Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

| Submis | ssion Identification Number (SID) | | | | |
|---|--|--|---|--|--|
| Taxpayer | 's name | Social securi | ty numl | ber | |
| ADAR | SH KUMAR REDDY PIDAPARTHY | 517-57 | -972 | 2 | |
| Spouse's | name | Spouse's soo | ial sec | urity numbe | r |
| Part | Tax Return Information — Tax Year Ending December 31, 2023 (Enter | vear voll a | re au | thorizina |) |
| | /hole dollars only on lines 1 through 5. | ycai you a | i C au | tilonzing | •) |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| | Adjusted gross income | | 1 1 | 219 | ,614. |
| | Total tax | | 2 | | 7,504. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,236. |
| 4 | Amount you want refunded to you | | 4 | | 7,732. |
| 5 | Amount you owe | | 5 | | |
| Part I | Taxpayer Declaration and Signature Authorization (Be sure you get and k | еер а сор | y of y | our retu | ırn) |
| my knorreturn (c to send for any c Agent to paymen authoriz paymen business taxes to persona | lenalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) will will be and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected only in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment in the payment (PIN) below is my signature for the income tax return (original or amended) I are the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I are the payment of the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I are the payment of the paymen | e are the ameter, or electro- ction of the treatment of the authorization of the treatment | ounts of conic recansmission of its of ax preparation. The receif the elastic output to the recans of the elastic output to the recans | from the in turn origina ssion, (b) the designated paration so to this accor To revoke ved no lat dectronic para cknowledge | come tax ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the |
| | ic Funds Withdrawal Consent. /er's PIN: check one box only | | | | |
| X | l authorize GLOBAL TAXES LLC to enter or generate r | nv PIN $\frac{\lfloor 7 \rfloor}{2}$ | 9 ' | 7 2 2 | as my |
| • | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | ř En | | digits, but er all zeros | ao my |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN metholelow. | | | | |
| Your si | gnature ▶ Date ▶ | | | | |
| Spous | e's PIN: check one box only | | | | |
| | I authorize to enter or generate r | nv PIN | | | as my |
| | ERO firm name | | ter five | digits, but | ao my |
| | signature on the income tax return (original or amended) I am now authorizing. | do | n't ente | er all zeros | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methology. | | | | |
| Spouse | e's signature ▶ Date ▶ | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | |
| Part I | Certification and Authentication — Practitioner PIN Method Only | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 | 2 4 9 Don't ent | 6 0 er all 76 | 8 2 7 | 1 |
| | | 20 | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In | tting this retu | ırn in a | accordance | |
| ERO's | signature ► Date ► | | | | |
| | ERO Must Retain This Form — See Instructions | | | | |
| | Don't Submit This Form to the IRS Unless Requested To D | o So | | | |

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



| For the year Jan | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ling | | , 20 | | (| See se | parate ins | structions. |
|---------------------------------|------------|---|--|---------------------------|--------------|---------------------|--------------|---------|----------|---------------------------|--------------|----------------------------------|
| Your first name | and m | iddle initial | Last na | ıme | | | | | , | Your so | cial secur | rity number |
| ADARSH H | CUMAI | R REDDY | PIDA | APARTHY | | | | | | 517 | 57 9 | 9722 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ıme | | | | | | Spouse' | s social se | ecurity number |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ons. | | | Apt. ı | 10. | - 1 | Preside | ntial Elect | tion Campaign |
| _1080 ENG | JLIS | H IVY DRIVE | | | | | | | | | nere if you | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | paces below. | Sta | te | ZIP code | | | | | intly, want \$3 I. Checking a |
| PROSPER | | | | | TX | | 75078 | | t | box below will not change | | |
| Foreign country | y name | | | Foreign province/state/o | count | y | Foreign po | stal c | ode \ | your tax | or refund | |
| | | | | | | | | | | | You | Spouse |
| Filing Status | 3 <u>×</u> | Single | | | | ☐ Head of he | ousehold | (HOH | l) | | | |
| Check only | L | Married filing jointly (even if only or | ne had i | income) | | | | | | | | |
| one box. | L | Married filing separately (MFS) | | | | ☐ Qualifying | _ | | • | , | | |
| | | you checked the MFS box, enter the | | | ı che | ecked the HOH | l or QSS l | oox, | enter | the chi | ld's nam | e if the |
| | qu | alifying person is a child but not you | ır aeper | naent: | | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rece | eive (as | a reward, award, or | payn | nent for prope | rty or serv | vices) | ; or (k | o) sell, | | |
| Assets | exch | nange, or otherwise dispose of a digi | tal asse | et (or a financial intere | est ir | n a digital asse | et)? (See ir | stru | ctions | s.) | ☐ Yes | i ⊠ No |
| Standard | Som | neone can claim: You as a de | penden | t | e as | a dependent | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you | u were a dual-status a | alien | | | | | | | |
| Age/Blindness | s You: | : Were born before January 2, 1 | 959 [| Are blind Spo | ouse: | : Was bor | n before . | Janua | ary 2, | 1959 | ☐ Is b | blind |
| Dependents | s (see | instructions): | | (2) Social security | , | (3) Relationsh | (4) Ch | eck th | ne box | if quali | fies for (se | ee instructions): |
| If more | | irst name Last name | | number | | to you | | hild ta | ax cre | dit | Credit for c | other dependents |
| than four | | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | | |
| and check | - —— | | | | | | | | | | | |
| here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (se | e instructions) | | | | | | 1a | . 2 | 236,427. |
| Attach Form(s) | b | Household employee wages not re | • | , , | | | | | | 1b | | |
| W-2 here. Also | С | Tip income not reported on line 1a | • | • | | | | | | 10 | | |
| attach Forms W-2G and | d | | ments not reported on Form(s) W-2 (see instructions) | | | | | | 1d | | | |
| 1099-R if tax | е | Taxable dependent care benefits f | | • | | | | | | 1e | | |
| was withheld. | f | Employer-provided adoption bene | | | | | | | | 1f | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | | | | | | | | 1g | | 0. |
| W-2, see | h : | Other earned income (see instruction | , | | | يو ا | · · · | • | | 1h | - | 0. |
| instructions. | i - | Nontaxable combat pay election (s | | ructions) | | <u>li</u> | | | | 4- | | 236,427. |
| A# 0 D | z 2a | · · | 2a | | Ь.Т | axable interest | | • | | 1z 2b | | 427. |
| Attach Sch. B if required. | 3a | | 3a | | | rdinary divider | | • | | 3b | | |
| | | | 4a | | | axable amount | | • | | 4b | | |
| Standard | 5a | | 5a | | | axable amount | | • | | 5b | | |
| Deduction for— Single or | 6a | | 6a | | | axable amount | | · | | 6b | | |
| Married filing | С | If you elect to use the lump-sum e | _ | | | | | | . n | | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Scheo | | · | ` | , | | | . \Box | 7 | 7 | |
| Married filing jointly or | 8 | Additional income from Schedule | | | | | | | | 8 | _ | -17,240. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is your total inc | ome | e | | | | 9 | | 219,614. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | | 10 | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | your a | djusted gross incon | ne | | | | | 11 | 2 | 219,614. |
| \$20,800 If you checked | 12 | Standard deduction or itemized | deduct | ions (from Schedule | A) | | | | | 12 | | 13,850. |
| any box under | 13 | Qualified business income deducti | on from | n Form 8995 or Form | 899 | 5-A | | | | 13 | | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or les | s, enter -0 This is y | our t | axable incom | ne | | | 15 | 2 | 205,764. |

| Form 1040 (202) | 3) | | | | | | | | | Page 2 |
|------------------------------------|---|---------------------------------------|--------------------------|-------------------|------------------------|------------------|--|------------------------|---------|-----------------------|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 🗌 | | | 16 | 44,676. |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 44,676. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | | 19 | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | | 20 | 7,500. |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | 7,500. |
| | 22 | Subtract line 21 from line 18 | B. If zero or less, | enter -0 | | | | | 22 | 37,176. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | | | 23 | 328. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | 24 | 37,504. |
| Payments | 25 | Federal income tax withheld | | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a | 44, | 908. | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | 328. | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 45,236. |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 | 122 return | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | No . | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | undable d | redits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | 33 | 45,236. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you ov | erpaid | | 34 | 7,732. |
| | 35a | Amount of line 34 you want | | | is attached, che | ck here | | | 35a | 7,732. |
| Direct deposit? | b | Routing number 1 0 1 | | | | Checkin | g 🗌 Sa | avings | | |
| See instructions. | d | Account number 1 4 5 | 5 7 3 4 | 9 6 7 ! | 5 2 | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | | |
| You Owe | | For details on how to pay, g | ū | • | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | |
| Third Party | | you want to allow another | • | | | _ | | | | |
| Designee | | | | | | 🗀 | Yes. Con | • | | ⊠ No |
| | De na | signee's ne | | Phone no. | | | Person numbe | al identifi r (PIN) | ication | |
| Sign | Un | der penalties of perjury, I declare t | hat I have examined | d this return and | accompanying sche | dules and | statements, | and to th | ne best | of my knowledge and |
| Here | be | ief, they are true, correct, and com | plete. Declaration of | of preparer (othe | r than taxpayer) is ba | ased on all | information | of which | prepar | er has any knowledge. |
| Here | Yo | ur signature | | Date | Your occupation | | | | | nt you an Identity |
| | | | | | | | D = D | Prote (see i | | IN, enter it here |
| Joint return? See instructions. | | augaia alamatuwa. If a laint vatuwa l | hath mount ainm | Dete | SOFTWARE I | | PER | | | -t vaur an auga an |
| Keep a copy for your records. | Spouse's signature. If a joint return, both must sign. | | Date Spouse's occupation | | | Identi | f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.) | | | |
| | Ph | one no. (937)239-917 | 0 | Email address | adarshkumar | .py@qm | ail.com | | | |
| Deid | Pre | eparer's name | Preparer's signat | ure | | Date | | PTIN | | Check if: |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/13 | /2024 P | 02082 | 2703 | Self-employed |
| Preparer | Fir | m's name GLOBAL TA | XES LLC | | | • | ' | Phon | e no. (| 678)965-9522 |
| Use Only | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | | Firm's | | 84-3171965 |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

ADARSH KUMAR REDDY PIDAPARTHY

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 soci | ial security number |
| 517_57 | 0722 |

| Par | Additional income | | | |
|-----|---|------------------|----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -17,240. |
| 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 | | |
| I | 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 | , | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (| <u>)</u> | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Ente | | | 4 |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -17,240. |

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- | | | | |
| | 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 | , | 24a | | _ | |
| b | Deductible expenses related to income reported on line 8l from the | | | | |
| | | 24b | | _ | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | · · · · · · · · · · · · · · · · · · · | 24c | | _ | |
| d | | 24d | | _ | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | | |
| g | | 24g | | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | | |
| i | Attorney fees and court costs you paid in connection with an award | | | | |
| | from the IRS for information you provided that helped the IRS detect | | | | |
| | tax law violations | 24i | | | |
| j | Housing deduction from Form 2555 | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | 1041) | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| | | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10 | e. Enter | here and on | 26 | |
| | · | | | | |

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ADARSH KUMAR REDDY PIDAPARTHY

Your social security number 517-57-9722

| Pa | tl Tax | | |
|-----|---|--------|----------------|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17. | 3 | |
| Par | t II Other Taxes | | |
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | | |
| 7 | Total additional social security and Medicare tax. Add lines 5 and 6 | 7 | |
| 8 | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. | | |
| | If not required, check here | 8 | |
| 9 | Household employment taxes. Attach Schedule H | 9 | |
| 10 | Repayment of first-time homebuyer credit. Attach Form 5405 if required | 10 | |
| 11 | Additional Medicare Tax. Attach Form 8959 | 11 | 328. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |
| | (co | ontinu | ued on page 2) |

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

Part II Other Taxes (continued)

| 7 | Other additional taxes: | | | |
|----|--|-------------|----|------|
| а | Recapture of other credits. List type, form number, and amount: | | | |
| | | 17a | | |
| b | Recapture of federal mortgage subsidy, if you sold your home | l | | |
| | see instructions | 17b | - | |
| | Additional tax on HSA distributions. Attach Form 8889 | 17c | | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | - | |
| е | Additional tax on Archer MSA distributions. Attach Form 8853. | 17e | | |
| f | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 | 17f | | |
| g | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property | 17g | | |
| h | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A | 17h | | |
| i | Compensation you received from a nonqualified deferred compensation plan described in section 457A | 17i | | |
| j | Section 72(m)(5) excess benefits tax | 17j | | |
| k | Golden parachute payments | 17k | | |
| I | Tax on accumulation distribution of trusts | 171 | | |
| m | Excise tax on insider stock compensation from an expatriated corporation | 17m | | |
| n | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 | 17n | | |
| 0 | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17 0 | | |
| p | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund | 17p | | |
| q | Any interest from Form 8621, line 24 | 17q | | |
| Z | Any other taxes. List type and amount: | | | |
| | | 17z | | |
| 8 | Total additional taxes. Add lines 17a through 17z | | 18 | |
| 9 | Reserved for future use | | 19 | |
| 20 | Section 965 net tax liability installment from Form 965-A | 20 | | |
| 21 | Add lines 4, 7 through 16, and 18. These are your total other taxe | | | |
| | on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$. | | 21 | 328. |

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ADARSH KUMAR REDDY PIDAPARTHY

Your social security number 517-57-9722

| 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 | l, line | e 11. Attach | 2 | |
| 3 | Education credits from Form 8863, line 19 | | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | | | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32 | | | 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 | 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 | | | |
| I | Amount on Form 8978, line 14. See instructions | 6I | | | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 . | 6m | | | |
| Z | Other nonrefundable credits. List type and amount: | | | | |
| | | 6z | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | | 7 | 7,500. |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20 | 040, | 1040-SR, or | 8 | 7,500. |
| | | | | | ed on page 2) |

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

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment Sequence No. 13

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.

OMB No. 1545-0074

| ADAF | RSH KUMAR REDI | DY PIDAPARTHY | | | | | | 517-5 | 7-9722 | |
|-------------|------------------------------------|--|----------|---------|----------|--------|--------------------|--------------|------------------|----------|
| Part | Note: If you ar | Loss From Rental Real Estate an re in the business of renting personal proper or loss from Form 4835 on page 2, line 40. | | | e C. See | instru | ctions. If you are | e an indiv | /idual, rep | ort farm |
| Α [| | ayments in 2023 that would require you | to file | Form(s) | 10002 S | aa ing | etructions | | □ V _c | s X No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1a | | of each property (street, city, state, ZII | | | | | | | | |
| Α | BAHUBALINAGA | AR, JALAHALLI BANGALORE KARN | IATA | KA IN 5 | 560013 | 3 | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate prope above, report the number of fair | rental | and | | Fa | ir Rental Days | Person Da | | QJV |
| Α | 3 | personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | | if you meet the requirements to t qualified joint venture. See instru | | | В | | | | | |
| С | | quaimed joint venture. See instit | actions | 5. | С | | | | | |
| Гуре | of Property: | | | | | | | | | |
| 1 | Single Family Resid | dence 3 Vacation/Short-Term Ren | ıtal | 5 Land | t | | Self-Rental | | | |
| 2 | Multi-Family Reside | ence 4 Commercial | | 6 Roya | alties | 8 | Other (descril | be) | | |
| | | | | | | | Propertie | | | |
| ncon | ne: | | | | Α | | В | | | С |
| 3 | | | 3 | | | 00. | | | | |
| 4 | | | 4 | | | | | | | |
| Exper | nses: | | <u> </u> | | | | | | | |
| 5 | | | 5 | | | | | | | |
| 6 | | ee instructions) | 6 | | | | | | | |
| 7 | · · | ntenance | 7 | | 1,5 | 13. | | | | |
| 8 | • | | 8 | | • | | | | | |
| 9 | | | 9 | | | | | | | |
| 10 | | rofessional fees | 10 | | | | | | | |
| 11 | - | | 11 | | 1,2 | 00. | | | | |
| 12 | _ | paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest . | | 13 | | | | | | | |
| 14 | Repairs | | 14 | | 3,5 | 74. | | | | |
| 15 | | | 15 | | 2,7 | 97. | | | | |
| 16 | Taxes | | 16 | | | | | | | |
| 17 | Utilities | | 17 | | 4,1 | 29. | | | | |
| 18 | Depreciation expe | nse or depletion | 18 | | 4,7 | 27. | | | | |
| 19 | | | 19 | | | | | | | |
| 20 | Total expenses. A | dd lines 5 through 19 | 20 | | 17,9 | 40. | | | | |
| 21 | result is a (loss), s | om line 3 (rents) and/or 4 (royalties). If ee instructions to find out if you must | | | 10.0 | 4.0 | | | | |
| 00 | | | 21 | | -17,2 | 4U. | | | | |
| 22 | | real estate loss after limitation, if any, e instructions) | 22 | (| 17,24 | 0.) | (|) | (| , |
| 23 a | | ts reported on line 3 for all rental prope | | | . [| 23a | | 700. | | |
| b | | ts reported on line 4 for all royalty prop | erties | | | 23b | | | | |
| С | | ts reported on line 12 for all properties | | | | 23c | | | | |
| d | | ts reported on line 18 for all properties | | | | 23d | | 727. | | |
| е | | ts reported on line 20 for all properties | | | | 23e | 17, | 940. | | |
| 24 | • | tive amounts shown on line 21. Do not | | - | | | | 24 | | |
| 25 | • | y losses from line 21 and rental real estat | | | | | | | (| 17,240. |
| 26 | | estate and royalty income or (loss). | | | | | | | | |
| | | l, and IV, and line 40 on page 2 do no 1040), line 5. Otherwise, include this at | | | | | | 26 | | -17,240. |

Clean Vehicle Credits

OMB No. 1545-2137

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**

Identifying number

| ADAF | RSH KUMAR REDDY PIDAPARTHY | 517-57 | -9.1 | 22 |
|-------|---|----------------|-------|-----------------------|
| Notes | • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the | he tax ye | ear. | |
| | Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. | | | |
| Part | Modified Adjusted Gross Income Amount | | | |
| 1a | Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR | 614. | | |
| b | Enter any income from Puerto Rico you excluded | | | |
| С | Enter any amount from Form 2555, line 45 | | | |
| d | Enter any amount from Form 2555, line 50 | | | |
| е | Enter any amount from Form 4563, line 15 | | | |
| 2 | Add lines 1a through 1e | L | 2 | 219,614. |
| 3a | Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a 121, | 134. | | |
| b | Enter any income from Puerto Rico you excluded | | | |
| С | Enter any amount from Form 2555, line 45 | | | |
| d | Enter any amount from Form 2555, line 50 | | | |
| е | Enter any amount from Form 4563, line 15 | | | |
| 4 | Add lines 3a through 3e | | 4 | 121,134. |
| 5 | Enter the smaller of line 2 or line 4 | | 5 | 121,134. |
| Part | | | | |
| | Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,0 |)00 if ma | arrie | d filing jointly or a |
| | qualifying surviving spouse; \$225,000 if head of household). | | | |
| 6 | Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) | | 6 | |
| 7 | New clean vehicle credit from partnerships and S corporations (see instructions) | | 7 | |
| 8 | Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop | I | | |
| | and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y | | 8 | |
| Part | | 0 : | | - 611. |
| | Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,00 qualifying surviving spouse; \$225,000 if head of household). | U if mar | rried | filing jointly or a |
| 9 | Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) | . 7.1 L | 9 | 7,500. |
| 10 | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | . 🔽 🛂 | 10 | 44,676. |
| 11 | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) | | 11 | |
| 12 | Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal | l use | | |
| | part of the credit | | 12 | 44,676. |
| 13 | Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (F | | | |
| | 1040), line 6f. If line 12 is smaller than line 9, see instructions | · · · | 13 | 7,500. |
| Part | | | | |
| | Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 qualifying surviving spouse; \$112,500 if head of household). | 0 if mar | ried | filing jointly or a |
| 14 | Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) | | 14 | |
| 15 | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | | 15 | |
| 16 | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) | | 16 | |
| 17 | Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV cr | | 17 | |
| 18 | Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line | - | | |
| | smaller than line 14, see instructions | | 18 | |
| Part | | | - 1 | |
| 19 | Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936) | | 19 | |
| 20 | Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) | | 20 | |
| 21 | Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Sche | | | |
| | K. All others, report this amount on Form 3800, Part III, line 1aa | ; | 21 | |

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Attachment Sequence No. **69A** 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.

ADARSH KUMAR REDDY PIDAPARTHY 517-57-9722 Vehicle Details Part I 2023 Year TESLA b Make MODEL Y Model 2 Vehicle identification number (VIN) (see instructions) . . . 7 S Α Υ F. P A 0 6 3 Enter date vehicle was placed in service (MM/DD/YYYY) 02/10/2023 Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions. Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the United States. X No. Does the VIN entered on line 2 belong to a new clean vehicle placed in service during the tax year? See instructions for 5 definitions. X Yes. Go to Part II. ☐ No. Go to line 6. Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions. Yes. Go to Part IV. No. Go to line 7. Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions. Yes. Go to Part V. No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described on line 5, 6, or 7. Part II 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 are leasing the vehicle from another person. X Yes. No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale. 7,500. 9 Tentative credit amount (see instructions) 9 10 Business/investment use percentage (see instructions) . 10 % Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you 11 entered 100% on line 10, stop here. Otherwise, go to Part III below. 11 Part III **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

For Paperwork Reduction Act Notice, see the Form 8936 instructions. BAA

REV 02/05/24 PRO

Schedule A (Form 8936) 2023



| Part | le A (Form 8936) 2023 Credit Amount for Previously Owned Clean Vehicle | | Page | | | | |
|------|--|--------|-------------------------|--|--|--|--|
| 13a | Is the sales price of the vehicle more than \$25,000? | | | | | | |
| 100 | Yes. Stop here. The vehicle doesn't qualify for the Part IV credit. No. | | | | | | |
| b | Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person. Yes. | | | | | | |
| | No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale. | | | | | | |
| С | Can you be claimed as a dependent on another person's tax return, such as your parent's return? 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. | ı | | | | | |
| 14 | Enter the sales price of the vehicle | 14 | | | | | |
| 15 | Multiply line 14 by 30% (0.30) | 15 | | | | | |
| 16 | Maximum vehicle credit amount | 16 | 4,000. | | | | |
| 17 | Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936 | 17 | | | | | |
| Part | | | I | | | | |
| 18a | | | | | | | |
| b | Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person. Yes. No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale. | are le | easing the vehicle from | | | | |
| С | Is the vehicle also powered by gas or diesel? See instructions. Yes. No. | ı | | | | | |
| 19 | Enter the cost or other basis of the vehicle. See instructions | 19 | | | | | |
| 20 | Section 179 expense deduction (see instructions) | 20 | | | | | |
| 21 | Subtract line 20 from line 19 | 21 | | | | | |
| 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 | 25 | | | | | |

Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936

26

26

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS,

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. **71**

Your social security number

ADARSH KUMAR REDDY PIDAPARTHY 517-57-9722 **Additional Medicare Tax on Medicare Wages** Part I Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 1 236,427. 2 2 3 3 4 4 236,427. 5 Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 200,000. 6 6 36,427. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 328. Additional Medicare Tax on Self-Employment Income Part II Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 8 Enter the following amount for your filing status: Married filing separately Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 11

| | ,,,,,,, | | | | |
|--------|--|----------|------------------|----|-------------------------|
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | | | 12 | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (go to Part III | | | 13 | |
| Part | Additional Medicare Tax on Railroad Retirement Tax Act (RRTA |) Com | npensation | | |
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 | | | | |
| | (see instructions) | 14 | | | |
| 15 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly | | | | |
| | Married filing separately | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0 | | | 16 | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lir | ne 16 b | y 0.9% (0.009). | | |
| | Enter here and go to Part IV | | | 17 | |
| Part | V Total Additional Medicare Tax | | | | |
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li | ne 11 | (Form 1040-SS | | |
| | filers, see instructions), and go to Part V | | ` | 18 | 328. |
| Par | t V Withholding Reconciliation | | | | |
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form | | | | |
| | W-2, enter the total of the amounts from box 6 | 19 | 3,756. | | |
| 20 | Enter the amount from line 1 | 20 | 236,427. | | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax | | • | | |
| | withholding on Medicare wages | 21 | 3,428. | | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0 This is your Ado | litional | • | | |
| | withholding on Medicare wages | | | 22 | 328. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, bo | | | | |
| | 14 (see instructions) | | | 23 | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with | | | | |
| | federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c | | | | |
| | see instructions) | • | | 24 | 328. |
| For Pa | aperwork Reduction Act Notice, see your tax return instructions. | | REV 02/05/24 PRO | | Form 8959 (2023) |
| | | | | | |

Net Investment Income Tax— **Individuals, Estates, and Trusts**

Attach to your tax return.

Attachment Sequence No. **72**

Your social security number or EIN

OMB No. 1545-2227

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

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

| ADAL | RSH KUMAR REDDY PIDAPARTHY | | 517-57- | 9722 | | | | |
|--|---|-----------------|---------|----------|--|--|--|--|
| Part | Investment Income Section 6013(g) election (see instructions) | | | | | | | |
| | Section 6013(h) election (see instructions) | | | | | | | |
| Regulations section 1.1411-10(g) election (see instructions) | | | | | | | | |
| 1 | Taxable interest (see instructions) | | 1 | 427. | | | | |
| 2 | Ordinary dividends (see instructions) | | | | | | | |
| 3 | Annuities (see instructions) | | - | | | | | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or | · | | | | | | |
| 4a | businesses, etc. (see instructions) | 4a -17, | 240. | | | | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | | | | | |
| С | Combine lines 4a and 4b | 1 | 4c | -17,240. | | | | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a | | | | | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | | | | | |
| С | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | | | | | |
| d | Combine lines 5a through 5c | | 5d | | | | | |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | 6 | | | | | |
| 7 | Other modifications to investment income (see instructions) | | | | | | | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | | -16,813. | | | | |
| Part | | | | | | | | |
| 9a | Investment interest expenses (see instructions) | 9a | | | | | | |
| b | State, local, and foreign income tax (see instructions) | 9b | | | | | | |
| C | · · · · · · · · · · · · · · · · · · · | 9c | | | | | | |
| d | Add lines 9a, 9b, and 9c | | 9d | 1 | | | | |
| 10 | Additional modifications (see instructions) | | | | | | | |
| | Total deductions and modifications. Add lines 9d and 10 | | | | | | | |
| 11 Post | Tax Computation | | !! | | | | | |
| | • | | 2 4 7 | T | | | | |
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, c | | | | | | | |
| | Estates and trusts, complete lines 18a–21. If zero or less, enter -0 | | 12 | 0. | | | | |
| | Individuals: | | | | | | | |
| 13 | Modified adjusted gross income (see instructions) | | 614. | | | | | |
| 14 | Threshold based on filing status (see instructions) | | 000. | | | | | |
| 15 | , , , , , , , , , , , , , , , , , , , | | 614. | | | | | |
| 16 | Enter the smaller of line 12 or line 15 | | 16 | 0. | | | | |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Ent | er here and inc | lude | | | | | |
| | on your tax return (see instructions) | | 17 | 0. | | | | |
| | Estates and Trusts: | | | | | | | |
| 18a | Net investment income (line 12 above) | 18a | | | | | | |
| b | Deductions for distributions of net investment income and charitable | | | | | | | |
| • | deductions (see instructions) | 18b | _ | | | | | |
| С | , , , , , , , , , , , , , , , , , , , | 18c | | | | | | |
| 19a | , , , | 19a | | | | | | |
| b | , ` , , , , , , , , , , , , , , , , , , | 19b | | | | | | |
| С | | 19c | | Į. | | | | |
| 20 | Enter the smaller of line 18c or line 19c | | 20 | | | | | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0 | | | | | | | |
| | include on your tax return (see instructions) | | 21 | | | | | |