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

Submission Identification Number (SID)		•	
Taxpayer's name	Social security	number	
RAVI KUMAR KATAKUM	050-31-	8845	
Spouse's name	Spouse's soci	al security numbe	r
VANDANA KANALA	989-99-8798		
·	year you ar	e 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			,396.
2 Total tax		2	763.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			<u>,701.</u>
4 Amount you want refunded to you	1		<u>,938.</u>
5 Amount you owe		5 cf vous rotu	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmoto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requiptusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	itter, or electro ection of the tra .S. Treasury ar cated in the ta to debit the the authoriza uests must be processing of ayment. I furth	nic return original ansmission, (b) the dist designated as preparation so entry to this account of the control of the electronic paper acknowledge.	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
Taxpayer's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	Ento	8 8 4 5 er five digits, but 't enter 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.	od. The ERO	must complet	
Your signature ► Low Low Date ►	03/07/2	024	
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or generate 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 if you are entering your own PIN and your return is filed using the Practitioner PIN meth	Ento don ow authorizin		
below. Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue below			
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 6 Don't ente	5 0 8 2 7 r all zeros	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this retu	n in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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

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



£104 (eartment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this spa	ıce.
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions	 s.
Your first name	e and m	niddle initial	Last na	ıme							Your so	cial sec	urity numbe	er
RAVI KU	MAR		KATA	KUM							050	31	8845	
		s first name and middle initial	Last na										security nu	mber
VANDANA			KANA	LA							989	99	8798	
	(numb	er and street). If you have a P.O. box, see						A	Apt. no.				ection Camp	oaign
4848 GR	AND	GATE WAY						1	.538		Check h	nere if y	ou, or your	_
City, town, or p	post off	ice. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP c	ode		•	_	jointly, want	
FRISCO						TX	ζ	750	34		•		nd. Checkin not change	•
Foreign countr	y name	,	ı	Foreign p	rovince/state/	count	ty	Foreiç	ın postal c	- 1	your tax	or refu	ınd.	
		7										Yo	ou U Spo	ouse
Filing Status		Single					☐ Head of h	ouseh	old (HOI	H)				
Check only	<u> </u>	Married filing jointly (even if only o	ne had i	income)			П с			,,	000			
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,		16.11	
		you checked the MFS box, enter the			pouse. It you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qι	ualifying person is a child but not you	ır deper	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services); or ((b) sell,			
Assets	excl	nange, or otherwise dispose of a dig	ital asse	et (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	Ye	es 🗵 No)
Standard		neone can claim:	penden	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	ı were a	dual-status	alien	l .							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	n befo	ore Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instructi	ons):
If more		First name Last name			number		to you		Child t	tax cre	edit	Credit fo	or other depen	dents
than four														
dependents,														
see instruction and check	is —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions) .						1a		106,24	6.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c					
attach Forms W-2G and	d		reported on Form(s) W-2 (see instructions)						1d					
1099-R if tax	е	Taxable dependent care benefits f	from For	rm 2441,	41, line 26					1e				
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions)					ι.			1h			0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			<u>1</u> i							
	z	Add lines 1a through 1h									1z		106,24	6.
Attach Sch. B	2 a	Tax-exempt interest	2a				axable interes				2b			
if required.	3a	Qualified dividends	3a				ordinary divide							
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ _	6b	_		
separately,	С	If you elect to use the lump-sum e				`	,							_
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7		7,19	
jointly or	8	Additional income from Schedule	•								8		-13,04	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-	our total in	come	e				9		100,39	6.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household,	11	Subtract line 10 from line 9. This is	•	-	_						11		100,39	
\$20,800 If you checked	12	Standard deduction or itemized									12		27,70	0.
any box under Standard	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A				13			
Deduction,	14										14		27,70	
see instructions.) 15	Subtract line 1/1 from line 11 If zer	n or lee	contor	O Thic ic v		tavabla incom	•			15	1	72 69	. 6

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	8,263.
Credits	17	Amount from Schedule 2, lir						17	·
	18	Add lines 16 and 17					🗔	18	8,263.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		🗔	19	<u>, </u>
	20	Amount from Schedule 3, lin	•				_	20	7,500.
	21	Add lines 19 and 20						21	7,500.
	22	Subtract line 21 from line 18	I. If zero or less.	enter -0				22	763.
	23	Other taxes, including self-e	,					23	0.
	24	Add lines 22 and 23. This is			•			24	763.
Payments	25	Federal income tax withheld							
. ayınıdını	а	Form(s) W-2				25a 13	,701.		
	b	Form(s) 1099				25b	,		
	c	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	•				2	5d	13,701.
16	26	2023 estimated tax paymen						26	
If you have a 1 qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	-					33	13,701.
Refund	34	If line 33 is more than line 24						34	12,938.
riciana	35a	Amount of line 34 you want				•		5a	12,938.
Direct deposit?	b	Routing number 0 4 4					Savings		
See instructions.	d	Account number 3 1 3					Jarnige		
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24				1 00 1			
You Owe	31	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party		you want to allow another							
Designee		structions	•				mplete belo	ow.	X No
3	De	signee's		Phone			nal identifica	tion	
	naı			no.			er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		•	ipioto. Boolaration			ood on all imorrialio		•	
	YO	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					SOFTWARE D	EVELOPER	(see inst		,
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati				nt your spouse an
Keep a copy for your records.							Identity (see inst		ection PIN, enter it here
your records.				HOME MAKER)	
		one no. (513) 306–132		Email address	RAVI.KATAK	UM@GMAIL.CO			01 1 1
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	1	RAM SAGAR	GUPTA TALLAM	03/07/2024	P020827		Self-employed
Use Only		m's name GLOBAL TA							678) 965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)

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 RAVI KUMAR KATAKUM & VANDANA KANALA

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
050-31	-8845

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	ich Schedule E .	5	-13,040.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			40
	1040, 1040-SR, or 1040-NR, line 8		10	-13,040.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		.	
f	Contributions to section 501(c)(18)(D) pension plans		.	
g	Contributions by certain chaplains to section 403(b) plans 24g	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h	-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		.	
j	Housing deduction from Form 2555	j _	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
05			0-	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

SCHEDULE 3 (Form 1040)

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

RAVI KUMAR KATAKUM & VANDANA KANALA

Additional Credits and Payments

OMB No. 1545-0074

Your social security number

050-31-8845

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03**

Par	t I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	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 1	040,	1040-SR, or		
	1040-NR, line 20		/-	8	7,500.
			(C)	วเเนทน	ied on page 2)

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

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

SCHEDULE D (Form 1040)

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

	tment of the Treasury al Revenue Service Go to www.irs.gov/ScheduleD for					Attachment Sequence No. 12
	(s) shown on return VI KUMAR KATAKUM & VANDANA KANALA				social s	ecurity number
	/ou dispose of any investment(s) in a qualified opportunity	fund during the ta	x year?		0-31-	-0043
•	es," attach Form 8949 and see its instructions for additiona	•	•			
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less(see in	structions)
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustm to gain or lo	nents	(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) 894 line 2, col		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	140,586.	133,585.		30.	7,031.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and to		ı 5	
6	Short-term capital loss carryover. Enter the amount, if an	y, from line 8 of y	-	-	r 6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	ımn (h). If you hav		- 7	7,031.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets F	leld More Than	One Yea	ır (see	1
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustm to gain or lo	nents	(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) 894 line 2, col		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	528.	369.			159.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824) 11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any	, from line 13 of y	our Capital Loss	Carryove	r	

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

159.

14

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 7,190. • 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? X 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? X 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.

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.

Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Social security number or taxpayer identification number Name(s) shown on return RAVI KUMAR KATAKUM & VANDANA KANALA 050-31-8845

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

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

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

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

X (A) Short-term transactions☐ (B) Short-term transactions☐ (C) Short-term transactions	s reported on	Form(s) 1099	9-B showing bas				e)
1 (a) Description of property	(a) (b)			(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a co	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)		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).
APEX CLEARING	01/01/23	12/31/23	1,621.	1,581.			40.
WEBULL FINANCIAL LLC	01/01/23	12/31/23	138,965.	132,004.	W	30.	6,991.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			140,586.	133,585.		30.	7,031.

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.

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 RAVI KUMAR KATAKUM & VANDANA KANALA

Social security number or taxpayer identification number 050-31-8845

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.

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

	(E) Long-term transactions (F) Long-term transactions				is wasn't report	ed to the IR	S	•
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 co	f 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.)		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).
WEE	BULL FINANCIAL LLC	01/01/23	12/31/23	528.	369.			159.
n	otals. Add the amounts in columns egative amounts). Enter each totachedule D. line 8b (if Box D above	al here and inc	lude on your					

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.

above is checked), or line 10 (if Box F above is checked) .

528.

369.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

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

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

2023	
Attachment Sequence No. 13	

OMB No. 1545-0074

RAVI KUMAR KATAKUM & VANDANA KANALA 050-31-8845 **Income or Loss From Rental Real Estate and Royalties** Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) TELANGANA VILLA 53, PAVANI HARMONY BANDLAGUDA JAGIR, HYDERABAD , IN 500086 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 620. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,560. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,990. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,690. 14 Repairs 15 Supplies 15 3,460. 16 16 Taxes 17 Utilities 17 3,960. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 13,660. 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 -13,040. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 13,040.)(620. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b 23c Total of all amounts reported on line 12 for all properties 23d Total of all amounts reported on line 18 for all properties 13,660. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,040. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26 -13,040.

Clean Vehicle Credits

OMB No. 1545-2137

Identifying number

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

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information. Attachment Sequence No. **69**

RAVI	tes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the		050-3	1-884	15
Notes	• Complete a separate Schedule A (Form 8936) for each clean vehicle placed i	n service during	the tax	ear.	
	• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note	e" text below.			
Part	Modified Adjusted Gross Income Amount				
	•	1a 100	396.		
	· · · · · · · · · · · · · · · · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	,	1c			
d		1d			
е		1e			
				2	100,396.
	•	3a	İ		,
b	· · · · · · · · · · · · · · · · · · ·	3b			
С	· · · · · · · · · · · · · · · · · · ·	3c			
_	Enter any amount from Form 4563, line 15				
	·			4	
	<u> </u>			5	100,396.
					100/330.
			0.000 if n	narried	filing jointly or a
		(, , , , , , , , , , , , , , , , , , ,	-,		3,1 , 1
6	Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)			6	0.
			+	7	· ·
8	Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. Modified Adjusted Gross Income Amount a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR better any income from Puerto Rico you excluded better any amount from Form 2555, line 45 center any amount from Form 2555, line 50 deter any amount from Form 2555, line 50 deter any amount from Form 2555, line 50 deter any amount from Form 2556, line 50 deter any amount from Form 2556, line 50 deter any amount from Form 2556, line 50 deter any amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR deter any income from Puerto Rico you excluded deter any amount from Form 2555, line 45 deter any amount from Form 2555, line 50 deter any amount from Form 2556, line 50 deter any amount from Form 2566, line 50 deter any amount from Borm 2566, line 50 deter any amount from 856, line 50 deter any amount from				
				8	0.
Part I	Credit for Personal Use Part of New Clean Vehicles			-	<u> </u>
		150.000 (\$300.	000 if ma	arried f	iling iointly or a
		, (, ,			0,
9	Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)			9	7,500.
			+	10	8,263.
			+	11	0,200.
12					
		•		12	8,263.
13	Personal use part of credit. Enter the smaller of line 9 or line 12 here and	on Schedule 3	(Form		0,200.
				13	7,500.
Part I					,,000.
	•	375,000 (\$150,0	000 if ma	rried f	iling jointly or a
		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3,1- , 1-
14	Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)			14	
				15	
	Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. Part I Modified Adjusted Gross Income Amount 1a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR			16	
			+	17	
	b Enter any income from Puerto Rico you excluded c Enter any amount from Form 2555, line 45 d Enter any amount from Form 2555, line 45 d Enter any amount from Form 2555, line 50 a Add lines 1a through 1e Better any amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR Better any amount from Form 2555, line 45 Better any amount from Form 2555, line 50 Better any amount from Form 4563, line 15 Credit for Business/Investment Use Part of New Clean Vehicles Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 qualifying surviving spouse; \$225,000 if head of household). Enter the total credit from partnerships and S corporations (see instructions) Business/Investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop he and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1, line 5, is more than \$150,000 (\$300,000 in qualifying surviving spouse; \$225,000 if head of household). 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 in qualifying surviving spouse; \$225,000 if head of household). Personal oredits from Form 1040, 1040-SR, or 1040-NR, line 18 Personal oredits from Form 1040, 1040-SR, or 1040-NR, line 18 Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (For 1040), line 6f. If line 12 is smaller than line 9, see instructions Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (For 1040), line 6f. If line 12 is smaller than line 9, see instructions Personal credits from Form 1040, 1040-SR, or				
				18	
Part '					
				19	
			+	20	
				21	

BAA

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Attachment Sequence No. **69A**

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

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

Name(s)) shown on return	10	dentifyin	g number
RAV	I KUMAR KATAKUM & VANDANA KANALA		050-3	31-8845
Part	Vehicle Details			
1a	Year	_		2023
b	Make	_	TESLA	
С	Model	_]	MODEI	. Y
2	Vehicle identification number (VIN) (see instructions) 7 S A Y G D E E \times	9	P F	8 8 5 2 6 0
3	Enter date vehicle was placed in service (MM/DD/YYYY)		10/04	/2023
4	Was the vehicle used primarily outside the United States? Answer "No" if it was but an excepti ☐ Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the Ur ☒ 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 instructions for
6	Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 202 the tax year? See instructions for definitions. Yes. Go to Part IV. No. Go to line 7.	22	and pla	aced in service during
7 Part	Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after during the tax year? See instructions for definitions. Yes. Go to Part V. No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described. Credit Amount for Business/Investment Use Part of New Clean Vehicle			
8	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person. ☑ Yes. ☐ No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or t resale.			
9	Tentative credit amount (see instructions)		9	7,500.
10	Business/investment use percentage (see instructions)	Į.	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		12	7 , 500.

Schedu	e A (Form 8936) 2023		Page 2
Part			
13a	·		
	· · · · · · · · · · · · · · · · ·		
	□ NO.		
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle	e 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 retu	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	
15	 Multiply line 14 by 30% (0.30) Maximum vehicle credit amount 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 		
16	Yes.		4,000.
		16	1,000
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line		
		17	
Part			
18a		eption	for certain tax-exempt
	No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception	appli	es.
L	Did you conside the vehicle for you and lease to athour and not for your 100 America (MI-) if you		and a state of the
D		are ie	easing the vehicle from
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to	o leas	e to others, or acquired fo
	resale.		
С	Is the vehicle also powered by gas or diesel? See instructions.		
_	_		
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 10	21	
21	Subtract line 20 from line 19	21	
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	
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V		

26

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858**

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

Identifying number

RAVI	KUMAR KATAKUM & VANDANA I	KANALA			050	-31-	-8845
Par					•		
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	I Real Estate Activities With Active Pance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	0. 13,040.))	1d	-13,040.			
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the an Activities with net loss (enter the amo Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b ()	2d	
3	Combine lines 1d and 2d and subtrated a combine lines 1d and 2d and subtrated and include prior year unallowed losses entered a normally used	this form with you on line 1c or 2c. F	ur return; all losse	s are allowed, inc	luding any	3	-13,040.
	on: If your filing status is married filing. Instead, go to line 10. Special Allowance for Rei	ntal Real Estate	ou lived with your Activities With	spouse at any tim	ne during the	year,	do not complete
	Note: Enter all numbers in Par			tions for an examp	ole.	4	12.040
4 5	Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ					4	13,040.
6	Enter modified adjusted gross income	-			13,436.		
7	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7. Subtract line 6 from line 5				36,564.		
8	Multiply line 7 by 50% (0.50). Do not e	· · · · · · · · · · · · · · · · · · ·			·	8	18 , 282.
9	Enter the smaller of line 4 or line 8. If					9	13,040.
Part			, 0.12, 0000				13,010.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv out how to report the losses on your t		11	13,040.			
Part	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity	Currer	nt year	Prior years	Ove	erall gain or loss	
	rvaine or activity	(a) Net income (line 1a)					(e) Loss
VILI	LA 53, PAVANI HARMONY	0.	13,040.				13,040.

13,040.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior ye	ears	Overa	II gain or loss		
Name of activity	(a	Net income (line 2a)	(b) (li	Net loss ne 2b)	(c) Unall		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II.	Line 9. S	ee instruc	tions.				
Name of activity	For an to	rm or schedule d line number be reported on e instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).	
VILLA 53, PAVANI HARMONY		E Ln 22		13,040.	1.00000000		13,04	0.	0.	
,				,						
Total				13,040.	1.00)	13,04	c) Special llowance column (c) from column (a). 13,040. 0. (c) Unallowed loss		
Part VII Allocation of Unallowed L	.oss			S.						
Name of activity	Form or sche and line nur to be reporte (see instruct		ımber ted on (a) L		Loss ((b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru		ons.	•				1.00			
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	Loss	(b) Ur	nallowed loss	(c) Allowed loss	
Total										

2023 MICHIGAN Ind Return is due April 15, 2024				n MI-1	040			ended Return ude Schedule AMD)]
1. Filer's First Name	M.I.	Last Name	X II IX.		2. Filer'	s Full Social S	ecurity	No. (Example: 123-45-6789	<u> </u>
RAVI KUMAR		KATAKUM			İ		•		.,
If a Joint Return, Spouse's First Name	M.I.	Last Name			7 0	50 -	31		
VANDANA		KANALA			3. Spot	se's Full Socia	al Secu	rity No. (Example: 123-45-6	789)
Home Address (Number, Street, or P.O.	Box)				\neg .	89 —	99	 8798	
4848 GRAND GATE WA	AY , .	APT. 1538							
City or Town		State	ZIP Code		4. Scho	ol District Cod	le (5 dig	gits)	
FRISCO 5. STATE CAMPAIGN FUND		TX	75034			10000 HERMEN, C			
Check if you (and/or your spou filing a joint return) want \$3 of to go to this fund. This will not your tax or reduce your refund	your taxes increase	a. Filer b. Spouse			·	box if 2/3 of		ncome is from farming,	
7. 2023 FILING STATUS. Check						CY STATUS	. Chec	k all that apply.	
a. Single		ou check box "c," comp 3 and enter spouse's ful		a	Resident			* If you check box "b" or	r
b. X Married filing jointly	belo	•	ii name	b. X	Nonreside	ent *		"c," you must complete and include Schedule	
c. Married filing separately	*			c	Part-Year	Resident *		NR.	
9. EXEMPTIONS. NOTE : If so		·							
a. Number of exemptions (se		•			2	x \$5,400) 9a.	10800	100
b. Number of individuals who blind, hemiplegic, parapleç						x \$3,100) 9b.		00
c. Number of qualified disabl	ed veterar	าร		9c.		x \$400	9c.		00
d. Number of Certificates of S	Stillbirth fr	om MDHHS (see instruc	ctions)	9d.		x \$5,400	9d.		00
e. Claimed as dependent, se	e line 9 N	OTE above		9e.			9e.		00
f. Add lines 9a, 9b, 9c, 9d ar	nd 9e. En	ter here and on line 15 .					9f.	10800	00
10. Adjusted Gross Income from	m your U.S	S. Form 1040 (see instru	uctions)			10.		100396	00
11. Additions from Schedule 1, lir	ne 9. Incl u	ide Schedule 1				11.			00
12. Total. Add lines 10 and 11						12.		100396	00
13. Subtractions from Schedule 1	, line 31.	Include Schedule 1				13.		48431	00
14. Income subject to tax. Subt	ract line 1	3 from line 12. If line 13	3 is greater tha	n line 12, e	nter "0"	14.		51965	00
15. Exemption allowance. Enter	r amount f	rom line 9f or Schedule	NR, line 19			15.		5590	00

16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"

17. **Tax.** Multiply line 16 by 4.05% (0.0405).....

16.

17.

NON-	REFUNDABLE CREDITS	AMOUNT		CREDIT	
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	00	18b.		00
19.	Michigan Historic Preservation Tax Credit (see instructions). 19a.	00	19b.		00
20.	Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"		20.	1878	00
21.	Voluntary Contributions from Form 4642, line 6. Include Form 4642		21.		00
22.	Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Ti</i> Program, line 5	, ,	22.		00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state pu Worksheet 1 (see instructions)	rchases from	23.	0	00
24.	Total Tax Liability. Add lines 20 through 23	24.		1878	00
REFU	JNDABLE CREDITS AND PAYMENTS		ı		
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2		25.		00
26.	Farmland Preservation Tax Credit. Include MI-1040CR-5		26.		00
		FEDERAL		MICHIGAN	
27.	Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b	00	27b.		00
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form	3581	28.		00
29.	Credit for allocated share of tax paid by an electing flow-through entity	y (see instructions)	29.		00
30.	Michigan tax withheld from Schedule W, line 6. Include Schedule W	(do not submit W-2s)	30.	2074	00
31.	Estimated tax, extension payments and 2022 credit forward		31.		00
32.	2023 AMENDED RETURNS ONLY. Taxpayers completing an original Amended returns must include Schedule AMD (see instructions) .	2023 return should skip to line 33.			
	32a. If you had a refund and/or credit forward on the original return, ch negative number on line 32c.	eck box 32a and enter this amount as a			
	32b. If you paid with the original return, check box 32b and enter the arrange any additional tax paid after filing, as a positive number on line 32		32c.		00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29,	30, 31 and 32c 33.		2074	00

2023 [MI-1040.	Page	3 of 3
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REFU	JND OR TAX DUE							
34.	If line 33 is less than line 24, subtra	ct line 33 from line 24.	If applicable	e, see instru	ctions.			
	Include interest	and nanalty	00		YOU OWE 34.			00
	Include interest 00 a	and penalty	1001		100 OVVE 34.			100
35.	Overpayment. If line 33 is greater to	han line 24, subtract li	ine 24 from li	ine 33	35.	<u> </u>	19	6 00
36.	Credit Forward. Amount of line 35	to be credited to your	2024 estima	ted tax for y	our 2024 tax return	36.		00
37.	Subtract line 36 from line 35				REFUND 37.		19	6 00
	ECT DEPOSIT	a. Routing Transit	Number	b.	Account Number	c. Type o	f Account	
	it your refund directly to your financial tion! See instructions and complete a, b					1. X Checking	2. Sa	avings
		044000037		31392	0255			
	eased Taxpayer. If Filer and/or Spouser DATE OF DEATH ONLY. Example:			dates below.	Preparer Certification this return is based on all in	on. I declare under p	enalty of perju ave any know	ıry that dedge.
Filer		Spouse -	_		Preparer's PTIN, FEIN or	SSN		
I liei		Spouse			P02082703			
	ayer Certification. I declare under		e information in	this return	Preparer's Name (print or			
	tachments is true and complete to the best Signature	t of my knowledge.	Date		SYAM PRIYA Preparer's Signature	RAM SAGAR	GUP'I'A	TA
I liei s	o Oignature		Date		1 '		CIIDMA	ΤА
Spous	se's Signature		Date		SYAM PRIYA Preparer's Business Nam			1A
					GLOBAL TAXE	S LLC		
			•		245 ROONEY			
	By checking this box I authorize Tre	easury to discuss my r	F BRIINSWICK	N.T 08816				

Filer's Full Social Security Number

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

678-965-9522

050 -

31

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

2023 MICHIGAN Schedule 1 Additions and Subtractions

Inclu	de with Form MI-1040. Type or	print	in blue or black ink.			Attachr	nent 01
Filer'	s First Name	M.I.	Last Name	Filer's Full Soc	cial Security No	o. (Example: 123-45-67	89)
RA	VI KUMAR		KATAKUM	050	 31		
Add	itions to Income (all entries	s mus	et be positive numbers)				
	Gross interest and dividends f		•				
		•	al subdivisions		1.		00
2.			by income, including self-employment tax paid by an electing flow-through e		2.		00
3.	Gains from Michigan column o	of MI-	1040D and MI-4797		3.		00
4.	Losses attributable to other sta	ates (see instructions)		4.		00
		-	r Michigan MI-1040D or MI-4797		5.		00
6.			neral expense. Enter amount from line Inferrous Metallic Minerals Extraction - I		6.		00
7.	Federal Net Operating Loss do	educti	on included in AGI		7.		00
8.	Other (see instructions). Desc	ribe: _			8.		00
9.	Total additions. Add lines 1	throu	gh 8. Enter here and on MI-1040, li	ne 11	9.		0 00
Sub	tractions from Income (all	entri	es must be positive numbers)				
	· ·		s and other U.S. obligations included	in MI-1040, line 10.			
			000		10.		00
11.			, from military retirement benefits due onal Guard, or taxable railroad retiren		11.		00
12.	Gains from federal column of I	Michig	gan MI-1040D and MI-4797		12.		00
13.	Income attributable to another	state	. Explain type and source: SCHEDU	JLE NR	13.	4843	31 00
14.	Taxable Social Security benefi	its or ı	military pay (not retirement) included	on MI-1040, line 10	14.		00
15.	Income earned while a resider	nt of a	Renaissance Zone (see instructions)	15.		00
	Michigan state and local income	e tax ı	refunds received in 2023 and included und received from an electing flow-th	on MI-1040, line 10			00
17.	0	•	m, MI 529 Advisor Plan, and Michiga	J	17.		00
18.	Michigan Education Trust				18.		00
19.			nerals income. Enter amount from line				
			nferrous Metallic Minerals Extraction - I		3 19.		00
	pursuant to Revenue Administ	trative	empted under a State/Tribal tax agree Bulletin 1988-47		20.		00
21.			ogram. Enter amount from line 3 of Foogram. Include Form 5792		21.		00
22.	MRTMA/marihuana expense s	subtra	ction		22.		00
23	Miscellaneous subtractions (se	aa ine	tructions) Describe :		23.		00

2023 MICHIGAN Schedule 1 Additions and Subtractions

Filer's First Name		Last Name	Filer's Full Social Security No. (Example: 123-45-6789)					
RAVI KUMAR		KATAKUM	050 — 31 — 8845					

Deduction Based on Year of Birth

Complete 24A through 24H if claiming the Michigan Standard Deduction, the retirement benefits deduction or the senior investment income deduction on lines 25, 26, 27, or 28. Check box(es) 24C and/or 24G **only** if you or your spouse received retirement benefits from employment with a governmental agency not covered by the federal Social Security Act (SSA exempt employment). **See instructions before continuing**.

рето	re continuing.										
24.		FI	LER				9	SPO	USE		
	A.	В.	C.	D.		E.	F.		G.	H.	
	Year of Birth (19xx)	Age as of 12-31-2023	Check if filer received benefits from SSA exempt employment	Check if filer retired as of 01-01-2013 and born after 1952		Year of Birth (19xx)	Age as of 12-31-2023		Check if spouse received benefits from SSA exempt employment	Check if spo retired as 01-01-2013 born after 1	of and
	1993	30				1997	26				
	(if married) was	s born during the	duction. Complete e period January 1 lete lines 26, 27 d	, 1946 through	De	cember 31, 19	52, and	25.			00
26.	26. Tier 3 Michigan Standard Deduction. Complete this line if the older of you or your spouse										
			period January 1								
	•		31, 2023. Do not	-		-		26.			00
			nount from line 16. orm 4884					27.			00
28.	Dividend/intere	est/capital gains 712 on a single r	deduction for taxp eturn or \$27,424 o ts (see instructions	ayers 78 years on a joint return	an , ar	d older . This o	deduction is uced by any				00
			unremarried survivin born before 1946 wl								
	Subtotal. Add		29.		48431	00					
			n. Enter amount f lude Form 5674					30.			00
31.	Total Subtract	tions. Add lines	29 and 30. Enter I	nere and on MI	-104	40, line 13		31.		48431	00

2023 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Inclu	de with Form MI-1040. Read a	ll insti	uctions	before completing	this for	m. Ty	ype or pri	nt in blue or bla	ack ir	ık. 🖊	Attachmen	t 02
1. Filer's First Name M.I. Last Na					2. Filer's Full Social Security No. (Exar			: 123-45-6789	9)			
RAVI KUMAR KATA		ATAKUM			050 — 31 —			8845				
If a Joint Return, Spouse's First Name M.I. Last Nam						3. Spouse's Full Social Security No. (Example: 123-45-6789)						
VANDANA KANA			ALA				989 — 99 — 8798					
4.	2023 RESIDENCY STATUS: Check all that apply.			*Dates of Michig	ı an resid	ency	in 2023 (/M-DI	D-YYYY, Exampl SPOUS		23)
	a. X Nonresident			FROM:		_	_	— 2023			<u> </u>	23
	b. Part-Year Resident of Enter dates of Michiga			2023* TO:			_	2023			202	23
Incor	ne Allocation			A. Total Income B. N		B. Mi	ichigan Income C. Other		C. Other Sta	r State(s) Income		
5.	Wages, salaries, other payments	tips,	etc.)	106	6246	00		51965	00		54281	00
6.	Interest and dividends					00			00			00
7.	Business and farm income (inclu					00			00			00
8.	Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-479 or U.S. Form 4797			7	7190	00		0	00		7190	00
9.	Income reported on U.S. Schedule E (include U.S. Schedule E and supporting statements)		-13	3040	00		0	00	_	-13040	00	
10.	Pensions, IRA distributions, annuand Social Security (see Form 4					00			00			00
11.	Other (see instructions)					00			00			00
12.	2. Total income. Add lines 5 through 11		100	396	00		51965	00		48431	00	
13.	Enter the total adjustments from Describe:		040		0	00		0	00		0	00
14.	Subtract line 13 from line 12. The column A should equal MI-1040, li amount in column C on Schedule a negative amount, enter as a pos Schedule 1, line 4.	ne 10. 1, line	Enter 13 or, if	100)396	00		51965	00		48431	00
Exen	nption Allowance (If one spo	use is	a full-ye	ear resident, and t	he othe	r is r	not, see i	nstructions.)	_			
15.	Enter amount from MI-1040, line	9f							15		10800	00
16.	Enter Michigan source income fr	om line	e 14, colu	umn B 16	6.		5	1965 00				
17.	Enter total income from line 14, o	column	A	17	7		10	0396 00	Г			\Box
18.	Divide line 16 by line 17 (if line 1	6 is gre	eater tha	n line 17, enter 100%	%)				18.		51.76	%
19.	If both spouses are part-year or here and on MI-1040, line 15. If here and on MI-1040, line 15	one sp	ouse is a	a full-year resident, o	complete	Wor	ksheet 6 a	and enter	19.		5590	00

2023 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2023, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name		Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)			
RAVI KUMAR		KATAKUM	050 — 31 — 8845			
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)			
VANDANA		KANALA	989 — 99 — 8798			

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

Α		В	С	D	D		
Enter "X" for: Filer or Spouse		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
X		87-3750413	TEKDELITE LLC	51965	00	2074	00
					00		00
				(00		00
					00		00
					00		00
Enter	Table			00			
	SUB	4.	2074	00			

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E
Enter "X"	1 (5 1 00 100 1507)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Ta	able 2 Subtotal from additional Sche	00		
5. S	SUBTOTAL. Enter total of Table 2, c	00		
6. T	OTAL. Add lines 4 and 5. Enter her	2074 00		

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