Total distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 15a Caution: If line 2 en sone than line 13, you may have to pay an additional tax. See instructions 15b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due d | Part | | | | | | | |
| 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 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. 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's Archer MSAs Subtract line 4 from line 3. If zero or less, enter -0- Enter the amount from line 6. 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 . If you were age 55 or older at the end of 2023, married, and you or your spouses had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . Add lines 6 and 7 Employer contributions made to your HSAs for 2023 Qualified HSA funding distributions . Add lines 9 and 10 Qualified HSA funding distributions . Part III HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Qualified 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. Part III HSA Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions) 14a Total distributions sour received in 2023 from all HSAs (see instructions) 15 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 16 that are subject to the additional 20 | 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | ⊠ Se | elf-only Family | | | | |
| 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. 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. 5 Subtract line 4 from line 3. If zero or less, enter -0. 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. 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. 8 Add lines 6 and 7 . 8 3,850. 9 Employer contributions made to your HSAs for 2023 . 9 Employer contributions made to your HSAs for 2023 . 9 Employer contributions made to your HSAs for 2023 . 9 Employer contributions made to your HSAs for 2023 . 9 Employer contributions made to your HSAs for 2023 . 9 Employer contributions made to your HSAs for 2023 . 9 Employer contributions made to your HSAs for 2023 . 10 Qualified HSA funding distributions . 11 833. 12 Subtract line 11 from line 8. If zero or less, enter -0 . 11 833. 12 Subtract line 11 from line 8. If zero or less, enter -0 . 12 3, 017. 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 . 14 Total distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14 Total distributions you received in 2023 from all HSAs (see instructions) . 15 Unallified medical expenses paid using HSA distributions (see instructions) . 16 Taxable HSA distributions scubtract line 14 from 1040), Part I, line 8 frought are subject to the additional 20% | 2 | unextended due date of your tax return that were for 2023. Do not include employer contributions, | 2 | 0. | | | | |
| 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 | 3 | were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for | 3 | 3,850. | | | | |
| Subtract line 4 from line 3. If zero or less, enter -0- 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 | 4 | lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also | 4 | 0. | | | | |
| 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 | 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | | |
| under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. 7 0. Add lines 6 and 7 Employer contributions made to your HSAs for 2023 Employer contributions made to your HSAs for 2023 10 Qualified HSA funding distributions 11 Add lines 9 and 10. 12 Subtract line 11 from line 8. If zero or less, enter -0- 13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. Part III HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2023 from all HSAs (see instructions) 15 16 Cautified medical expenses paid using HSA distributions (see instructions) 15 17axable 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 17ax (see instructions), check here 4 Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 Last-month rule 19 Qualified HSA funding distribution 20 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part I, line 8f Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part I, line 8f Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040). Part I, line 8f | | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family | | 3,850. | | | | |
| 9 833. 10 Qualified HSA funding distributions | 7 | under an HDHP at any time during 2023, enter your additional contribution amount. See instructions. | 7 | 0. | | | | |
| 10 Qualified HSA funding distributions . 10 11 833 . 12 Subtract line 11 from line 8. If zero or less, enter -0 | 8 | Add lines 6 and 7 | 8 | 3,850. | | | | |
| 11 Add lines 9 and 10 | 9 | Employer contributions made to your HSAs for 2023 | | | | | | |
| 12 Subtract line 11 from line 8. If zero or less, enter -0 | 10 | Qualified HSA funding distributions | | | | | | |
| HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2023 from all HSAs (see instructions) b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions) c Subtract line 14b from line 14a 14c 15 Qualified medical expenses paid using HSA distributions (see instructions) 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 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 17c Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 Last-month rule 19 Qualified HSA funding distribution 20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form | 11 | Add lines 9 and 10 | 11 | 833. | | | | |
| Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2023 from all HSAs (see instructions) | 12 | Subtract line 11 from line 8. If zero or less, enter -0 | 12 | 3,017. | | | | |
| HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse. 14a Total distributions you received in 2023 from all HSAs (see instructions) b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions c Subtract line 14b from line 14a Qualified medical expenses paid using HSA distributions (see instructions) 15 16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f 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 17c Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 Last-month rule Qualified HSA funding distribution Qualified HSA funding distribution 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 | 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. | | | | |
| a separate Part II for each spouse. 14a Total distributions you received in 2023 from all HSAs (see instructions) | | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | | | | | | |
| b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions c Subtract line 14b from line 14a | Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete | | | | | | | |
| contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions c Subtract line 14b from line 14a | 14a | Total distributions you received in 2023 from all HSAs (see instructions) | 14a | | | | | |
| 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 | b | contributions (and the earnings on those excess contributions) included on line 14a that were | 14b | | | | | |
| 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 | С | Subtract line 14b from line 14a | 14c | | | | | |
| 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 | | | | | | | | |
| Tax (see instructions), check here | 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this | 16 | | | | | |
| are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17a | | | | | | | |
| completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse. 18 Last-month rule | b | are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form | 17b | | | | | |
| 19 Qualified HSA funding distribution | Part | Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction 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. | arate | | | | | |
| Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form | 18 | Last-month rule | 18 | | | | | |
| 21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form | 19 | | 19 | | | | | |
| | 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . | 20 | | | | | |
| | 21 | | 21 | | | | | |

8936

Clean Vehicle Credits

OMB No. 1545-2137

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information. Attachmen

Name(s) shown on return Identifying number SACHETH REDDY PINNAPUREDDY 311-69-3226 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 96,239. 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 96,239. 112,424 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 4 112,424. Enter the **smaller** of line 2 or line 4 5 96,239. 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 <u>13,4</u>30. 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 13,430. 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 **Credit for Qualified Commercial Clean Vehicles** Part V Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936) 19 19 20 Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) . 20

Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule

BAA

21

21

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

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 | | I | Identifying number | | | | |
|----------------------------|--|----------|--------------------|---------|--------|---------|-------|
| SACHETH REDDY PINNAPUREDDY | | | 311-69-3226 | | | | |
| Part | Vehicle Details | | | | | | |
| 1a | Year | | 2023 | | | | |
| b | Make | _ | TESLA | | | | |
| С | Model | _] | MODELY | | | | |
| 2 | Vehicle identification number (VIN) (see instructions) 7 S A Y G D E E Z | X | P F | 7 (| 0 4 | 4 2 | 2 5 |
| 3 | Enter date vehicle was placed in service (MM/DD/YYYY) | _ | 03/23 | /202 | 23 | | |
| 4 | Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the Unix 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? Se | e instr | uctior | ns 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. | 22 | and pla | aced i | n serv | rice dı | uring |
| 7 Part | Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after 2022 and placed in service 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 on line 5, 6, or 7. Credit Amount for Business/Investment Use Part of New Clean Vehicle | | | | | | |
| 8 | | | | | | | |
| 9 | Tentative credit amount (see instructions) | | 9 | | , | 7,50 | 0. |
| 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 | | | | 0. |
| 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 | <u> </u> | 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 exception for certain tax-exempt entities discussed in the instructions applies. Yes. No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception applies. | | | | | |
| b | Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you 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

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number SACHETH REDDY PINNAPUREDDY Sch E BESIDE SAIBABATEMPLE, AMBER 311-69-3226 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 104,758. 3,651 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,651. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.