# 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	y numbe	r	
VIDHYADHAR VANAM	822-41-	2087		
Spouse's name	Spouse's soci	al securi	ty number	
SAI SHRUTHI SAYINI	957-97-	-4898		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Er	nter year you ar	e auth	orizing.)	,
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		1	134	,702.
2 Total tax		2	13	,649.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20	<u>,525.</u>
4 Amount you want refunded to you		4	6	<u>,876.</u>
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	id keep a copy	of yo	ur retui	<u>'n)</u>
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trar to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize th Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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) Electronic Funds Withdrawal Consent.	rejection of the trace U.S. Treasury are indicated in the tatution to debit the nate the authorizate requests must be the processing of the payment. I furtile	nic returniansmission its de x preparentry to tion. To receive the electer ackr	rn origination, <b>(b)</b> the signated fration soft this accorrevoke (cd no late stronic paynowledge	for (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or general authorize GLOBAL TAXES LLC	ate my PIN	2 0	8 7	as my
ERO firm name  signature on the income tax return (original or amended) I am now authorizing.	Ent	er five di		as my
I will enter my PIN as my signature on the income tax return (original or amended) I ar if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.				
Your signature ► Date ▶	<b>-</b>			
Spouse's PIN: check one box only				
★ I authorize GLOBAL TAXES LLC to enter or general authorize GLOBAL TAXES LLC	ate my PIN 7	4 8	9 8	ac my
ERO firm name		er five di		as my
signature on the income tax return (original or amended) I am now authorizing.		't enter a		
I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.				
Spouse's signature ▶ Date ▶	•			
Practitioner PIN Method Returns Only—continue bel	ow			
Part III Certification and Authentication — Practitioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 6  Don't ente		3 2 7 os	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am surrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the Practition PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of the PIN method PIN meth	ubmitting this retu	rn in ac	cordance	
ERO's signature ▶ Date ▶	•			
FRO Must Retain This Form — See Instructions				

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

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

2023

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

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20		See sep	arate instructions.
Your first name	and m	niddle initial	Last na	ame					Your soc	cial security number
VIDHYADH	IAR		VANZ	M					822	41 2087
		s first name and middle initial	Last na							social security numbe
SAI SHRU	тнт		SAY	TNT					957	97 4898
		er and street). If you have a P.O. box, see					Apt. no.			itial Election Campaigr
11117 CA	STT	AS DR						- 1		ere if you, or your
		ice. If you have a foreign address, also co	complete spaces below. State ZIP			ZIP code			f filing jointly, want \$3	
AUSTIN					T	κ	78717			this fund. Checking a www.will not change
Foreign country	name	1		Foreign province/state/	/coun	ty	Foreign postal c			or refund.
										You Spouse
Filing Status	, [	Single				Head of ho	ousehold (HOF	H)		
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spou	use (C	QSS)	
	lf y	you checked the MFS box, enter the	name	of your spouse. If yo	u che	ecked the HOH	or QSS box,	enter	the chile	d's name if the
	qι	ualifying person is a child but not you	ır depe	ndent:						
Distrib	Λ+ a	ny time during 2023, did you: (a) rece	oivo (ac	a roward award or	, nav	mont for propor	ty or convices	): or (	h) coll	
Digital Assets		hange, or otherwise dispose of a digi	•				•	,	,	☐ Yes ☒ No
Standard	_	neone can claim:  You as a de		<u>`</u>			., (000 mond	011011	J.,	
Deduction	_	Spouse itemizes on a separate return		•		•				
					anoi	·				
Age/Blindness	You	: Were born before January 2, 1	959	Are blind Sp	ouse	: Was bor	n before Janua	ary 2,	1959	☐ Is blind
Dependents	•	•		(2) Social securit	у	(3) Relationshi	ρ			ies for (see instructions):
If more	(1) F	First name Last name		number		to you	Child tax		edit	Credit for other dependents
than four	ADV	VIK SAI VANAM		961-98-306	51	Son	l	<u> </u>		×
dependents, see instructions	s —						l	<u> </u>		
and check							l	<u> </u>		
here L										
Income	1a	Total amount from Form(s) W-2, bo	•	,					1a	151,837.
Attach Form(s)	b	Household employee wages not re	•	. ,					1b	
W-2 here. Also	C	Tip income not reported on line 1a		,					1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep		` , ` `	instru	uctions)			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	
W-2, see	h	Other earned income (see instructi	,				· · · ·		1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				151 027
		Add lines 1a through 1h		· · · · · i	 L <del>.</del>	ovelele interval			1z	151,837.
Attach Sch. B if required.	2a	'	2a	83.		axable interest			2b	99.
	3a_	· ·	3a 4a	05.		Ordinary divider axable amount			3b 4b	1 33.
Standard	4a 5a		4a 5a			axable amount			5b	+
Deduction for—	_		6a			axable amount			6b	
Single or Married filing	6a c	If you elect to use the lump-sum el		method check here				· :	30	
separately, \$13,850	7	Capital gain or (loss). Attach Sched		,	`	,		·	7	
Married filing	8	Additional income from Schedule				•		٠ ـ	8	-17,234.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	134,702.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•					10	131,702.
Head of	11	Subtract line 10 from line 9. This is	-						11	134,702.
household, [ \$20,800	12	Standard deduction or itemized	•	-					12	27,700.
If you checked any box under	13	Qualified business income deducti		•	,	 )5-A			13	0.
Standard Deduction,	14								14	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer				tavahla incom			15	107 002

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	14,149.	
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	14,149.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	500.	
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21	500.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,649.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	13,649.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				<b>25a</b> 20	,525			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	20,525.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC)				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, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	20,525.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	6,876.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a	6,876.	
Direct deposit?	b	Routing number 0 7 2			,, <u> </u>	Checking	Savings			
See instructions.	d	Account number 3 7 5	0 2 6 6	8 8 4 3	3 2					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe						
You Owe		For details on how to pay, g	_	-				37		
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>		you want to allow another	•			_				
Designee						<del></del>	•		⊠ No	
		esignee's me		Phone no.			sonal iden ber (PIN)	tification		
Sign	Un	der penalties of perjury, I declare the	nat I have examined	d this return and	accompanying sche	dules and statemer	its, and to	the best	of my knowledge and	
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informat	on of which	ch prepar	er has any knowledge.	
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity	
									IN, enter it here	
Joint return? See instructions.		accessor alamateura. If a laint vatuum I	a a 41a may na ta ai ama	Dete	SOFTWARE E		`	(see inst.)		
Keep a copy for		ouse's signature. If a joint return, I	ootn must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here	
your records.					HOME MAKER	1	(see	e inst.)		
	Ph	one no. (817)233-115	2	Email address	VIDHYADHAR.V	ANAM@GMAIL.C	OM			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/02/2024	P0208	3 <u>27</u> 03	Self-employed	
Preparer	Fir	Firm's name GLOBAL TAXES LLC PI						one no. (	678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965	
<u> </u>	-/-	4040 ( ; )   ;	11.6						- 1040	

### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

VIDHYADHAR VANAM & SAI SHRUTHI SAYINI 822-41-2087 Part Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . . . . . . . . . . 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E -17,234. 5 5 6 6 7 7 8 Other income: а 8a 8b 8c Foreign earned income exclusion from Form 2555 . . . . . . . . 8d 8e 8f Alaska Permanent Fund dividends . . . . . . . . . . . . . . . . 8g 8i Activity not engaged in for profit income . . . . . . . . . . . . . . . . 8i 8k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m 8n Section 951A(a) inclusion (see instructions) . . . . . . . . . . . . 80 Section 461(I) excess business loss adjustment . . . . . . . . . . . 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t Wages earned while incarcerated 8u Other income. List type and amount: 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form -17,234.

10

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	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	· <u> </u>			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 02/	23/24 PRO	Schedu	le 1 (Form 1040) 2023

### **SCHEDULE E** (Form 1040)

Department of the Treasury

Name(s) shown on return

### 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

Your social security number

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

OMB No. 1545-0074

VIDHYADHAR VANAM & SAI SHRUTHI SAYINI 822-41-2087 Part I Income or Loss From Rental Real Estate and Royalties **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) BANJARA HILLS ROAD NO:2 HYDERABAD TELANGANA IN 500045 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 . 3 600. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,842. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,200. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,841. 14 Repairs . . . . 3,295. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 4,721. 18 2,935. 18 Depreciation expense or depletion . . . . . . 19 Other (list) 19 20 17,834. 20 Total expenses. Add lines 5 through 19 . . . . . 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 -17,234. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 22 17,234.) 600. 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 Total of all amounts reported on line 12 for all properties 23c 2,935. 23d Total of all amounts reported on line 18 for all properties 23e 17,834. Total of all amounts reported on line 20 for all properties 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 17,234. 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 -17,234.

### **SCHEDULE 8812** (Form 1040)

## **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **47** 

Your social security number

/TDH	YADHAR VANAM & SAI SHRUTHI SAYINI   E	322-41-	-2087
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	134,702.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	134,702.
4	Number of qualifying children under age 17 with the required social security number  4	0	
5	Multiply line 4 by \$2,000	. 5	
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	nt	
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500		500.
8	Add lines 5 and 7	. 8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.		0.
11	Multiply line 10 by 5% (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	lit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A		14,149.
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b>	. 14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>additional</b>		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	<b>Next.</b> On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22		
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
25	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.  Subtract line 24 from line 23. If zero or less, enter -0	25	
25 26	Enter the larger of line 20 or line 25	25	
20	Next, enter the smaller of line 25 or line 25	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	27	
41	This is your additional cliffe tax credit. Effect this amount on pother 1040, 1040-5K, of 1040-1K, life 28.	41	

# Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

VIDHYADHAR VANAM & SAI SHRUTHI SAYINI

Your taxpayer identification number 822-41-2087

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

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

1	(a) Trade, business, or aggregation name	(c) Qualified business income or (loss)			
i					
ii					
iii					
iv					
v					
3	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	3 (			
4 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 2.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 2.			
9	· · · · · · · · · · · · · · · · · · ·		9	0.	
10 11	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	0.	
12	Taxable income before qualified business income deduction (see instructions)  Enter your net capital gain, if any, increased by any qualified dividends	11 107,002.	-		
12	(see instructions)	<b>12</b> 83.			
13	Subtract line 12 from line 11. If zero or less, enter -0	13 106,919.			
14	Income limitation. Multiply line 13 by 20% (0.20) $\cdot$		14	21,384.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		4-	_	
16	the applicable line of your return (see instructions)		15 16	0.	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a		10	( U.,	
	zero, enter -0		17	( 0.)	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Form **8867** (Rev. 11-2023)

Taxpayer identification number

VIDE	HYADHAR VANAM & SAI SHRUTHI SAYINI	822-41-208	7		
repare	's name	Preparer tax identifica	ation numb	oer	
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided to	by the taxpayer	Yes	No	N/A
		asonably obtained by you?			
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of	_		
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .		$\overline{\Box}$	
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filling states.	ment, you must f, a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)		X		
	List those documents provided by the taxpayer, if any, that you relied on:				
•	Did you call the tay and the tay and the tay and the second secon	Hada Ha . f al-			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X	一一	
-	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<b>,</b>			
а	Did you complete the required recertification Form 8862?			П	
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a				
-	correct Schedule C (Form 1040)?				

orm 8	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
_	has supported the child the entire year?			
C	more than one person (tiebreaker rules)?			
Part		claim C	TC, A	CTC.
	or ODC, go to Part IV.)		•	,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			 Part \	/\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	<ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);</li> </ul>	nses on s) and/c	the refor HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	"s eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to edit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t, and	Yes	No
	complete?		×	

REV 02/23/24 PRO

# 4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number VIDHYADHAR VANAM & SAI SHRUTHI SAYINI Sch E BANJARA HILLS ROAD NO:2 822-41-2087 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) . . . . . . . . . . . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 2,935. 84,212. S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,935.

portion of the basis attributable to section 263A costs.

23 For assets shown above and placed in service during the current year, enter the