IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number
ANIL CHELLADURAI	537-83-6030
Spouse's name	Spouse's social security number
PRATHIMA SEKAR	676-77-4732
Part I Tax Return Information – Tax Year Ending December 31, 2023 ((Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 105,761.
2 Total tax	. 2 4,371.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	. 3 8,292.
4 Amount you want refunded to you	. 4 3,921.
5 Amount you owe	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

3	6	0	3	0	as mv
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

7 4

Enter five digits, but don't enter all zeros

3 2

as mv

7

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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date				 			
Practitioner PIN Method Returns Only—cont	inue be	low	,					
Part III Certification and Authentication – Practitioner PIN Method O	nly							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	1. 2	2	2		0 {	_	2 7	1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	C	Date ►
) Must Retain This Form — See Instruct it This Form to the IRS Unless Request	
For Demonstrale Deduction Act Nation and the	terr weterer instructions	Carro 8870 (Day 01 0001)

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

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servic S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	rite or sta	ple in this space.	
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	See separate instructions.		
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number	
ANIL			CHE	LLADUR	RAI					537	83	6030	
	oouse's	s first name and middle initial	Last r							-		security number	
PRATHIMA	1		SEK	AR						676	77	4732	
		er and street). If you have a P.O. box, see						Α	pt. no.			ction Campaigr	
15101 FA	IRF	IELD RANCH RD						1	4202	Check I	here if yo	ou, or your	
		ce. If you have a foreign address, also cor	mplete	spaces be	low.	Sta	te	ZIP co	ode			jointly, want \$3	
CHINO HI	LLS					CA	A	917	09	1 0		nd. Checking a not change	
Foreign country name Foreign province/state/county					Foreig	n postal code		k or refu	•				
											Yo	u 🗌 Spouse	
Filing Status	; [] Single					Head of he	ouseh	old (HOH)				
Check only] Married filing jointly (even if only or	ne had	l income)									
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)			
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOF	l or QS	SS box, ent	er the ch	ild's nar	me if the	
	qu	alifying person is a child but not you	r depe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	award or	navr	ment for prope	rtv or	services): o	(h) sell			
Assets		lange, or otherwise dispose of a digit	•					-			Ye	es 🛛 No	
Standard		eone can claim: O You as a dep					a dependent	, (,			
Deduction	_	Spouse itemizes on a separate return			•		·						
Age/Blindness	You:	Were born before January 2, 19	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	∏ Is	s blind	
Dependents		•		(2) 5	- Social security		(3) Relationsh	14			ifies for (s	see instructions):	
If more		irst name Last name			number to you Child tax cre			redit	Credit for	r other dependents			
than four	HAZ	CHELLADURAI		844	-69-910	4	Son		X				
dependents,													
see instructions and check	5												
here 🗌													
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	tions)					. 1a	ı 📃	110,140.	
Attach Form(s)	b	Household employee wages not re	porte	d on Form	n(s) W-2					. 1b)		
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	is)					. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	ictions)			. 1d			
1099-R if tax	е	Taxable dependent care benefits fr	rom Fo	rm 2441, line 26					. 1e	,			
was withheld.	f	Employer-provided adoption benef	fits fro	m Form 8	839, line 29					. 1f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •				. 1g			
W-2, see	h	Other earned income (see instruction	,			• •	· · · ·	· ·		. 1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i					110 140	
	<u>z</u>	Add lines 1a through 1h	· ·	· · ·	· · · ·	· ·			· · ·	. 1z		110,140.	
Attach Sch. B if required.	2a		2a	1			axable interest			. 2b		1,708.	
	<u>3a</u>		3a	,	, 230.		ordinary divider			. 3b		2,089.	
Standard	4a		4a				axable amoun		• • •	. 4b			
Deduction for –	5a		5a				axable amount		· · ·	. 5b			
 Single or Married filing 	6a	,	ba	mathad			axable amount	ι		. 6b	•		
separately, \$13,850	с 7	If you elect to use the lump-sum electron of t				•	,	• •	[6,125.	
 Married filing 	7 8	Capital gain or (loss). Attach Scheo Additional income from Schedule 1		•	•		-	• •	!	7 . 8		-14,301.	
jointly or Qualifying	o 9	Additional income from Schedule 1 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-					• •		· 0		105,761.	
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sched		•				• •		· 9		100,101.	
 Head of 	11	Subtract line 10 from line 9. This is						• •		. 11	_	105,761.	
household, [\$20,800	12	Standard deduction or itemized of	-	-	-			• •		. 12		27,700.	
If you checked any box under	13	Qualified business income deduction					5-A	• •		. 13		4.	
Standard Deduction,	14	Add lines 12 and 13				200				. 14		27,704.	
see instructions.	15	Subtract line 14 from line 11. If zero		ss. enter	-0 This is v	our I	axable incom	ie .		. 15		78,057.	
			-	,	,								

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

Form **1040** (2023)

Form 1040 (2023	5)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	8,371.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	8,371.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	2,000.
	20	Amount from Schedule 3, lin	e8					20	2,000.
	21	Add lines 19 and 20						21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,371.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	4,371.
Payments	25	Federal income tax withheld							
·	а	Form(s) W-2				25a 8	,292.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	8,292.
If you have a	26	2023 estimated tax payment	ts 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				28			
	29	American opportunity credit				29		1	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T						33	8,292.
Refund	34	If line 33 is more than line 24						34	3,921.
neruna	35a	Amount of line 34 you want	-			, .		35a	3,921.
Direct deposit?	b	Routing number 1 2 2	1 0 0 0	2 4			Savings		
See instructions.	d	Account number 7 9 1					3-		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24				1			
You Owe	07	For details on how to pay, g						37	
	38	Estimated tax penalty (see ir				38			
Third Party	Do	you want to allow another	,						
Designee		•					omplete b	elow.	× No
j	De	signee's		Phone		Pers	onal identifi	cation	
	nar	ne		no.		num	oer (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com							, ,
Here		· · · ·	piete. Declaration	、				• •	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity 'IN, enter it here
Joint return?					SOFTWARE I	NGINEER	(see i		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat		If the	IRS ser	nt your spouse an
Keep a copy for		, , , , , , , , , , , , , , , , , , ,	5				Identi	ity Prote	ection PIN, enter it here
your records.					HOME MAKEN	ર	(see i	nst.)	
		one no. (480)512-247		Email address	CHELLADURAI	ANIL@GMAIL.CO			1
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	l	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/29/2024	P02082	703	Self-employed
Use Only	Firi	m's name GLOBAL TAX	XES LLC				Phon	e no. (678)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	3 EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Your social security number 537-83-6030

Namo(s) shown on Ec	
Internal Revenue Service	l
Department of the Treasury	l

Name(s) shown on Fo	orm 104	40, 1040-SR, (or 1040-NR	
ANIL	CHELLADUR	& IA	PRATHIMA	SEKAR	

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. Atta		5	-14,301.
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	_	
	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			
	, , , , , , , , , , , , , , , , , , ,	<u>8m</u>	_	
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	0- (
		<u>8s (</u>	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0+		
	a nongovernmental section 457 plan	8t	-	
u -	Wages earned while incarcerated Other incarcer	8u		
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form	3	
	1040, 1040-SR, or 1040-NR, line 8		10	-14,301.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	la		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	lb		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	lc		
d	Reforestation amortization and expenses	ld		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans	4f		
g	Contributions by certain chaplains to section 403(b) plans 24	lg		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	lh 🛛		
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	4i		
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	lk		
z	Other adjustments. List type and amount:			
	24	lz		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. E			
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u> .	26	
	BAA R	EV 02/16/24 PRO	Schedule 1	(Form 1040) 202

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 03

Internal I	Revenue Service Go to www.irs.gov/Form1040 for Instructions and the late	st information.		Se	equence No. 03
	s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number
	L CHELLADURAI & PRATHIMA SEKAR		537-8	3-60)30
Par	t Nonrefundable Credits		r		
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 11. /	Attach	2	
3	Education credits from Form 8863, line 19		[3	2,000.
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	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
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	6ј			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		· • •	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20	-		8	2,000.

(continued on page 2)

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

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
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	
	BAA REV	02/16/24 PRO	Schedu	ule 3 (Form 1040) 2023

SCHEDULE	В
(Form 1040)	

to file Form 8938, Statement of Specified Foreign Financial Assets.

See instructions.

Department of the Treasury

Interest and Ordinary Dividends

OMB No. 1545-0074 20

Attachment

Attach to Form 1040 or 1040-SR.

Internal Revenue Ser		Go to www.irs.gov/ScheduleB for instructions and the latest information.		Sequence No. 08		
Name(s) shown on re	eturn		Your	social security		
ANIL CHELL	ADURA	AI & PRATHIMA SEKAR	537	537-83-6030		
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo		
Interest (See instructions 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: WELLS FARGO BANK			325.	
Instructions for Form 1040, line 2b.)		AMERICAN EXPRESS NATIONAL BANK US BANK			783. 600.	
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			1			
form.						
	2 3	Add the amounts on line 1 .<	2		1,708.	
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		1,708.	
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	unt	
Part II Ordinary Dividends (See instructions and the Instructions for Form 1040, lina 240,	5	List name of payer: FIDELITY BROKERAGE SERVICES LLC Robinhood Securities LLC	5		1,801. 288.	
line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040 SP, line 2h			2.000	
dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		2,089.	
on that form. Part III Foreign	You m	If line 6 is over \$1,500, you must complete Part III. nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreigr			a foreign	
Accounts and Trusts Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties.		At any time during 2023, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locat country? See instructions	ed in · · and	financial a foreign Financial	Yes No X	
Additionally, you may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) v	where the		

b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the
	financial account(s) is (are) located:

8 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

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

Schedule B (Form 1040) 2023

Х

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

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

ANIL CHELLADURAI & PRATHIMA SEKAR

Your social security number 537-83-6030

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)		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	7,563.	5,617.			1,946.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	11,861.	11,064.			797.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	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	Carryover	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	., .	, ,	7	2,743.

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

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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	29,972.	26,597.		7.	3,382.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	50.	50.			0.
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
12	12					
13	Capital gain distributions. See the instructions	13				
14	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 on the back .	-			15	3,382.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 6,125.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? Image: Second State Image: Second State </th <th></th>	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 02/16/24 PRO

Schedule D (Form 1040) 2023

-orm **8949**

Sales and Other Dispositions of Capital Assets

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



 Department of the Treasury Internal Revenue Service
 Go to www.irs.gov/Form8949 for instructions and the latest information.
 Attachment Sequence No. 1

 Name(s) shown on return
 Social security number or taxpayer identification number

ANIL CHELLADURAI & PRATHIMA SEKAR	537-83-6030

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

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

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

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

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

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

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

1 (a) Description of property	Date acquired Date se		(e) Cost or other basis See the Note below	If you enter an a enter a co	any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	3,721.	2,500.			1,221.
Robinhood Securities LLC	01/01/23	12/31/23	3,842.	3,117.			725.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	7,563.	5,617.			1,946.

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

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ANIL CHELLADURAI & PRATHIMA SEKAR Social security number or taxpayer identification number 537-83-6030

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) (S		and see <i>Column (e)</i> in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
FIDELITY BROKERAGE SERVICES LLC	01/01/22	12/31/23	26,035.	19,489.			6,546.
Robinhood Securities LLC	01/01/22	12/31/23	3,937.	7,108.	W	7.	-3,164.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			29,972.	26,597.		7.	3,382.

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

REV 02/16/24 PRO

-orm **8949**

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.



Sequence No. 12A

Attachment

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on returnSocial security number or taxpayer identification numberANIL CHELLADURAI & PRATHIMA SEKAR537-83-6030

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.

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

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

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

1 (a) Description of property	(Mo day yr) disposed	Date sold or	Date sold or Proceeds Se disposed of (sales price) ar	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	233.	234.			-1.
Robinhood Crypto LLC	01/01/23	12/31/23	11,628.	10,830.			798.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	11,861.	11,064.			797.

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

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ANIL CHELLADURAI & PRATHIMA SEKAR

Social security number or taxpayer identification number 537-83-6030

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

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

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

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

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

- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see <i>Column</i> (e)	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
Robinhood Crypto LLC	01/01/22	12/31/23	50.	50.			0.
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			50.	50.			0.

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

REV 02/16/24 PRO

	CHEDULE E Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)					OMB No. 1545-0074						
							55, etc.)	20) 23			
	ent of the Treasury Revenue Service		Go to www	w.irs.gov/ScheduleE for					formation.		Attachn Sequen	nent ce No. 13
Name(s)	shown on return									Your socia		
_	CHELLADUR									537-8	3-6030	
Part	Note: If yo	u are in th	he business o [.]	ntal Real Estate an f renting personal proper 4835 on page 2, line 40.			c . See	e instrue	ctions. If you a	are an indiv	ridual, rep	ort farm
Α				hat would require you	to file	Form(s) 1	099?	See ins	structions .		. 🗌 Ye	s 🛛 No
Bl	f "Yes," did you	or will yo	ou file requir	ed Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical addr	ess of ea	ach property	(street, city, state, ZIF	⊃ code	e)						
Α	REDDY COL	ONY MI	RYALGUDA	TELANGANA IN 5	50820)7						
В												
С												
1b	Type of Prope (from list below		above, rep	ental real estate prope ort the number of fair	rental	and		Fa	ir Rental Days	Person Da		QJV
A	3			se days. Check the Q. t the requirements to f			Α		365		0	
				int venture. See instru			B					
<u> </u>	(D						С					
	of Property: Single Family R	aaidanaa	2 \/00	ation/Short-Term Ren	tol	5 Land		7	Self-Rental			
	Multi-Family Re			nmercial	lai	6 Roya			Other (desci	rihe)		
		Slucified	4 001					0				
									Properti	es:		•
Incom 3		I			3		A	564.	В			С
4					4							
Expen		vcu										
5					5							
6	•				6							
7					7		1,6	571.				
8	Commissions				8							
9	Insurance .				9							
10	0	•			10							
11	•				11		1,2	235.				
12	00	est paid	to banks, et	c. (see instructions)	12							
13	Other interest				13							
14					14			237.				
15 16					15 16		Ζ, 5	974.				
17					17		2 6	562.				
18					18			086.				
19	Othor (ligt)		•		19		-,-					
20		s. Add lin	nes 5 throug	h 19	20		14,8	365.				
21				and/or 4 (royalties). If								
	result is a (loss file Form 6198			find out if you must	01		-14,3	201				
22				fter limitation, if any,	21		-14,3	501.				
22					22	(14,30	01.)	()	(
23a		-	-	e 3 for all rental prope				23a	\	564.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
b				e 4 for all royalty prop				23b				
с				e 12 for all properties				23c				
d				e 18 for all properties				23d		,086.		
е				e 20 for all properties				23e	14	,865.		
24				wn on line 21. Do not		-					/	14 005
25				21 and rental real estate							(14,301.
26				ty income or (loss).								

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

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-14,301.

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Internal Revenue Service

11

12

13

14

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

20 Attachment Sequence No. 47

105,761.

105,761.

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400,000.

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6,371.

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intorna				•
Name(s	shown on return	Your	social	security number
ANIL	CHELLADURAI & PRATHIMA SEKAR	537	-83-	6030
Par	rt I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	105,76
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
с	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	
3	Add lines 1 and 2d		3	105,76
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000		5	2,00
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	2,00
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $		9	400,00
10	Subtract line 9 from line 3.	I		
	• If zero or less, enter -0			

• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.

. .

No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.

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Multiply line 10 by 5% (0.05)

Enter the amount from Credit Limit Worksheet A

Is the amount on line 8 more than the amount on line 11? .

Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **X** Yes. Subtract line 11 from line 8. Enter the result.

Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents 14 2,000. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. If the amount on line 12 is more than the amount on line 14, you may be able to take the additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 02/16/24 PRO Schedule 8812 (Form 1040) 2023 BAA

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	n: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	, , , , , , , , , , , , , , , , , , ,	IS OT H	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 22 Add lines 21 and 22 23	-	
23		-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the larger of line 20 or line 25	23	
20	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	· · · · · · · · · · · · · · · · · · ·		812 (Form 1040) 2023

Form **8863**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

	OMB No. 1545-0074					
	2023					
		Attachme Sequenc	ent e No. 50			
Your social security number						
537		83	6030			

ANIL CHELLADURAI & PRATHIMA SEKAR

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Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	3		-	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education				
_		4		-	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	5			
6	qualifying surviving spouse	5		-	
0	Equal to or more than line 5, enter 1.000 on line 6)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro			6	
	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the				
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter			8	
Part	on Form 1040 or 1040-SR, line 29. Then go to line 9 below	•		0	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(600	instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from a	•	,		
10	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	12,790.
11	Enter the smaller of line 10 or \$10,000			11	10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or				
	qualifying surviving spouse	13	180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	14	105,761.	-	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on	45	F 4 020		
40	line 18, and go to line 19	15	74,239.	-	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	20,000.		
17	If line 15 is:	10	20,000.	-	
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18)		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun			17	1.000
	least three places)				
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	instructions) .	18	2,000.	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	Limit	Worksheet (see		
	instructions) here and on Schedule 3 (Form 1040), line 3			19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	A A	REV 02/16/2	24 PRO	Form 8863 (2023)

Form 8863 (2023) Page			
Name(s) shown on return	Your social	security	number
ANIL CHELLADURAI & PRATHIMA SEKAR	537	83	6030

I

CAU	-	m you're claiming either the American opportunity ional copies of page 2 as needed for each student.
Par	t III Student and Educational Institution Informatio	on. See instructions.
	Student name (as shown on page 1 of your tax return) PRATHIMA	21 Student social security number (as shown on page 1 of your tax return)
	SEKAR	676-77-4732
	Educational institution information (see instructions)	b Name of accord advactional institution (if any)
ē	a. Name of first educational institution Westcliff University	b. Name of second educational institution (if any)
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 17877 Von Karman Ave., #400 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	IRVINE CA 92614	
	(2) Did the student receive Form 1098-T X Yes □ No from this institution for 2023?	(2) Did the student receive Form 1098-T from this institution for 2023?
((3) Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes X No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2022 with box Yes No 7 checked?
((4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	if you're claiming the American opportunity credit or if you
	46-0658370	
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\square \begin{array}{c} \text{Yes} - \text{Stop!} \\ \text{Go to line 31 for this student.} \end{array} \boxed{\textbf{X}} \text{No} - \text{Go to line 24.} \end{array}$
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Yes – Go to line 25. \square No – Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	imes Yes - Stop! Go to line 31 for this student. \Box No - Go to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?	$\square \begin{array}{c} \text{Yes} - \text{Stop!} \\ \text{Go to line 31 for this student.} \end{array} \begin{array}{c} \text{No} - \text{Complete lines 27} \\ \text{through 30 for this student} \end{array}$
CAU	you complete lines 27 through 30 for this student, don't	lifetime learning credit for the same student in the same year. If complete line 31.
	American Opportunity Credit	
27	Adjusted qualified education expenses (see instructions). Do	n't enter more than \$4,000 27
28	,,	
29		
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts the lifetime of a series of the lifetime of the series of the ser	
	Lifetime Learning Credit	
31	Adjusted qualified education expenses (see instructions). Inc III, line 31, on Part II, line 10	
		Earm 8863 (202

88 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2023
Attachment Sequence No. 52
ber of HSA beneficiary. HSAs, see instructions

Internal i			Sequence	e INO. JZ
Name(s)		Social security numb		
ANII	_ CHELLADURAI	537-83-6		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if re	equired.	
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d	luring 2023.		
	See instructions	📮	Self-only	🛛 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those munextended due date of your tax return that were for 2023. Do not include employer constributions through a constrained plan or rollower. See instructions	ontributions,		0
2	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 were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter	(\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	g 2023, also		
5	Subtract line 4 from line 3. If zero or less, enter -0		4 5	<u> </u>
5 6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and		5	7,750.
0	coverage under an HDHP at any time during 2023, see the instructions for the amount to e		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had fami under an HDHP at any time during 2023, enter your additional contribution amount. See ins	ily coverage	7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023 9	7,019.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	1	1	7,019.
12	Subtract line 11 from line 8. If zero or less, enter -0		2	731.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		3	0.
Deut	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse eac a separate Part II for each spouse.	h have separa	te HSAs,	complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	1.	4a	997.
b	Distributions included on line 14a that you rolled over to another HSA. Also include			, , , , , , , , , , , , , , , , , , , ,
	contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	a that were	4b	
с	Subtract line 14b from line 14a		4c	997.
15	Qualified medical expenses paid using HSA distributions (see instructions)		5	997.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, amount in the total on Schedule 1 (Form 1040), Part I, line 8f		6	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Scheder 1040), Part II, line 17c	ule 2 (Form	7b	
Part		the instruction		
18	Last-month rule		8	
19	Qualified HSA funding distribution		9	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched			
	1040). Part II. line 17d		21	

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

REV 02/16/24 PRO BAA

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-2294 20 Attachment

Sequence No. 55

Name(s) shown on return

ANIL CHELLADURAI & PRATHIMA SEKAR

Your taxpayer identification number

537-83-6030

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)		
i					
ii					
п					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v,	_			
	column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 ()	-		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 22.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 22.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	4.	
10	Qualified business income deduction before the income limitation. Add lines 5 an	d9	10	4.	
11	Taxable income before qualified business income deduction (see instructions)	11 78,061.			
12	Enter your net capital gain, if any, increased by any qualified dividends				
	(see instructions)	12 4,612.			
13	Subtract line 12 from line 11. If zero or less, enter -0	13 73,449.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	14,690.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	4.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			<u>`</u>	
	zero, enter -0		17	(0.)	
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions. REV 02/	16/24 PRO		Form 8995 (2023)	

Form 8867	Paid Preparer's Due Diligence Checklist
Form UUU	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
(Rev. November 2023)	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) a Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing S

OMB No. 1545-0074	
For tax year	

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment Sequence No. 70

20 23

		nationi	
Taxpayer name(s) shown or	return	Taxpayer identification	n number
ANIL CHELLADUR	AI & PRATHIMA SEKAR	537-83-6030)
Preparer's name		Preparer tax identifica	tion number
SYAM PRIYA RAM	I SAGAR GUPTA TALLAM	P02082703	

Part I Due Diligence Requirements

Department of the Treasury

Internal Revenue Service

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC			
	worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form			
	1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit			
	claimed?	X		
0				
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing			
	status and to figure the amount(s) of any credit(s)	×		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"			
	answer questions 4a and 4b. If " No ," go to question 5.)		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions			
	you asked, whom you asked, when you asked, the information that was provided, and the impact the			
_	information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in guestion 4b, a copy of this Form 8867, a copy of any			
	applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form			
	8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the			
	taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure			
	the amount(s) of the credit(s)	×		
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the			
Ŭ	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her			
	return is selected for audit?	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?		×	
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
	correct Schedule C (Form 1040)?			

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/16/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
C	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not			
Part	or ODC, go to Part IV.)		лс, а	
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go te	o Part	VI.)
14 Part	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification	x year 	Yes	No
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses or s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	X	

REV 02/16/24 PRO

Form 8867 (Rev. 11-2023)

X 19 X 7	l Pa	assive Activi	tv Loss Lim	nitations		ON	//B No. 1545-1008	
Form OJOZ See separate instructions.							2023	
epartment of the Treasury	1041.	At	Attachment					
Internal Revenue Service Go to www.irs.gov/Form8582 for instructions and the latest information.							Sequence No. 858	
	Passive Activity Los				53	7-83-	0030	
	n: Complete Parts IV a		eting Part I.					
Rental Real Estate A	Activities With Active P I Real Estate Activities	articipation (For th	e definition of act	ive participation, s	ee Special			
1a Activities with	net income (enter the a	mount from Part IV	, column (a))	 1a 	0.			
b Activities with	net loss (enter the amo	unt from Part IV, co	olumn (b))	1b (14,301.)		
c Prior years' ur	allowed losses (enter the	ne amount from Pa	rt IV, column (c))	1c ()		
d Combine lines	1a, 1b, and 1c					1d	-14,301.	
Il Other Passive Ac	tivities							
2a Activities with	net income (enter the a	mount from Part V	, column (a))	2 a				
	net loss (enter the amo)		
c Prior years' ur	nallowed losses (enter th	ne amount from Pa	rt V, column (c))	2c ()		
d Combine lines	2a, 2b, and 2c					2d		
3 Combine lines	1d and 2d and subtra	ict any prior year u	inallowed CRD. S	See instructions. If	this line is			
	stop here and include							
	llowed losses entered	on line 1c or 2c. R	eport the losses	on the forms and	schedules			
normally used						3	-14,301.	
If line 3 is a los	ss and: • Line 1d is a	loss, go to Part II. loss (and line 1d is	`					
	line 10. al Allowance for Re Enter all numbers in Par			•				
4 Enter the sma	Iller of the loss on line 1	d or the loss on lin	e3			4	14,301.	
5 Enter \$150,00	0. If married filing separ	rately, see instruction	ons	5 1	50,000.			
6 Enter modified	d adjusted gross incom	e, but not less than	zero. See instruc	tions 6 1	20,062.			
	is greater than or equa	l to line 5, skip line	s 7 and 8 and ent	er -0-				
	erwise, go to line 7.							
7 Subtract line 6								
	•			• • •		8	14,969.	
9 Enter the sma	ller of line 4 or line 8. If			ng separately, see i	nstructions	8 9		
9 Enter the sma Part III Total	Iler of line 4 or line 8. If Losses Allowed	line 3 includes any	CRD, see instruc	ng separately, see i	nstructions	9	14,301.	
9 Enter the sma Part III Total 10 Add the incom	Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a ar	line 3 includes any	CRD, see instruc	ng separately, see i	nstructions 		14,301.	
9Enter the smaPart IIITotal10Add the incom11Total losses a	Iller of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a ar allowed from all passiv	line 3 includes any ad 2a and enter the re activities for 202	total	ng separately, see i stions	nstructions	9	14,301.	
 9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep 	Iler of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a ar	line 3 includes any ad 2a and enter the re activities for 20 ax return	r CRD, see instruction total 23. Add lines 9 an	ng separately, see i stions	nstructions	9	14,301.	
 9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp 	Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a ar allowed from all passiv port the losses on your to lete This Part Befor	line 3 includes any ad 2a and enter the re activities for 20 ax return	CRD, see instruction total 23. Add lines 9 an a, 1b, and 1c. S	ng separately, see i stions	nstructions	9 10 11	14,301.	
 9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp 	Iller of line 4 or line 8. If Losses Allowed ne, if any, on lines 1a ar allowed from all passiv port the losses on your t	line 3 includes any ad 2a and enter the re activities for 20 ax return e Part I, Lines 1	CRD, see instruction total 23. Add lines 9 an a, 1b, and 1c. S	ng separately, see i ctions	nstructions	9 10 11 erall gai	14,301. 0. 14,301. n or loss (e) Loss	
9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp Name of	Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a ar allowed from all passiv port the losses on your to lete This Part Befor	line 3 includes any ad 2a and enter the re activities for 202 ax return e Part I, Lines 1a Curren (a) Net income	total	ng separately, see i ctions	nstructions ons to find Ov	9 10 11 erall gai	14,301. 0. 14,301. n or loss	
9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp Name of	Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a ar allowed from all passiv port the losses on your to lete This Part Befor	line 3 includes any ad 2a and enter the a activities for 20 ax return e Part I, Lines 1 Curren (a) Net income (line 1a)	r CRD, see instruction total 23. Add lines 9 an a, 1b, and 1c. S at year (b) Net loss (line 1b)	ng separately, see i ctions	nstructions ons to find Ov	9 10 11 erall gai	14,301. 0. 14,301. n or loss (e) Loss	
9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp Name of	Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a ar allowed from all passiv port the losses on your to lete This Part Befor	line 3 includes any ad 2a and enter the a activities for 20 ax return e Part I, Lines 1 Curren (a) Net income (line 1a)	r CRD, see instruction total 23. Add lines 9 an a, 1b, and 1c. S at year (b) Net loss (line 1b)	ng separately, see i ctions	nstructions ons to find Ov	9 10 11 erall gai	14,301. 0. 14,301. n or loss (e) Loss	
9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp Name of	Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a ar allowed from all passiv port the losses on your to lete This Part Befor	line 3 includes any ad 2a and enter the a activities for 20 ax return e Part I, Lines 1 Curren (a) Net income (line 1a)	r CRD, see instruction total 23. Add lines 9 an a, 1b, and 1c. S at year (b) Net loss (line 1b)	ng separately, see i ctions	nstructions ons to find Ov	9 10 11 erall gai	14,301. 0. 14,301. n or loss (e) Loss	
 9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp 	Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a ar allowed from all passiv port the losses on your to lete This Part Befor	line 3 includes any ad 2a and enter the a activities for 20 ax return e Part I, Lines 1 Curren (a) Net income (line 1a)	r CRD, see instruction total 23. Add lines 9 an a, 1b, and 1c. S at year (b) Net loss (line 1b)	ng separately, see i ctions	nstructions ons to find Ov	9 10 11 erall gai	14,301. 0. 14,301. n or loss (e) Loss	
9 Enter the sma Part III Total 10 Add the incom 11 Total losses a out how to rep Part IV Comp Name of REDDY COLONY	Iler of line 4 or line 8. If Losses Allowed he, if any, on lines 1a ar allowed from all passiv port the losses on your to lete This Part Befor	line 3 includes any ad 2a and enter the a activities for 20 ax return e Part I, Lines 1 Curren (a) Net income (line 1a)	r CRD, see instruction total 23. Add lines 9 an a, 1b, and 1c. S at year (b) Net loss (line 1b)	ng separately, see i ctions	nstructions ons to find Ov	9 10 11 erall gai	14,301. 0. 14,301. n or loss (e) Loss	

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Name of activity		Curren	it year		Prior years Overall gain or lo				ain or loss	
	Name of activity	(a	(a) Net income (b) Net loss (line 2a) (line 2b)			(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
			(iii le 2a)	(III	16 20)	1055 (111	e 20)				
Total Entor	on Part I, lines 2a, 2b, and 20										
Part VI	Use This Part if an Am		s Shown on F	Part II.	Line 9. S	ee instruc	tions.				
			rm or schedule	<u>ui t ii</u> ,							
	Name of activity	an to l	the reported on the instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
REDDY CO	DLONY		E Ln 22		14,301.	1.0000	0000	14,30	1.	0.	
Total	Allocation of Unallowe	 d I oor			14,301.	1.00	0	14,30	1.	0.	
Part VII	Anocation of Unanowe				s.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss	((b) Ratio	(c)	Unallowed loss	
Total .								1.00			
Part VIII	Allowed Losses. See in	structi	<u></u> ons.	• •				1.00			
			Form or sche	odule							
	Name of activity		and line nun to be reporte (see instruct	nber ed on	(a) Loss		(b) Unallowed loss		(c) Allowed loss	
			1								
Total .											

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Form **8582** (2023)