## 8879 Form

(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

Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securi	ty numb	per	
VEE	RA R DATLA	397-29	-075	4	
Spouse	's name	Spouse's so	cial secu	urity number	
ВНА	RATHI BODDU	177-90	-926	7	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	are aut	thorizing.)	
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1		
1	Adjusted gross income		1		112.
2	Total tax		2		336.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20,	202.
4 5	Amount you want refunded to you		5	1	222.
Part	Amount you owe  Taxpayer Declaration and Signature Authorization (Be sure you get and k	een a cor			
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
for any Agent in payme authorian payme busine taxes in person	In my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the processor of the processor of the payment (PIN) below is my signature for the income tax return (original or amended) I and increduced withdrawal Consent.	S. Treasury a cated in the to debit the the authorizests must be processing of ayment. I fur	and its of ax preperently the ation. The ereceiver the electrication in the ther according to the according	designated Formation software to this account for revoke (caused no later ectronic pay sknowledge for the strong for the stron	inancial ware for int. This ancel) a than 2 ment of that the
	nyer's PIN: check one box only				
×	I authorize GLOBAL TAXES LLC to enter or generate r	ř En	ter five	7 5 4 digits, but	as my
	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 no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Yours	signature ▶ Date ▶				
Spous	se's PIN: check one box only	_			
×	7	nv PIN 0	9 2	2 6 7	as my
	ERO firm name	_		digits, but	ao my
signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.					
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't en	6 0 ter all ze	8 2 7 Pros	1
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submisments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in a	accordance v	am now with the

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Date ▶

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

20**23** OMB No. 1545-0074

						G 101 10 10		, 50	mine or etaple in time	opaco.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling _		, 20	See se	eparate instructi	ions.
Your first name	and mi	iddle initial	Last na	ıme				Your s	ocial security nur	mber
VEERA R			DATI	LΑ				397	29   0754	ļ
If joint return, s	pouse's	s first name and middle initial	Last na	ime				Spouse	e's social security	number
BHARATHI	-		BODI	U				177	90 9267	1
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	Presid	ential Election Ca	ampaign
907 HOBS	SON I	DRIVE							here if you, or yo	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ate	ZIP code		e if filing jointly, was to this fund. Chec	
BUFFALO	GRO	VE			II	Ĺ	60089		elow will not char	
Foreign country	/ name			Foreign province/state/o	coun	ty	Foreign postal coo	de your ta	ax or refund.	
		-							You	Spouse
Filing Status		Single				☐ Head of he	ousehold (HOH)			
Check only	×	Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)					surviving spous			
		ou checked the MFS box, enter the			u che	ecked the HOH	l or QSS box, er	nter the cl	nild's name if the	е
	qu	alifying person is a child but not you	ır deper	ndent:						
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payr	ment for prope	rty or services);	or (b) sell,	,	
Assets	exch	ange, or otherwise dispose of a digi	ital asse	et (or a financial intere	est ir	n a digital asse	t)? (See instruct	ions.)	☐ Yes 🏻	No
Standard	Som	eone can claim:	penden	t	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien	1				
Age/Blindness	. You	: Were born before January 2, 1	959 F	Are blind Spo	ouse	y: ☐ Was bor	n before Januar	v 2 1959	☐ Is blind	
Dependents				<del>-</del>			(A) Chook the	-	alifies for (see instr	uctions):
-		irst name Last name		(2) Social security number	′	(3) Relationsh to you	Child tax	•	Credit for other de	•
If more than four	· · ·	KARTHIKA DATLA		-		Daughter	X	]	$\top$	
dependents,		VIIIIIII DIIIIII					]	†		
see instructions and check	3							]		
here								]		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)				. 1	a 189,	558.
	b	Household employee wages not re	eported	on Form(s) W-2				. 1	b	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see in	structions)				. 1	С	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see in	nstru	uctions)		. 1	d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26				. 1	е	
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8839, line 29				. 1	f	
If you did not	g	Wages from Form 8919, line 6 .						. 1	g	
get a Form W-2, see	h	Other earned income (see instruction	ions)					. 1	h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>				
	Z	Add lines 1a through 1h	· ;					. 1	z 189,	
Attach Sch. B if required.	2a	' <u>-</u>	2a			axable interest		. 2		487.
ii required.	3a	<u> </u>	3a	67.		Ordinary divider		. 3		67.
Standard	4a -		4a			axable amoun		. 4		
Deduction for —	5a		5a			axable amoun		. 5		
Single or Married filing	6a	,	6a			axable amoun	τ	. 6	D	
separately, \$13,850	C 7	If you elect to use the lump-sum e			•	,		H.	_	
Married filing	7 o	Capital gain or (loss). Attach Schedule:								
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						. 8		112
surviving spouse, \$27,700	9 10	Adjustments to income from Sche						. 1		
Head of	11	Subtract line 10 from line 9. This is						. 1		112
household, [ \$20,800	12	Standard deduction or itemized	-					. 1		700.
If you checked any box under	13	Qualified business income deducti				 95-A			3	, , , ,
Standard Deduction,	14	Add lines 12 and 13						. 1		700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is v	our t	taxable incom	 ne			
	-									-

		Page <b>2</b>
Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌	16	26,341.
Amount from Schedule 2, line 3	17	
Add lines 16 and 17	18	26,341.
Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
Amount from Schedule 3, line 8	20	5.
Add lines 19 and 20	21	2,005.
Subtract line 21 from line 18. If zero or less, enter -0	22	24,336.
Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
Add lines 22 and 23. This is your <b>total tax</b>	24	24,336.
Federal income tax withheld from:		
Form(s) W-2	<u>.                                     </u>	
Form(s) 1099		
Other forms (see instructions)		
Add lines 25a through 25c	25d	20,202.
2023 estimated tax payments and amount applied from 2022 return	26	
Earned income credit (EIC)		
Additional child tax credit from Schedule 8812		
American opportunity credit from Form 8863, line 8		
Reserved for future use		
Amount from Schedule 3, line 15		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	20,202.
If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	
Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	
Routing number X X X X X X X X X X X X X X X C Type:   C Type: Checking Savings		
Account number   X   X   X   X   X   X   X   X   X		
Amount of line 34 you want applied to your 2024 estimated tax 36		
Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
For details on how to pay, go to www.irs.gov/Payments or see instructions	37	4,222.
Estimated tax penalty (see instructions)		
you want to allow another person to discuss this return with the IRS? See ructions	below.	<b>⋉</b> No
gnee's Phone Personal ider	tification	
e no. number (PIN)		

23 Other taxes, including self-employment tax, from Schedule 2, lin 24 Add lines 22 and 23. This is your total tax Federal income tax withheld from: **Payments** 25 Form(s) W-2 . а Form(s) 1099 . . . . . . . b Other forms (see instructions) . . . . . . С d Add lines 25a through 25c . 26 2023 estimated tax payments and amount applied from 2022 re If you have a qualifying child 27 Earned income credit (EIC) . . . . . . . . . . . . attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8. . . 30 31 Amount from Schedule 3, line 15 . . . . . . . . . 32 Add lines 27, 28, 29, and 31. These are your total other paymen 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. This Refund Amount of line 34 you want refunded to you. If Form 8888 is at 35a Routing number X X X X X X X X X X Direct deposit? b See instructions. Account number X X X X X X X X X X X X X X X X d 36 Amount of line 34 you want applied to your 2024 estimated tax Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or see in Estimated tax penalty (see instructions) . **Third Party** Do you want to allow another person to discuss this return with instructions Designee Designee's Phone Under penalties of perjury, I declare that I have examined this return and accompanying s Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) TECHNICAL ARCHITECT Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) TECHNICAL DEVELOPER/LEAD Phone no. (920) 562-9994 Email address VVSRAJUDATLA@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: Date Paid Self-employed SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/12/2024 P02082703

Firm's name

Firm's address

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

**Preparer** 

**Use Only** 

Form 1040 (2023)

Tax and **Credits** 

16

17

18 19

20

21

22

Phone no. (678) 965-9522

Firm's EIN

#### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

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

OMB No. 1545-0074 Attachment Sequence No. **03** 

Your social security number

Department of the Treasury Internal Revenue Service

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

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

VEE	RA R DATLA & BHARATHI BODDU		39/-	29-07	/54
Par	t I Nonrefundable Credits		•		
1	Foreign tax credit. Attach Form 1116 if required			1	5.
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, line 	11. Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32	2 .		5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	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	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20			8	5.

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	n 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 104 line 31		15	

# **SCHEDULE** 8812 (Form 1040)

# Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. 47

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

Your social security number

EER <i>I</i>	A R DATLA & BHARATHI BODDU	397-	29-0	754
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	190,112.
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	190,112.
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000		5	2,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7	. [	8	2,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 $\int$	. [	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.		10	0.
11	Multiply line 10 by 5% (0.05)	_	11	0.
12	Is the amount on line 8 more than the amount on line $11?$	. [	12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	X Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	_	13	26,336.
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b>	. [	14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	ugh lir	ne 27
	(also complete Schedule 3, line 11) before completing Part II-A.			

BAA

Schedule 8812 (Form 1040) 2023 Page **2** 

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, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<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	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	, ,	s of F	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		
22	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	,	25	
25 26	Subtract line 24 from line 23. If zero or less, enter -0	25	
20	Next, enter the smaller of line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	2 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

## Form **8889**

**Health Savings Accounts (HSAs)** 

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

VEERA R DATLA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 397-29-0754

Befo	<b>re you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	lf-only	X Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	-	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3		7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			<u> </u>
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6		2,600.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7		
8	Add lines 6 and 7	8		2,600.
9	Employer contributions made to your HSAs for 2023			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		2,600.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		0.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part		arate l	HSAs,	complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a		419.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		419.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		419.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16		0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20%</b> Tax (see instructions), check here	10		0.
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		

BAA

### Form **8889**

**Health Savings Accounts (HSAs)** 

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

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

BHARATHI BODDU

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 177-90-9267

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.	
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	lf-only	▼ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3		7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6		5,150.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7		
8	Add lines 6 and 7	8		5,150.
9	Employer contributions made to your HSAs for 2023			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		277.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		4,873.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13		0.
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate l	HSAs,	complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
С	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this			
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b		
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21		

BAA

(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

VEERA R DATLA & BHARATHI BODDU 397-29-0754			4		
Prepare	Preparer's name Preparer tax identificat			oer	
SYA	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part	Due Diligence Requirements				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel AOTC		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?			No	N/A
2	or reasonably obtained by you?  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 Schedi 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	X		
	• 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.	·			
	<ul> <li>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)</li> </ul>		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 inconsis answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	tent? (If " <b>Yes</b> ,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf				
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.	, a copy of any 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:				
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	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?		×	
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a	a complete and			
	correct Schedule C (Form 1040)?				

and does not have a qualifying phild, go to question 10,  Did you ask the taxpayer if the child inved with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?  Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (liebreaker rules)?  2art III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, 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 a citzen, 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 that he/she may not claim 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?  2art IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)  13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified to tution and related expenses for the claimed AOTC?  Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)  14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year Yes No and provided more than half of the cost of keeping up a home for the year for a qualifying person?  2art VI Eligibility Certification  You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).  B. Complete this Form 8867 in the manner required; and  D. Keep	orm 88	67 (Rev. 11-2023)			Page 2
same to a seligible 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.)  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?  Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?  22rt III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)  Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citzen, national, or resident of the United States?  1 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?  13 Did the taxpayer provide substantiation for the credit, such as Form 1098-1 and/or receipts for the qualified to the tution and related expenses for the claiming AOTC?  22rt V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filling status, go to Part VI). Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year was under the cort or considered unmarried on the last day of the tax year was under into considered unmarried on the last day of the tax year was under into considered unmarried on the last day of the tax year was unmarried or considered unmarried on the last day of the tax year was under into considered unmarried on the last day of the tax year responses on the return of in your no	Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
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?  b Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?  Part III Dub Diligence Questions for Returns Claiming CTC/ACTC/ODC (if the return does not claim CTC, ACTC, 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 a citzen, national, or resident of the United States?  11 Did you explain to the taxpayer that he/she may not claim 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?  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?  2art IV Due Diligence Questions for Returns Claiming AOTC (if the return does not claim AOTC, go to Part V.)  13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified we had provided more than half of the cost of keeping up a home for the year for a qualifying person?  14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year was a form 1098-T and/or receipts for the qualified we had provided more than half of the cost of keeping up a home for the year for a qualifying person?  2art V Bigibility Certification  You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filling status on the return of the taxpayer is the amount (s) of the credit(s).  A Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate informat	9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC	Yes	No	N/A
more than one person (teberaker rules)?  Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (if the return does not claim CTC, ACTC, 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 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's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the child's custodial parent has released a claim to exemption for the credit, such as a Form 10987 and/or receipts for the qualified with tuition and related expenses for the claimed AOTC?  Part V Due Diligence Questions for Claiming HOH (if the return does not claim HOH filing status, go to Part VI).  14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?  14 Part VI Eligibility Certification  You will have compiled with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s) and/or HOH filing status, if claimed.  15 Complete this Form 8867 in the manner required; and  16 L Keep all five of th		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?			
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Part VI Eligibility Certification  You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:  A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return of in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);  B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;  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 8867 instructions unde Document Retention.  1. A copy of this Form 8867.  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.  3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.  5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).  If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).	Part	<u> </u>	s, go to	o Part	VI.)
You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing statu on the return of the taxpayer identified above if you:  A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return o in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);  B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;  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 8867 instructions unde Document Retention.  1. A copy of this Form 8867.  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.  3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.  5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).  If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).	14			Yes	No
You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:  A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return of in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);  B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;  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 8867 instructions unde Document Retention.  1. A copy of this Form 8867.  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.  3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.  5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).  If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).					
<ul> <li>on the return of the taxpayer identified above if you: <ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return o in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);</li> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</li> <li>C. Submit Form 8867 in the manner required; and</li> <li>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions unde <i>Document Retention</i>.</li> <li>1. A copy of this Form 8867.</li> <li>2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.</li> <li>3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li> <li>4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.</li> <li>5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li> <li>If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).</li> </ul> </li> <li>15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and</li> </ul>	Part \	VI Eligibility Certification			
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or for fiscal year ending	/	
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

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	neck the box it this ap ep 2: Income	piles to	you during 2023:	Nonresi	dent <b>- Attach</b> Sch. NR 🔲 Par	rt-year resident -		n. NK le dollars only)
1	-	oss inco	ome from your fede	ral Form 104	0 or 1040-SR, Line 11.		1	190,112.00
2					our federal Form 1040 or 1040	O-SR, Line 2a.	2	.00
3	Other additions. At						3	.00
4	Total income. Add	Lines 1	through 3.				4	190,112.00
St	ep 3: Base Income	)						
5				nt plan incom	ne received if included	_		
c	in Line 1. Attach P			danal Cama (	1040 an 4040 CD	5	.00	
6	Illinois Income Tax of Schedule 1, Ln. 1.	overpay	ment included in te	derai Form	1040 or 1040-SR,	6	.00	
7	Other subtractions.	Attach	Schedule M.			6 7	.00	
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St	ep 4: Exemptions	- See ir	nstructions for inco	me limitation	rs .			
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IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V ▶

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



<b>24</b> Tot	tal tax from Page 1, Line 23							24	8,755. <u>00</u>	
Step 8:	Payments and Refund	able Credit								
-	ois Income Tax withheld. At		/IT.			25_	9	,003.00		
	mated payments from Form									
inclu	ıding any overpayment app	lied from a prior yea	ar return.			26		.00		
<b>27</b> Pass	s-through withholding. Attac	h Schedule K-1-P c	or K-1-T.			27_		.00		
<b>28</b> Pass	s-through entity tax credit. A	ttach Schedule K-1	-P or K-1-T.			28_		.00		
	ned Income Credit from Scho				le IL-E/EIC	. 29_		.00		
30 Tota	al payments and refundab	le credit. Add Lines	s 25 through	29.				30	9,003.00	
Step 9:	Total									
<b>31</b> If Lir	ne 30 is greater than Line 24,	subtract Line 24 fro	m Line 30.					31	248.00	
<b>32</b> If Lir	ne 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.					32	.00	
Step 10	: Underpayment of Est	imated Tax Pena	alty and Do	onations						
33 Late	e-payment penalty for under	payment of estimat	ed tax.			33		.00		
a □	Check if at least two-third	s of your federal gro	oss income i	s from farmi	ng.					
_	Check if you or your spou		•			_				
С	Check if your income was	not received evenly	during the	year and yo	u annuali:	zed your	income of	on Form IL-22	10.	
	Attach Form IL-2210.									
	Check if you were not req			Income lax	return in		ous tax			
	intary charitable donations.					34		.00	00	
	al penalty and donations.		4.					35	.00	
-	: Refund or Amount yo			I i 0.5		: OF 6		0.4		
-	If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31.  This is your <b>overpayment</b> .  36  248,00									
This is your <b>overpayment</b> .  37 Amount from Line 36 you want <b>refunded to you</b> . Check <b>one</b> box on Line 38. See instruction						ructions		36 37	248.00	
	·	-	HECK OHE DO	X OII LIIIE 30	. Occ IIIst	il deliens.		31	210.00	
	oose to receive my refund b	•		1.011.1						
a 🗵	direct deposit - Complete	e the information be	low if you ci	neck this bo	ζ.		7			
	You may also contribute to college savings funds	Routing number	0 7 5 0	0 0 0	1 9	X	Checkir	ig or Savi	ngs	
	here. See instructions!	Account number	7 8 2 9	0 1 0 1	2 9	$\neg$				
	paper check.	0.11.11.07.6	1: 00	0				20	00	
	ount to be <b>credited forward.</b>							39	.00	
-	ou have an amount on Lin		-							
	ss than Line 35, subtract Li			and 32 are	blank (ze	ero), ente	er the am			
trom	Line 35. This is the <b>amour</b>	nt you owe. See in:	structions.					40	.00	
Step 12	2: Health Insurance Ch	eckbox and Sigr	nature							
41 🗌	Check this box and include	your email address	s in Step 1 if	IDOR may	share you	ır income	e informa	tion with other	Illinois state	
	agencies in order to determ	nine your eligibility f	or health ins	urance bene	efits. See	instructi	ons for m	ore informatio	n.	
_	ure - Note: If this is a joint re		•	-		mı len avı	dadaa it	ia tuura aauraa	t and samulate	
Under p	enalties of perjury, I state t	nat i nave examine	a uns returi	i, and to the	best of r	ny know	rieage, it	is true, correc	t, and complete.	
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	ınature		Date (mm	(dd/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Daytime phon	e number	
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Paid	Print/Type paid preparer's nar		Paid prepare			Date (mm		Check if self-employed	Paid Preparer's PTIN	
Preparer	SYAM PRIYA RAM SAGAR GUPTA		SIAM PRIIA E	RAM SAGAR GUP	TA TALLAM	03/12	/2024			
Use Only		L TAXES LLC				Firm's FE		84317196		
			BRUNSWIC	KNJ 08816	5	Firm's ph	one <b>•</b>	(678) 965	5-9522	
Third	Designee's name (please prin	nt)		Designee's	phone num	nber			ne Department may	
Party Designed				( )					eturn with the third ee shown in this step.	
Designee		00 11 40 10 1	- 4 4"	- 6: 4	1 *	4		1		
	Refer to the 20	123 IL-1040 Ins	struction	s for the	addre	SS to I	mail yo	our return.		

IL-1040 Back (R-12/23) DR\_\_\_\_\_ AP\_\_\_ RR DC IR ID ID: 3WM REV 02/14/24 PRO







# Illinois Department of Revenue 2023 Schedule ICR

2023 Schedule ICR Illinois Credits
Attach to your Form IL-1040

IL Attachment No. 23

#### Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit See Publication 108.
- K-12 Education Expense Credit See Publications 112, 119, & 132.
- Volunteer Emergency Worker Credit See Instructions.
- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit, K-12
   Education Expense Credit, and Volunteer Emergency Worker
   Credit cannot exceed tax due.

	tep 1: Provide the following information			0	
	ERA R DATLA & BHARATHI BODDU r name as shown on your Form IL-10	our Social Security	7 2_ 9_ number	_ 0	<u>/</u>
— St	ep 2: Figure your nonrefundable cr	edit			
	Enter the amount of tax from your Form IL-1040, Line 14.			1	9 <b>,</b> 050 . <b>00</b>
	Enter the amount of credit for tax paid to other states from your For	rm IL-1040, Line 15.		2	.00.
	Subtract Line 2 from Line 1.	,		3	9 <b>,</b> 050 <u>.00</u>
Sec	ction A - Illinois Property Tax Credit (See instructions for d	irections on how to	obtain your prop	erty numbe	er)
4	a Enter the total amount of Illinois Property Tax paid during the tax year for the real estate that includes your principal residence.	ce. <b>4a</b>	5 <b>,</b> 891. <b>00</b>		
	<b>b</b> Enter the county and property number of your principal residen	nce. See instructions.			
	4b COOK 907 HOBSON DRI				
	County Property num  C Enter the county and property number of an adjoining lot, if inc				
		nuded in Line 4a.			
	4c County Property nun				
	<b>d</b> Enter the county and property number of another adjoining lot,	if included in Line 4a			
	4d County Property nun	nh or			
	e Enter the portion of your tax bill that is deductible as a busines				
	expense on U.S. income tax forms or schedules, even				
	if you did not take the federal deduction.	4e	.00		
	f Subtract Line 4e from Line 4a.	4f	5,891.00		
	g Multiply Line 4f by 5% (.05).	4g	295.00		
	Compare Lines 3 and 4g, and enter the lesser amount here.			5	295 .00
6	Subtract Line 5 from Line 3.	6	8,755.00		
Sec	ction B - K-12 Education Expense Credit				
of th	te: You must complete the <b>K-12 Education Expense Credit Works</b> his schedule and <b>attach</b> any receipt(s) you received from your studeducation expense credit.	ent's school to claim	е		
7	a Enter the total amount of K-12 education expenses from Line 1		22		
	of the worksheet on Page 3 of this schedule.	7a	.00		
	<b>b</b> You may not take a credit for the first \$250 paid.	7b	250.00		
	<b>c</b> Subtract Line 7b from Line 7a. If the result is negative, enter "z		.00		
	d Multiply Line 7c by 25% (.25). Compare the result and \$750, and		22		
0	enter the lesser amount here.	7d	.00	8	00
	Compare Lines 6 and 7d, and enter the lesser amount here.	0	0 755 00	°	.00.
9	Subtract Line 8 from Line 6.	9	8 <b>,</b> 755. <b>00</b>		

Continue on Page 2. →



#### Schedule ICR Illinois Credits

#### Step 2: Figure your nonrefundable credit, continued

Section C - Volunteer Emergency Worker Credit - see instructions.

### 

Section D - Total Nonrefundable Credit

13 Add Lines 5, 8, and 11. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.

Continue on Page 3. →



#### K-12 Education Expense Credit Worksheet

<u>=Note→</u> You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

14 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F School type (check only one) P = Public N = Non-public H = Home school	G Total tuition, book/lab fees
a					P N H	
b						
					P N H	
c					LJ LJ LJ P N H	
d						
u						
e					_ 0 0 0	
					P N H	
f						
					P N H	
9					LJ LJ LJ P N H	
h						
"					P N H	
i						
					P N H	
j					_	
<b>15</b> Add the amounts in Column G	for Lines 1/12 through 1/1 (and t	he amounts fro	om Column G of any		P N H	
additional pages you attached	). This is the total amount of you ere and on Step 2, Line 7a of this	r qualified <b>edu</b>			→ <sup>15</sup>	.00

Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

ID: 3WM REV 02/14/24 PRO





#### Illinois Department of Revenue

# 2023 Schedule IL-E/EIC Illinois Exemption and Earned Income Tax Credit

Attach to your Form IL-1040

IL Attachment No. 30

#### Read this information first

Complete this schedule only if you are claiming

- · dependents (Step 2) or
- the Illinois Earned Income Tax Credit (EITC) (Step 3).

**New for 2023!** Taxpayers who did not qualify for the federal EITC or qualified for a smaller amount, but did meet federal income guidelines, now qualify for the Illinois EITC if the taxpayer is filing

- · with an Individual Taxpayer Identification Number (ITIN), or
- without a qualifying child and is at least age 18 or older (including taxpayers over ages 65).

The Illinois Expanded EITC Worksheet on Page 3 was added to determine the federal EITC calculation on which the Illinois EITC amount is figured.

Note: The total amount of Illinois EITC may exceed the amount of tax.

**Attach:** If claiming the Illinois EITC, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

**Warning:** If you fraudulently claim the EITC, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

Sten	1.	<b>Provide</b>	the	following	n i	information
OLEP		LIONIGE	นเธ		ч	IIIIOIIIIaliOII

VEERA R DATLA & BHARATHI BODDU	3	9	7_	_ 2	9	_ 0	7	5	4
Your name as shown on your Form IL-1040	Your Soc	ial Secu	rity numl	ber					

# Illinois Dependent Exemption Allowance Step 2: Dependent information

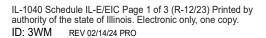
Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number or Individual Taxpayer Identification number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
KARTHIKA	DATLA	721-23-7292	Daughter	05/11/2013				×

1 Multiply the total number of dependents you are claiming by \$2,425.		
Enter the result here and on Form IL-1040, Line 10d.	1	2,425.00

Continue to Page 2 to calculate Illinois Earned Income Tax Credit







#### **Illinois Earned Income Tax Credit**

Complete this section **only** if you qualify for the Illinois EITC. **New for 2023**, even if you did not qualify for the federal EITC, you may be able to qualify for the Illinois EITC. See instructions to find out if you qualify. **Note:** You must complete the table in Step 3 **only** if you are claiming a qualifying child not included in Step 2. **Attach:** a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

#### **Step 3: Qualifying Child Information**

Complete the table for qualifying children that are **not** included in Step 2.

	Child's first name	Child's last name	Social Security number or Individual Taxpayer Identification number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
		ies and tips from your feder come or (loss) from your			chedule 1, Line 3	<b>1</b>			.00
	If you report an amou	unt on Line 2, you must	t answer the quest	ion in Line 2a l	below.	2			.00
	If you are filing your 20 return as married filing	equire a city, state, or cour 23 federal return as marr separately, enter your fed leral Form 1040 or 1040-t	ied filing jointly but a deral adjusted gross	are filing your 20	23 Illinois	ion? <b>2a</b> 3	Yes _	No	.00
3a	0,	unt on Line 3, enter your		ecurity number f	rom your	3a			
4	Is the statutory employe	e box marked on your W-2	, Wage and Tax State	ement, Box 13?		4	Yes L	No L	
St	tep 4: Figure y	our Illinois EIT	C						
5 6 7	If you qualify for the fer for the Illinois EITC, che Page 3 before continuing Enter the amount of fe Line 27, or the amount or Multiply the amount or Illinois residents: Enter the state of the state	deral EITC, go to Line 6. neck this box and <b>comple</b> ing to Line 6. See instructed and Earned Income Tax t from the Illinois Expanden Line 6 by 20% (0.2).	If you do <b>not</b> qualifete the Illinois Expactions to find out if your feature of the EITC Workshee	nded EITC Wor ou qualify. ederal Form 104 t, Line 23.	ksheet on	5 6 7			.00
9	Multiply Line 7 by the	decimal on Line 8. This i	is your <b>Illinois EITC</b>	<b>)</b> .					
	Enter this amount here	e and on your Form IL-10	040, Line 29.			9			.00

IL-1040 Schedule IL-E/EIC Page 2 of 3 (R-12/23)
ID: 3WM REV 02/14/24 PRO



#### Illinois Expanded EITC Worksheet - Complete only if you checked the box on Step 4, Line 5.

#### Part 1 Your Earned Income - See instructions.

- 1 Enter the amount from federal Form 1040 or 1040-SR, Line 1z.
- 2 Enter the amount from Line 1 that is from medicaid waiver payments that you don't choose to include in earned income (federal Form 1040 or 1040-SR, Line 1d).
- 3 Subtract Line 2 from Line 1 and enter the result.
- 4 Enter all of your nontaxable combat pay from federal Form 1040 or 1040-SR, Line 1i, if you elect to include it in earned income.
- 5 Add Lines 3 and 4 and enter the result. If you were not self-employed and did not have to file federal Schedule SE, go to Line 15. Otherwise, continue to Line 6.
- 6 Enter the amount from federal Schedule SE. Part I. Line 3.
- 7 Enter the amount from federal Schedule SE, Part I, Line 4b and Line 5a.
- 8 Add Lines 6 and 7 and enter the result.
- **9** Enter the amount from federal Schedule SE, Part I, Line 13.
- 10 Subtract Line 9 from Line 8 and enter the result.
- 11 Enter any net farm profit or (loss) from federal Schedule F, Line 34; and from farm partnerships, federal Schedule K-1 (federal Form 1065), Box 14, Code A.
- 12 Enter any net profit or (loss) from federal Schedule C, Line 31; and federal Schedule K-1 (federal Form 1065), Box 14, Code A (other than farming).
- 13 Enter the amount from federal Schedule C, Line 1, that you are filing as a statutory employee.
- **14** Add Lines 10, 11, 12, and 13 and enter the total.
- 15 Add Lines 5 and 14 and enter the total. If Line 14 is blank, enter the amount from Line 5. If the total is zero or negative, enter "0" zero.
- 16 Is the amount on Line 15 equal to or less than the amount in Table 1 (below) for your filing status and number of qualifying children?

If yes, continue to Part 2. If No, STOP; you do not qualify for the Illinois EITC.

Table I I cacial Elio illocillo Ellillo	Table 1	Federal	<b>EITC</b>	Income	Limits
---	---------	---------	-------------	--------	--------

Qualifying Children Claimed	Filing as Single, Head of Household, or Widowed	Filing as Married Filing Jointly
Zero	\$17,640	\$24,210
One	\$46,560	\$53,120
Two	\$52,918	\$59,478
Three	\$56,838	\$63,398

#### Part 2 Your Federal EITC Calculation

- 17 Enter your total earned income from Part 1. Line 15.
- 18 Look up the amount on Line 17 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit amount. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here.
- 19 Enter the amount from federal Form 1040 or 1040-SR, Line 11 (AGI).
- 20 Are the amounts on Lines 17 and 19 the same? If Yes, skip Lines 21 and 22, and enter the amount from Line 18 on Line 23. If No, go to Line 21.
- 21 If you have:
  - No qualifying children, is the amount on Line 19 less than \$9,800 (\$16,370 if married filing jointly)?
  - 1 or more qualifying children, is the amount on Line 19 less than \$21,560 (\$28,120 if married filing
- 22 If Line 21 is Yes, leave Line 22 blank and enter the amount from Line 18 on Line 23. If Line 21 is No, look up the amount on Line 19 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here.
- 23 If you have an amount on Line 22, compare the amounts on Lines 18 and 22, and enter the smaller amount. This is your federal EITC calculation. Enter this amount on Page 2, Step 4, Line 6.

2					
4					
9					
10					
11					
40					
12					
14					
45					
15					
16	Yes		No		
10	162	Ш	NO	Ш	

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<b>18</b> .	
4.0	

19 .				
<b>♦</b> 20	Yes	No	П	

?				
	<b>21</b>	Yes	No	

<b>\$</b> 22			

<b>♦</b>	23			





#### Illinois Department of Revenue

# 2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 3

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

#### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

VEERA R DATLA	A		<u>/ _ 2</u>		) 7	5 4	
Your name as sho	Nn on Form IL-1040	Your Social So	ecurity number				
Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Illinois Wages	lumn D s, Winnings, Gros Compensation, e	s Illi		
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→ Attach all Schedules IL-WIT to your IL-1040. ←

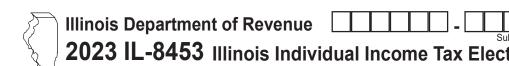
additional copies you attached). This is the total amount of your Illinois income tax withheld.



Enter this amount here and on Form IL-1040, Line 25.

9,003.00

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# 2023 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.) Step 1: Provide taxpayer information VEERA R BHARATHI BODDU 2 9 \_ DATTA Social Security number First name and middle initial Spouse's first name (and last name if different) Print 907 HOBSON DRIVE 1 7 7 - 9 0 type Mailing address Spouse's Social Security number (920) 562-9994 BUFFALO GROVE 60089 City ZIP Daytime phone number Step 2: Complete information from tax return IL-1040 IL-1040-X Choose one: X 182,837 **00** Net income from Form IL-1040 or IL-1040-X, Line 11 9,050100 2 Tax from Form IL-1040 or IL-1040-X, Line 14 3 Illinois Income Tax withheld from Form IL-1040 or IL-1040-X, Line 25 only (enter "0" if none) 4 Overpayment from Form IL-1040, Line 36 or IL-1040-X, Line 35 5 Total amount due from Form IL-1040, Line 40 or IL-1040-X, Line 38 00 Single X Married filing jointly Married filing separately Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional) To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check. Routing no. (RN): 0 7 5 0 0 0 0 1 9 Account no. (AN): 7 8 Type of account: X Checking **10** Date the payment is to be electronically withdrawn: Electronic funds withdrawal amount: \_ 12 Name on account: Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.) X I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2023 Illinois Original or Amended Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due. Under penalties of perjury, I declare the information on my electronic Form IL-1040 or IL-1040-X and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible. Sign here Your signature Spouse's signature (if joint return, both must sign) Step 5: Electronic return originator (ERO) and paid preparer declaration and signature I declare that I have examined this taxpayer's electronic Form IL-1040 or IL-1040-X, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete. 03/12/2024 Check if paid preparer: X (See instructions.) ERO's signature Date GLOBAL TAXES LLC Firm's name or your name if self-employed use 245 ROONEY CT 4 - 3 1 7 1 9 6 only Federal employer identification number (FEIN) Mailing address (678) 965-9522 E BRUNSWICK 08816

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.



Daytime phone number