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

| internal nevertue Service | - | |
|--|--|---|
| Submission Identification Number (SID) | | |
| Taxpayer's name | Social securit | y number |
| ANVESH REDDY CHANDUPATLA | 750-89- | -4862 |
| Spouse's name | | ial security number |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 (E | nter year you a | re authorizing) |
| Enter whole dollars only on lines 1 through 5. | inter year you a | e authorizing.) |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | |
| 1 Adjusted gross income | | 1 67,529. |
| 2 Total tax | | 2 5,116. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 10,638. |
| 4 Amount you want refunded to you | | 4 5,522. |
| 5 Amount you owe | | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get a | nd keep a cop | y of your return) |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tre 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 the 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 term 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 personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generation of 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 figure are entering your own PIN and your return is filed using the Practitioner PIN rebelow. | above are the amount ansmitter, or electron rejection of the tracker U.S. Treasury and the U.S. Treasury and the U.S. Treasury and the dependent of the tracker of the payment of the payment. I furted I am now authorized the payment of the payment | counts from the income tax onic return originator (ERO) ansmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This account. To revoke (cancel) as received no later than 2 the electronic payment of the racknowledge that the zing and, if applicable, my 4 8 6 2 er five digits, but as my as my check this box only |
| Your signature ► Date | > | |
| Spouse's PIN: check one box only | | |
| • _ | rata may DINI | |
| I authorize to enter or generated to e | | er five digits, but |
| signature on the income tax return (original or amended) I am now authorizing. | | i't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below. | | |
| Spouse's signature ▶ Date | | |
| Practitioner PIN Method Returns Only—continue be | | |
| Part III Certification and Authentication — Practitioner PIN Method Only | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 | | 6 0 8 2 7 1 er all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incommunity authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers | submitting this retu | rn in accordance with the |
| ERO's signature ▶ Date | • | |
| FRO Must Retain This Form — See Instruction | | |

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

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

| | | | | | | 0.11.2 . 10.1 10.10 | | o, 50 | | - o. o.ap.oo opaco. |
|--|----------------------|---|-----------------|--------------------------|--------------|---------------------|-------------------|-----------|---------------|---|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ding | | , 20 | See | e sepa | arate instructions. |
| Your first name | and m | iddle initial | Last na | ame | | | | You | ur soci | ial security number |
| ANVESH 1 | REDD' | Y | CHAI | NDUPATLA | | | | 7. | 50 | 89 4862 |
| If joint return, s | pouse's | s first name and middle initial | Last na | ame | | | | Spo | use's | social security number |
| | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruct | ions. | | | Apt. no. | Pre | sident | tial Election Campaign |
| | 11518 OAKHAMPTON WAY | | | | | | | | | ere if you, or your |
| City, town, or p | oost offi | ice. If you have a foreign address, also co | mplete | spaces below. | Stat | te | ZIP code | | | filing jointly, want \$3 his fund. Checking a |
| MATTHEWS | | | | | NC | | 28105 | box | k belov | w will not change |
| Foreign country name Foreign province/state/county Foreign postal code | | | | | ode you | ır tax c | or refund. | | | |
| | | <u></u> | | | | | | | | You Spouse |
| Filing Status | SK | Single | | . , | | | ousehold (HOF | 1) | | |
| Check only | L | Married filing jointly (even if only or | ne had | income) | | П с .;; . | | (00) | 3 \ | |
| one box. | L. | Married filing separately (MFS) | | -f | | | surviving spou | | | |
| | | you checked the MFS box, enter the lalifying person is a child but not you | | | u cne | cked the HOF | 1 or QSS box, 6 | enter the | e child | is name if the |
| | | amying person is a crind but not you | и чере | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rece | | | | | - | | sell, | |
| Assets | | nange, or otherwise dispose of a digi | | | | | et)? (See instruc | tions.) | | ☐ Yes ⊠ No |
| Standard | _ | neone can claim: You as a de | • | • | | a dependent | | | | |
| Deduction | <u> </u> | Spouse itemizes on a separate return | n or yo | u were a dual-status | alien | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | Are blind Spo | ouse: | Was bor | n before Janua | ry 2, 19 | 59 | ☐ Is blind |
| Dependent | s (see | instructions): | | (2) Social security | , | (3) Relationsh | ip (4) Check th | ne box if | qualifie | es for (see instructions): |
| If more | (1) F | irst name Last name | | number | | to you | Child to | ax credit | С | redit for other dependents |
| than four | | | | | | | | | | |
| dependents, see instruction | s | | | | | | L | | | |
| and check | · — | | | | | | L | | \rightarrow | |
| here L | | | | | | | | | ot | |
| Income | 1a | Total amount from Form(s) W-2, be | • | • | | | | | 1a | 83,553. |
| Attach Form(s) | | Household employee wages not re | - | | | | | | 1b | |
| W-2 here. Also attach Forms | C | Tip income not reported on line 1a | | | | | | | 1c | |
| W-2G and | d | Medicaid waiver payments not rep | | . , | nstru | ctions) | | | 1d | |
| 1099-R if tax | e £ | Taxable dependent care benefits f Employer-provided adoption bene | | • | | | | | 1e | |
| was withheld. If you did not | f | | | · | | | | | 1f | |
| get a Form | g h | Wages from Form 8919, line 6. Other earned income (see instructi | ione) | | | | | | 1g 1h | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | , | | • • | | 1 | | 111 | · · |
| instructions. | z | Add lines 1a through 1h | 300 1113 | | | | | | 1z | 83,553. |
| Attach Sch. B | | | 2a | | b Ta | axable interest | · · · · · | | 2b | |
| if required. | 3a | ' | 3a | | | rdinary divider | | | 3b | |
| | 4a | | 4a | | | axable amoun | | | 4b | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | b Ta | axable amoun | t | | 5b | |
| Single or | 6a | Social security benefits | 6a | | b Ta | axable amoun | t | | 6b | |
| Married filing separately, | С | If you elect to use the lump-sum e | lection | method, check here | (see i | instructions) | | . 🗆 | | |
| \$13,850 | 7 | Capital gain or (loss). Attach Schee | dule D | if required. If not requ | uired, | check here | | | 7 | |
| Married filing jointly or | 8 | Additional income from Schedule | 1, line 1 | 0 | | | | | 8 | -16,024. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | , and 8. | This is your total inc | come | | | | 9 | 67,529. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | 10 | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | s your a | djusted gross incor | me | | | | 11 | 67 , 529. |
| \$20,800 If you checked | 12 | Standard deduction or itemized | deduc | tions (from Schedule | A) | | | | 12 | 13,850. |
| any box under Standard | 13 | Qualified business income deducti | ion fror | n Form 8995 or Form | 899 | 5-A | | | 13 | |
| Deduction, | 14 | Add lines 12 and 13 | | | | | | | 14 | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or les | ss, enter -0 This is y | our t | axable incom | ne | | 15 | 53 , 679. |

| orm 1040 (2023 | | - () () () () () () () () () (| T | Page |
|--|-----|---|---------|---------|
| ax and | 16 | Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🗌 | 16 | 7,116. |
| redits | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 7,116. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 2,000. |
| | 21 | Add lines 19 and 20 | 21 | 2,000. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 5,116. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 5,116. |
| ayments | 25 | Federal income tax withheld from: | | |
| | а | Form(s) W-2 | | |
| | b | Form(s) 1099 | | |
| | С | Other forms (see instructions) | | |
| | d | Add lines 25a through 25c | 25d | 10,638. |
| ou have a | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| lifying child, | 27 | Earned income credit (EIC) | | |
| ch Sch. EIC. | 28 | Additional child tax credit from Schedule 8812 | | |
| | 29 | American opportunity credit from Form 8863, line 8 29 | | |
| | 30 | Reserved for future use | | |
| | 31 | Amount from Schedule 3, line 15 | | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 10,638. |
| efund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 5,522. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | 35a | 5,522. |
| ect deposit? | b | Routing number 0 5 3 0 0 0 1 9 6 c Type: X Checking Savings | | |
| e instructions. | d | Account number 2 3 7 0 3 9 1 9 4 7 9 2 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | | |
| mount ou Owe | 37 | Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions | 37 | |
| J. J | 38 | Estimated tax penalty (see instructions) | | |
| nird Party | Do | you want to allow another person to discuss this return with the IRS? See structions | nelow. | ⊠ No |
| esignee | | signee's Phone Personal identif | | - 3 110 |
| | nar | | ioation | |

| See instructions. Keep a copy for your records. | Spouse's signat | ure. If a joint return, I | ooth must sign. | Date | Spouse's occupation | | | | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | | |
|---|---------------------|---------------------------|-------------------|---------------|---------------------|--------|------------------|----|---|-------------------------|--|--|
| | Phone no. | (551) 263-651 | 6 | Email address | ANVES | н.јв@ | GMAIL.COM | | | | | |
| Daid | Preparer's name | 9 | Preparer's signat | ture | | | Date | PT | ΊΝ | Check if: | | |
| Proporor | SYAM PRIYA RAM S | SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA 7 | TALLAM | 02/02/2024 | P0 | 2082703 | Self-employed | | |
| Preparer | Firm's name | GLOBAL TA | XES LLC | | | | | | Phone no. | (678) 965-9522 | | |
| Use Only | Firm's address | 245 ROONE | Y CT E BRU | NSWICK N | J 0881 | .6 | | | Firm's EIN | 84-3171965 | | |
| Go to www.irs.go | v/Form1040 for inst | ructions and the late | st information. | | BAA | | REV 01/27/24 PRO | | | Form 1040 (2023) | | |
| | | | | | | | | | | | | |

Your occupation

SOFTWARE ENGINEER

Date

Your signature

Joint return?

If the IRS sent you an Identity Protection PIN, enter it here

(see inst.)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ANVESH REDDY CHANDUPATLA 750-89-4862

| Par | t Additional Income | | | |
|-----|---|--------------------|----|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E . | 5 | -16,024. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (|) | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | |
| е | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| 1 | Income from the rental of personal property if you engaged in the rental | | | |
| | for profit but were not in the business of renting such property | 81 | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | |
| | instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| 0 | Section 951A(a) inclusion (see instructions) | 80 | | |
| р | Section 461(I) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | |
| | 1040, line 1a or 1d | 8s (|) | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | |
| | a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| Z | Other income. List type and amount: | | | |
| | | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income. Enter | r here and on Form | | |
| | 1040. 1040-SR. or 1040-NR. line 8 | | 10 | -16,024. |

Page 2 Schedule 1 (Form 1040) 2023

| Par | Adjustments to Income | | | |
|-----|---|---------------------|---------|----------------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | -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 | • | | |
| 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 | | | |
| | | 24b | | |
| С | | 24c | | |
| d | · · · · · · · · · · · · · · · · · · · | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade | | | |
| • | ' | 24e | | |
| f | - | 24f | | |
| g | | 24g | | |
| _ | Attorney fees and court costs for actions involving certain unlawful | | | |
| | | 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 | | | |
| | F | 24i | | |
| j | | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | | 24k | | |
| Z | Other adjustments. List type and amount: | | | |
| | | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . Enter here and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | BAA | REV 01/27/24 PRO | Schedul | e 1 (Form 1040) 2023 |

SCHEDULE 3 (Form 1040)

Department of the Treasury

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Internal Revenue Service Go to www.irs.gov/Fo
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ANVESH REDDY CHANDUPATLA

Your social security number 750-89-4862

| Par | t I Nonrefundable Credits | | | |
|-----|--|----|----|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441 Form 2441 | | 2 | |
| 3 | Education credits from Form 8863, line 19 | | 3 | 2,000. |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32 | , | 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 10 1040-NR, line 20 | | 8 | 2,000. |

(continued on page 2)

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

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

| ANVE | ESH REDDY CHANDUPATLA | | | | | | 750-8 | 9-4862 | |
|------------|--|-------------|----------|-------------|---------|-------------------|--------------|--------|----------|
| Part | Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4 | perty, use | | e C. See | instru | ctions. If you | | | |
| | Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions | | | | | | | | |
| | Physical address of each property (street, city, state, | | | | | | | | |
| | | | <u> </u> | | | | | | |
| _ <u>A</u> | VINAYAKA NAGAR LANE -4 HANAMKONDA, WA | ARANGAI | L TELA | NGANA | IN | 506001 | | | |
| B C | | | | | | | | | |
| | Torright Department of Departm | | LI | | | in Donatal | D | -111 | |
| 1b | Type of Property (from list below) 2 For each rental real estate program above, report the number of f | | | | Fa | ir Rental Days | Person Da | | QJV |
| Α | personal use days. Check the | QJV box | k only | Α | | 362 | | 0 | |
| В | if you meet the requirements | to file as | а | В | | | | | |
| С | qualified joint venture. See ins | structions | 3. | С | | | | | |
| Туре | of Property: | | | | | | | | , |
| | Single Family Residence 3 Vacation/Short-Term F | Rental | 5 Land | | | Self-Rental | | | |
| 2 | Multi-Family Residence 4 Commercial | | 6 Roy | alties | 8 | Other (desc | cribe) | | |
| | | | | | | Propert | ies: | | |
| Incon | ne: | | | Α | | В | | | С |
| 3 | Rents received | 3 | | 6 | 50. | | | | |
| 4 | Royalties received | 4 | | | | | | | |
| Expe | | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,5 | 12. | | | | |
| 8 | Commissions | 8 | | | | | | | |
| 9 | Insurance | 9 | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | |
| 11 | Management fees | 11 | | 1,1 | 25. | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions | · - | | | | | | | |
| 13 | Other interest | 13 | | | | | | | |
| 14 | Repairs | 14 | | 3,9 | | | | | |
| 15 | Supplies | 15 | | 3,6 | 50. | | | | |
| 16 | Taxes | 16 | | 1 0 | E 6 | | | | |
| 17 | Utilities | 17 | | 1,8 4,5 | | | | | |
| 18 19 | Othor (list) | 10 | | 4,5 | 00. | | | | |
| 20 | Total expenses. Add lines 5 through 19 | | | 16,6 | 7.4 | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). | | | 10,0 | /4. | | | | |
| 21 | result is a (loss), see instructions to find out if you mu | | | | | | | | |
| | file Form 6198 | 21 | | -16,0 | 24. | | | | |
| 22 | Deductible rental real estate loss after limitation, if an | _ | | | | | | | |
| | on Form 8582 (see instructions) | 22 | (| 16,02 | 4.) | (|) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental pro | perties | | | 23a | | 650. | | |
| b | Total of all amounts reported on line 4 for all royalty pr | | | | 23b | | | | |
| С | Total of all amounts reported on line 12 for all properti | ies | | | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properti | | | | 23d | | 4,566. | | |
| е | Total of all amounts reported on line 20 for all properti | | | | 23e | 1 | 6,674. | | |
| 24 | Income. Add positive amounts shown on line 21. Do | | - | | | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real es | | | | | | | (| 16,024.) |
| 26 | Total rental real estate and royalty income or (loss | | | | | | | | |
| | here. If Parts II, III, and IV, and line 40 on page 2 do | | | | | | 1 | | 16 024 |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this | o arriuuril | נוופ נכ | nai UII III | 115 4 1 | on paye 2 | . 26 | | -16,024. |

Form **8863**

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

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

2023

Attachment Sequence No. 50

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

ANVESH REDDY CHANDUPATLA

750 89 4862

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| CA | UTI | ON |

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

| Part | Refundable American Opportunity Credit | | | | | |
|----------|---|---------|---------|------------------|----------|-----------------------|
| 1 | After completing Part III for each student, enter the total of all amounts from all P | arts II | I, line | 30 | 1 | |
| 2 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | 2 | | | | |
| 3 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | 3 | | | | |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit | 4 | | | | |
| 5 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | 5 | | | _ | |
| 6 | If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 | | | | | |
| | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places) | | | } | 6 | |
| 7 | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box | an op | portu | nity credit; | 7 | |
| 8 | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below. | | | | 8 | |
| Part | | | | | | |
| 9 | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet | (see | instru | ictions) . | 9 | |
| 10 | After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 | | | | 10 | 11,286. |
| 11 12 | Enter the smaller of line 10 or \$10,000 | | | | 11 12 | 10,000. 2,000. |
| 13 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse | 13 | | 90,000. | _ | |
| 14 | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead | 14 | | 67 , 529. | | |
| 15 | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 | 15 | | 22,471. | | |
| 16 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse | 16 | | 10,000. | _ | |
| 17 | If line 15 is: | | | , | | |
| | • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 | | | | 17 | 1 000 |
| | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roundleast three places) | | | | 17 | 1.000 |
| 18 | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet | • | | | 18 | 2,000. |
| 19 | Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3 | | | • | 19 | 2,000. |

Name(s) shown on return
ANVESH REDDY CHANDUPATLA

Your social security number
750 89 4862



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

| Daw | III Charlent and Educational Institution Information | - Can instructions | | | | |
|------|--|---|--|--|--|--|
| Par | | | | | | |
| 20 | Student name (as shown on page 1 of your tax return) | 21 Student social security number (as shown as the state of the state | wn on page 1 of | | | |
| | ANVESH REDDY | your tax return) | | | | |
| | CHANDUPATLA | 750-89-4862 | | | | |
| | Educational institution information (see instructions) | | | | | |
| а | Name of first educational institution | b. Name of second educational institution | (if any) | | | |
| | UNIVERSITY OF THE CUMBERLANDS | (1) 411 11 11 11 11 11 11 | | | | |
| (| Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. | (1) Address. Number and street (or P.O. l post office, state, and ZIP code. If a for instructions. | | | | |
| | 6188 COLLEGE STATION DRIVE | | | | | |
| | WILLIAMSBURG KY 40769 | | | | | |
| (| 2) Did the student receive Form 1098-T | (2) Did the student receive Form 1098-T from this institution for 2023? | ☐ Yes ☐ No | | | |
| (; | B) Did the student receive Form 1098-T from this institution for 2022 with box ✓ Yes ✓ No 7 checked? | (3) Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? | ☐ Yes ☐ No | | | |
| (4 | 1) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. | if you're claiming the American opportunity credit | | | | |
| | 61-0470593 | | | | | |
| 23 | Has the American opportunity credit been claimed for this student for any 4 prior tax years? | Yes — Stop! Go to line 31 for this student. No — 0 | Go to line 24. | | | |
| 24 | Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. | | Stop! Go to line 31 student. | | | |
| 25 | Did the student complete the first 4 years of postsecondary education before 2023? See instructions. | Yes — Stop! Go to line 31 for this student. No — 0 | Go to line 26. | | | |
| 26 | Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance? | | Complete lines 27 n 30 for this student. | | | |
| CAUT | You can't take the American opportunity credit and the lines you complete lines 27 through 30 for this student, don't | | the same year. If | | | |
| | American Opportunity Credit | | | | | |
| 27 | Adjusted qualified education expenses (see instructions). Dor | n't enter more than \$4,000 2 | 7 | | | |
| 28 | Subtract \$2,000 from line 27. If zero or less, enter -0 | | 8 | | | |
| 29 | Multiply line 28 by 25% (0.25) | | 9 | | | |
| 30 | If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f | | 0 | | | |
| | Lifetime Learning Credit | | | | | |
| 31 | Adjusted qualified education expenses (see instructions). Incl | ude the total of all amounts from all Parts | 11 286 | | | |