

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/15/2024**

# 2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,963. |
|--|--------|

REV 02/16/24 PRO 1555

781-68-8398                      716-29-5787  
HARISH REDDY THUMU  
KAVYA MANDADI  
4750 E UNION HILLS DR    APT 2067  
PHOENIX AZ 85050

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

781688398 CX THUM 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **06/17/2024**

# 2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | 1,963. |
|--|--------|

REV 02/16/24 PRO 1555

781-68-8398                      716-29-5787  
HARISH REDDY THUMU  
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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **09/16/2024**

# 2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax<br>you are paying by check<br>or money order.....▶ | 1,963. |
|--|--------|

REV 02/16/24 PRO 1555

781-68-8398                      716-29-5787  
HARISH REDDY THUMU  
KAVYA MANDADI  
4750 E UNION HILLS DR    APT 2067  
PHOENIX AZ 85050

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

781688398 CX THUM 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **01/15/2025**

# 2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

|  |        |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,963. |
|--|--------|

REV 02/16/24 PRO 1555

781-68-8398                      716-29-5787  
HARISH REDDY THUMU  
KAVYA MANDADI  
4750 E UNION HILLS DR    APT 2067  
PHOENIX AZ 85050

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

781688398 CX THUM 30 0 202412 430

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                       |  |
|---------------------------------------|--|
| Taxpayer's name<br>HARISH REDDY THUMU | Social security number<br>781-68-8398          |
| Spouse's name<br>KAVYA MANDADI        | Spouse's social security number<br>716-29-5787 |

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |          |
|---|---|----------|
| 1 Adjusted gross income . . . . .   | 1 | 256,434. |
| 2 Total tax . . . . .   | 2 | 42,172.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 38,540.  |
| 4 Amount you want refunded to you . . . . .                               | 4 |          |
| 5 Amount you owe . . . . .  | 5 | 2,573.   |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 8 | 8 | 3 | 9 | 8 |
|---|---|---|---|---|

 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 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.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 5 | 7 | 8 | 7 |
|---|---|---|---|---|

 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 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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

| IF you live in...  | THEN use this address to send in your payment...                         |
|--|--|
| Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas  | Internal Revenue Service<br>P.O. Box 1214<br>Charlotte, NC 28201-1214    |
| Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin              | Internal Revenue Service<br>P.O. Box 931000<br>Louisville, KY 40293-1000 |
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming   | Internal Revenue Service<br>P.O. Box 802501<br>Cincinnati, OH 45280-2501 |
| A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands | Internal Revenue Service<br>P.O. Box 1303<br>Charlotte, NC 28201-1303    |

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

**2023**

# Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

|  |               |
|--|---------------|
| Enter the amount of your payment . . . . . ▶ | <b>2,573.</b> |
|--|---------------|

REV 02/16/24 PRO 1555

HARISH REDDY THUMU  
 KAVYA MANDADI  
 4750 E UNION HILLS DR 2067  
 PHOENIX AZ 85050

INTERNAL REVENUE SERVICE  
 P.O. BOX 802501  
 CINCINNATI, OH 45280-2501

781688398 CX THUM 30 0 202312 610

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial HARISH REDDY Last name THUMU Your social security number 781 68 8398

If joint return, spouse's first name and middle initial KAVYA Last name MANDADI Spouse's social security number 716 29 5787

Home address (number and street). If you have a P.O. box, see instructions. 4750 E UNION HILLS DR Apt. no. 2067 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. PHOENIX State AZ ZIP code 85050 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 41,659. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 41,659. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 41,659. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 513.    |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 42,172. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 38,540. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> | 0.      |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 38,540. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> NO  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  | 1,059.  |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  | 1,059.  |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 39,599. |

|                                      |            |  |            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|--------------------------------------|------------|--|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | <b>34</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>  | <b>35a</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X          | X | X | X | X | X | X | X | X | X |   |   |   |   |   |   |  |  |
| X                                    | X          | X  | X          | X | X | X | X | X | X |   |   |   |   |   |   |   |   |   |  |  |
|                                      | <b>d</b>   | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>                       | X          | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |  |  |
| X                                    | X          | X  | X          | X | X | X | X | X | X | X | X | X | X | X | X |   |   |   |  |  |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>   | <b>36</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

|                       |           |   |           |        |
|-----------------------|-----------|---|-----------|--------|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> | 2,573. |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |        |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

|                 |           |                                      |
|-----------------|-----------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
|-----------------|-----------|--------------------------------------|

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |  |  |   |
|---|--|--|---|
| Your signature  | Date                                     | Your occupation<br>SOFTWARE ENGINEER     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                     | Spouse's occupation<br>SOFTWARE ENGINEER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (660) 238-1654                                      | Email address HARISHREDDYTHUMU@GMAIL.COM |  |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/29/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN 84-3171965                               |



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HARISH REDDY THUMU & KAVYA MANDADI

Your social security number  
781-68-8398

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  | -43,149. |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  |          |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -43,149. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |            |
|------------|--|------------|------------|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |
| <b>24</b>  | Other adjustments:   |            |            |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |
| <b>i</b>   | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . . | <b>24i</b> |            |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HARISH REDDY THUMU & KAVYA MANDADI

Your social security number  
781-68-8398

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .   | <b>4</b>  |      |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .   | <b>5</b>  |      |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .   | <b>6</b>  |      |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .  | <b>7</b>  |      |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.<br>If not required, check here <input type="checkbox"/> . . . . . | <b>8</b>  |      |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .   | <b>9</b>  |      |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .  | <b>10</b> |      |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .   | <b>11</b> | 437. |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .   | <b>12</b> | 76.  |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                             | <b>13</b> |      |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .  | <b>14</b> |      |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                       | <b>15</b> |      |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .  | <b>16</b> |      |

(continued on page 2)

**Part II Other Taxes** *(continued)*

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
HARISH REDDY THUMU & KAVYA MANDADI

Your social security number  
781-68-8398

**Part I Nonrefundable Credits**

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .  |           | <b>1</b>  |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          |           | <b>2</b>  |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .   |           | <b>3</b>  |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       |           | <b>4</b>  |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .   |           | <b>5a</b> |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                |           | <b>5b</b> |
| <b>6</b>  | Other nonrefundable credits:  |           |           |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .   | <b>6a</b> |           |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .   | <b>6b</b> |           |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .   | <b>6c</b> |           |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .   | <b>6d</b> |           |
| <b>e</b>  | Reserved for future use . . . . .   | <b>6e</b> |           |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .  | <b>6f</b> |           |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .  | <b>6g</b> |           |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |           |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .   | <b>6i</b> |           |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |           |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .   | <b>6k</b> |           |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .  | <b>6l</b> |           |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |           |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____<br>_____   | <b>6z</b> |           |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      |           | <b>7</b>  |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . |           | <b>8</b>  |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |           |        |
|-----------|--|------------|-----------|--------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   |            | <b>9</b>  |        |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        |            | <b>10</b> |        |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      |            | <b>11</b> | 1,059. |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  |            | <b>12</b> |        |
| <b>13</b> | Other payments or refundable credits:  |            |           |        |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |           |        |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |           |        |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |           |        |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |           |        |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br><br>_____                           | <b>13z</b> |           |        |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    |            | <b>14</b> |        |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . |            | <b>15</b> | 1,059. |

**SCHEDULE B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Interest and Ordinary Dividends**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **08**

Name(s) shown on return

HARISH REDDY THUMU & KAVYA MANDADI

Your social security number

781-68-8398

**Part I  
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

DISCOVER BANK  
DISCOVER BANK

**Amount**

755.  
824.

**1**

**2** Add the amounts on line 1 . . . . .  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

1,579.  
  
1,579.

**2**

**3**

**4**

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II  
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer: VANGUARD MARKETING CORPORATION  
ROBINHOOD SECURITIES LLC

424.  
2.

**5**

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

426.

**6**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

**7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: \_\_\_\_\_

**8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

| Yes | No |
|-----|----|
|     | X  |
|     |    |
|     |    |
|     | X  |

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.  
Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.**

|  |  |   |
|--|--|---|
| Name of proprietor<br><b>KAVYA MANDADI</b>   |  | Social security number (SSN)<br>716-29-5787 |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br>SOFTWARE SERVICES  | <b>B</b> Enter code from instructions<br>5 1 9 2 0 0 |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br>MANDADI SOFTWARE SERVICES  | <b>D</b> Employer ID number (EIN) (see instr.)       |   |
| <b>E</b> Business address (including suite or room no.) 4750 E UNION HILLS DR , Apt. 2067<br>City, town or post office, state, and ZIP code PHOENIX, AZ 85050  |  |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____   |  |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <b>H</b> If you started or acquired this business during 2023, check here <input type="checkbox"/>   |  |   |
| <b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |  |   |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |

**Part I Income**

|   |          |  |
|---|----------|--|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | <b>1</b> |  |
| <b>2</b> Returns and allowances   | <b>2</b> |  |
| <b>3</b> Subtract line 2 from line 1  | <b>3</b> |  |
| <b>4</b> Cost of goods sold (from line 42)  | <b>4</b> |  |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3   | <b>5</b> |  |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | <b>6</b> |  |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6   | <b>7</b> |  |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|   |            |        |   |            |  |
|---|------------|--------|---|------------|--|
| <b>8</b> Advertising  | <b>8</b>   |        | <b>18</b> Office expense (see instructions)                             | <b>18</b>  |  |
| <b>9</b> Car and truck expenses (see instructions)  | <b>9</b>   | 3,249. | <b>19</b> Pension and profit-sharing plans                              | <b>19</b>  |  |
| <b>10</b> Commissions and fees  | <b>10</b>  |        | <b>20</b> Rent or lease (see instructions):                             | <b>20a</b> |  |
| <b>11</b> Contract labor (see instructions)   | <b>11</b>  |        | <b>a</b> Vehicles, machinery, and equipment                             | <b>20b</b> | 22,150.  |
| <b>12</b> Depletion   | <b>12</b>  |        | <b>b</b> Other business property  | <b>21</b>  |  |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | <b>13</b>  |        | <b>21</b> Repairs and maintenance                                       | <b>22</b>  |  |
| <b>14</b> Employee benefit programs (other than on line 19)   | <b>14</b>  |        | <b>22</b> Supplies (not included in Part III)                           | <b>23</b>  |  |
| <b>15</b> Insurance (other than health)   | <b>15</b>  |        | <b>23</b> Taxes and licenses  | <b>24</b>  |  |
| <b>16</b> Interest (see instructions):  | <b>16a</b> |        | <b>24</b> Travel and meals:   | <b>24a</b> | 4,500.   |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16b</b> |        | <b>a</b> Travel   | <b>24b</b> | 3,115.   |
| <b>b</b> Other  | <b>17</b>  |        | <b>b</b> Deductible meals (see instructions)                            | <b>25</b>  | 4,200.   |
| <b>17</b> Legal and professional services   | <b>17</b>  |        | <b>25</b> Utilities   | <b>26</b>  |  |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b   | <b>28</b>  |        | <b>26</b> Wages (less employment credits)                               | <b>27a</b> | 5,935.   |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7  | <b>29</b>  |        | <b>27a</b> Other expenses (from line 48)                                | <b>27b</b> |  |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30   | <b>30</b>  |        | <b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205) | <b>28</b>  | 43,149.  |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  |        | <b>29</b>   | <b>31</b>  | -43,149.   |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | <b>32a</b> |        | <b>31</b>   | <b>32a</b> | <input checked="" type="checkbox"/> All investment is at risk. |
|   | <b>32b</b> |        |   | <b>32b</b> | <input type="checkbox"/> Some investment is not at risk.       |



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  **Yes**     **No**

|   |           |  |
|---|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .                                      | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .  | <b>38</b> |  |
| <b>39</b> Other costs . . . . .   | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .   | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .  | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> |  |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 05/19/2019

**44** Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

**a** Business 4,960    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 1,590

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

|   |           |        |
|---|-----------|--------|
| Furniture   |           | 290.   |
| BACK OFFICE EXPENSES  |           | 5,645. |
|   |           |        |
|   |           |        |
|   |           |        |
|   |           |        |
|   |           |        |
|   |           |        |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 5,935. |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.  
Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return

HARISH REDDY THUMU & KAVYA MANDADI

Your social security number

781-68-8398

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   |                                  |                                 |   |   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b>  |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

|   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 20.                              | 33.                             |  | -13.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> -13.  |

**Part III Summary**

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -13.    |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |         |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |         |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |         |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |         |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                             |           |         |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 13. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |         |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |         |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
 HARISH REDDY THUMU & KAVYA MANDADI

Social security number or taxpayer identification number  
 781-68-8398

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|--|--|--|--|--------------------------------|--|
|                  |  |   |  |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | ROBINHOOD SECURITIES LLC   | 01/01/22                                | 12/31/23   | 20.  | 33.  |  |                                | -13.   |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
|                  |  |   |  |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . |   |  | 20.  | 33.  |  |                                | -13.   |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**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](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
716-29-5787

KAVYA MANDADI

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .   | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| <b>2</b>  | 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 . . . . .                        | <b>2</b> 0.   |
| <b>3</b>  | 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 . . . . . | <b>3</b> 7,750.   |
| <b>4</b>  | 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 . . . . .                                       | <b>4</b> 0.   |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b> 7,750.   |
| <b>6</b>  | 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 . . . . .   | <b>6</b> 7,750.   |
| <b>7</b>  | 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 . . . . .   | <b>7</b>  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | <b>8</b> 7,750.   |
| <b>9</b>  | Employer contributions made to your HSAs for 2023 . . . . .  | <b>9</b> 2,200.   |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | <b>10</b>   |
| <b>11</b> | Add lines 9 and 10 . . . . .   | <b>11</b> 2,200.  |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b> 5,550.  |
| <b>13</b> | <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.  | <b>13</b> 0.  |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|            |  |            |
|------------|--|------------|
| <b>14a</b> | Total distributions you received in 2023 from all HSAs (see instructions) . . . . .  | <b>14a</b> |
| <b>b</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 . . . . . | <b>14b</b> |
| <b>c</b>   | Subtract line 14b from line 14a . . . . .  | <b>14c</b> |
| <b>15</b>  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | <b>15</b>  |
| <b>16</b>  | <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 . . . . .  | <b>16</b>  |
| <b>17a</b> | 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 . . . . . <input type="checkbox"/>  |            |
| <b>b</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 . . . . .                  | <b>17b</b> |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |  |           |
|-----------|--|-----------|
| <b>18</b> | Last-month rule . . . . .  | <b>18</b> |
| <b>19</b> | Qualified HSA funding distribution . . . . .   | <b>19</b> |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | <b>20</b> |
| <b>21</b> | <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 . . . . . | <b>21</b> |

## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

HARISH REDDY THUMU & KAVYA MANDADI

Your taxpayer identification number

781-68-8398

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1   | (a) Trade, business, or aggregation name  | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i   |   |                                    |   |
| ii  |   |                                    |   |
| iii |   |                                    |   |
| iv  |   |                                    |   |
| v   |   |                                    |   |
| 2   | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)  | 2                                  |   |
| 3   | Qualified business net (loss) carryforward from the prior year  | 3                                  | ( )                                     |
| 4   | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-  | 4                                  |   |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20)  |                                    | 5                                       |
| 6   | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)  | 6                                  | 26.                                     |
| 7   | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year  | 7                                  | ( )                                     |
| 8   | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-  | 8                                  | 26.                                     |
| 9   | REIT and PTP component. Multiply line 8 by 20% (0.20)   |                                    | 5.                                      |
| 10  | Qualified business income deduction before the income limitation. Add lines 5 and 9   |                                    | 5.                                      |
| 11  | Taxable income before qualified business income deduction (see instructions)  | 11                                 | 228,734.                                |
| 12  | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)  | 12                                 | 394.                                    |
| 13  | Subtract line 12 from line 11. If zero or less, enter -0-   | 13                                 | 228,340.                                |
| 14  | Income limitation. Multiply line 13 by 20% (0.20)   |                                    | 45,668.                                 |
| 15  | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) |                                    | 5.                                      |
| 16  | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-  |                                    | ( 0. )                                  |
| 17  | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-  |                                    | ( 0. )                                  |

### Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.  
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.  
 Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

HARISH REDDY THUMU & KAVYA MANDADI

Your social security number

781-68-8398

**Part I Additional Medicare Tax on Medicare Wages**

|  |          |          |  |         |
|--|----------|----------|--|---------|
| <b>1</b> Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . . | <b>1</b> | 298,553. |  |         |
| <b>2</b> Unreported tips from Form 4137, line 6 . . . . .  | <b>2</b> |          |  |         |
| <b>3</b> Wages from Form 8919, line 6 . . . . .  | <b>3</b> |          |  |         |
| <b>4</b> Add lines 1 through 3 . . . . .   | <b>4</b> | 298,553. |  |         |
| <b>5</b> Enter the following amount for your filing status:  |          |          |  |         |
| Married filing jointly . . . . . \$250,000   |          |          |  |         |
| Married filing separately . . . . . \$125,000  |          |          |  |         |
| Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000  | <b>5</b> | 250,000. |  |         |
| <b>6</b> Subtract line 5 from line 4. If zero or less, enter -0- . . . . .   | <b>6</b> |          |  | 48,553. |
| <b>7</b> Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .                    | <b>7</b> |          |  | 437.    |

**Part II Additional Medicare Tax on Self-Employment Income**

|  |           |  |  |  |
|--|-----------|--|--|--|
| <b>8</b> Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- . . . . .                   | <b>8</b>  |  |  |  |
| <b>9</b> Enter the following amount for your filing status:  |           |  |  |  |
| Married filing jointly . . . . . \$250,000   |           |  |  |  |
| Married filing separately . . . . . \$125,000  |           |  |  |  |
| Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000  | <b>9</b>  |  |  |  |
| <b>10</b> Enter the amount from line 4 . . . . .   | <b>10</b> |  |  |  |
| <b>11</b> Subtract line 10 from line 9. If zero or less, enter -0- . . . . .   | <b>11</b> |  |  |  |
| <b>12</b> Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | <b>12</b> |  |  |  |
| <b>13</b> Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . . | <b>13</b> |  |  |  |

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

|  |           |  |  |  |
|--|-----------|--|--|--|
| <b>14</b> Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .                                       | <b>14</b> |  |  |  |
| <b>15</b> Enter the following amount for your filing status:   |           |  |  |  |
| Married filing jointly . . . . . \$250,000   |           |  |  |  |
| Married filing separately . . . . . \$125,000  |           |  |  |  |
| Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000  | <b>15</b> |  |  |  |
| <b>16</b> Subtract line 15 from line 14. If zero or less, enter -0- . . . . .  | <b>16</b> |  |  |  |
| <b>17</b> Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . . | <b>17</b> |  |  |  |

**Part IV Total Additional Medicare Tax**

|  |           |  |  |      |
|--|-----------|--|--|------|
| <b>18</b> Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V . . . . . | <b>18</b> |  |  | 437. |
|--|-----------|--|--|------|

**Part V Withholding Reconciliation**

|   |           |          |  |    |
|---|-----------|----------|--|----|
| <b>19</b> Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .   | <b>19</b> | 4,329.   |  |    |
| <b>20</b> Enter the amount from line 1 . . . . .  | <b>20</b> | 298,553. |  |    |
| <b>21</b> Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .   | <b>21</b> | 4,329.   |  |    |
| <b>22</b> Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .   | <b>22</b> |          |  | 0. |
| <b>23</b> Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .   | <b>23</b> |          |  |    |
| <b>24</b> <b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) . . . . . | <b>24</b> |          |  | 0. |

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

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

HARISH REDDY THUMU & KAVYA MANDADI

Your social security number or EIN

781-68-8398

**Part I Investment Income**     Section 6013(g) election (see instructions)  
 Section 6013(h) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

|    |   |    |           |        |
|----|---|----|-----------|--------|
| 1  | Taxable interest (see instructions)   |    | <b>1</b>  | 1,579. |
| 2  | Ordinary dividends (see instructions)   |    | <b>2</b>  | 426.   |
| 3  | Annuities (see instructions)  |    | <b>3</b>  |        |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)          | 4a | -43,149.  |        |
| b  | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | 43,149.   |        |
| c  | Combine lines 4a and 4b   |    | <b>4c</b> | 0.     |
| 5a | Net gain or loss from disposition of property (see instructions)  | 5a | -13.      |        |
| b  | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)           | 5b |           |        |
| c  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | 5c |           |        |
| d  | Combine lines 5a through 5c   |    | <b>5d</b> | -13.   |
| 6  | Adjustments to investment income for certain CFCs and PFICs (see instructions)  |    | <b>6</b>  |        |
| 7  | Other modifications to investment income (see instructions)   |    | <b>7</b>  |        |
| 8  | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7  |    | <b>8</b>  | 1,992. |

**Part II Investment Expenses Allocable to Investment Income and Modifications**

|    |   |    |           |  |
|----|---|----|-----------|--|
| 9a | Investment interest expenses (see instructions)         | 9a |           |  |
| b  | State, local, and foreign income tax (see instructions) | 9b |           |  |
| c  | Miscellaneous investment expenses (see instructions)    | 9c |           |  |
| d  | Add lines 9a, 9b, and 9c                                |    | <b>9d</b> |  |
| 10 | Additional modifications (see instructions)             |    | <b>10</b> |  |
| 11 | Total deductions and modifications. Add lines 9d and 10 |    | <b>11</b> |  |

**Part III Tax Computation**

|                            |   |     |           |        |
|----------------------------|---|-----|-----------|--------|
| 12                         | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- |     | <b>12</b> | 1,992. |
| <b>Individuals:</b>        |   |     |           |        |
| 13                         | Modified adjusted gross income (see instructions)   | 13  | 256,434.  |        |
| 14                         | Threshold based on filing status (see instructions)   | 14  | 250,000.  |        |
| 15                         | Subtract line 14 from line 13. If zero or less, enter -0-   | 15  | 6,434.    |        |
| 16                         | Enter the smaller of line 12 or line 15   |     | <b>16</b> | 1,992. |
| 17                         | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                                |     | <b>17</b> | 76.    |
| <b>Estates and Trusts:</b> |   |     |           |        |
| 18a                        | Net investment income (line 12 above)   | 18a |           |        |
| b                          | Deductions for distributions of net investment income and charitable deductions (see instructions)  | 18b |           |        |
| c                          | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-   | 18c |           |        |
| 19a                        | Adjusted gross income (see instructions)  | 19a |           |        |
| b                          | Highest tax bracket for estates and trusts for the year (see instructions)  | 19b |           |        |
| c                          | Subtract line 19b from line 19a. If zero or less, enter -0-   | 19c |           |        |
| 20                         | Enter the smaller of line 18c or line 19c   |     | <b>20</b> |        |
| 21                         | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)                         |     | <b>21</b> |        |



**Additional Information From 2023 Federal Tax Return****Schedule C (SOFTWARE SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

| Description                   | Amount          |
|-------------------------------|-----------------|
| INTERNET(\$69.99P.M*12M)      | 839.88          |
| MOBILE (\$110P.M*12M)         | 1,320.          |
| ELECTRICITY<br>(\$120P.M*12M) | 1,440.          |
| GAS (\$50P.M*12M)             | 600.            |
| <b>Total</b>                  | <b>4,199.88</b> |