Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpay	er's name		Social securit	y numb	ber
NIT	HUSHA REDDY BADDAM		732-34-	-8166	5
Spouse	's name		Spouse's soci	ial secu	irity number
Par	Tax Return Information — Tax Year Ending December 31,	2023 (Enter	year you ai	re aut	thorizing.)
Enter	whole dollars only on lines 1 through 5.		<u> </u>		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			1	83,420.
2	Total tax			2	3,015.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	12,971.
4	Amount you want refunded to you			4	9,956.
5	Amount you owe			5	

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

Under penalties of periury. 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

4	8	1	6	6	as
Ent don	er fiv i't er	but ros	as		

my

ERO firm name 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

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 – Practit	ioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1				

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 🕨	
	ust Retain This Form — See Instructions his Form to the IRS Unless Requested To Do So	
For Denominant's Deduction Act Nation and vous to		Earm 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/04/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	oarate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
NITHUSHA	REI	אַסַר	BAD	DAM								8166
		s first name and middle initial	Last r									security number
										804	54	2164
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	vpt. no.			ection Campaign
1817 WRE	IN ST	TREET										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode			jointly, want \$3
NORTHLAK	Έ					ТХ	ζ	762	26			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		
											🗌 Yo	ou 🗌 Spouse
Filing Status	; [] Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only or	ne hac	l income)								
one box.	\mathbf{X}	Married filing separately (MFS)					Qualifying	surviv	ving spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or QS	SS box, ente	er the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depe	endent: N	MANOHAR RED	DY N	ANDIKONDA					
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a rewar	d award or	navr	ment for prope	rtv or	services): or	(b) sell		
Assets		ange, or otherwise dispose of a digi									∐ Ye	es 🛛 No
Standard		eone can claim: 🗌 You as a de					a dependent	, ,				
Deduction		Spouse itemizes on a separate retur	•		dual-status	alien						
Age/Blindness	You	: Were born before January 2, 1	959	Are b	lind Spc	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents				<u> </u>	Social security		(3) Relationsh		,			see instructions):
-		irst name Last name		(2)	number		to you		Child tax cred		Credit fo	r other dependents
lf more than four												\Box
dependents,												
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a		93,905.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructior	ıs)					. 1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	ictions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e		
was withheld.	f	Employer-provided adoption bene								. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instruction	,			• •	· · · · ·	· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))	•••	1 i					00.005
	<u>z</u>	Add lines 1a through 1h	·i		· · · ·	· ·		• •		. 1z	-	93,905.
Attach Sch. B if required.	2a	· · -	2a				axable interest			. 2b	-	
	<u>3a</u>		3a				ordinary divider			. <u>3b</u>	_	
Standard	4a -		4a				axable amoun			. 4b	-	
Deduction for –	5a		5a				axable amoun			. 5b	-	
 Single or Married filing 	6a	, _	6a				axable amoun	ι	· · ·	. 6b		
separately, \$13,850	c -	If you elect to use the lump-sum e				•	,	• •	· · · L			
 Married filing 	7	Capital gain or (loss). Attach Scher Additional income from Schedule						• •	L	7 . 8		-10,485.
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 8 . 9		83,420.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche						• •		. 9 . 10		05,420.
 Head of 	11	Subtract line 10 from line 9. This is						• •		. 11		83,420.
household, [\$20,800	12	Standard deduction or itemized	-	-	-					. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deduction					5-A			. 13	-	13,030.
Standard	14	Add lines 12 and 13								. 14	-	13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		ss, enter	-0 This is v	our I	taxable incom	 e .			1	69,570.
				-,					•			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	[1	6	10,614.
Credits	17	Amount from Schedule 2, lin	e3				1	7	
	18	Add lines 16 and 17					1	8	10,614.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9	
	20	Amount from Schedule 3, lin	ie8				2	20	7,599.
	21	Add lines 19 and 20					2	21	7,599.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2	3,015.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	3	0.
	24	Add lines 22 and 23. This is	your total tax				2	4	3,015.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 12	,971.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	5d	12,971.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		2	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	s, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits	3	2	
	33	Add lines 25d, 26, and 32. T					3	3	12,971.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	3	4	9,956.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗌 🖪	5a	9,956.
Direct deposit?	b	Routing number 1 1 1 1 0 0 0 0 2 5 c Type: X Checking Savings							
See instructions.	d	Account number 4 8 8 0 6 0 6 5 9 2 7 5 1							
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions		3	57	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		_	_
Designee	ins	tructions				🗌 Yes. Co	omplete belo	w. 🛛 🗙	No
	De: nar	signee's		Phone no.			onal identificat per (PIN)	on	
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	est of m	v knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent vo	ou an Identity
							Protectio	on PIN, e	enter it here
Joint return?					SOFTWARE ENGINEER		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			ur spouse an n PIN, enter it here
your records.							(see inst.		n Pin, enter it here
	Ph	one no. (660)238-132	Q	Email address	אדיינוופטאסדיי))M		
		one no. (660)238-132 eparer's name	o Preparer's signat	1	MIIIUSHAKED	DY93@GMAIL.CC		Ch	eck if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208270		Self-employed
Preparer		n's name GLOBAL TAX		TADAG INAN	GOLIY INTINU	05/12/2024		-	8)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's El		84-3171965
Go to www.ire.cr		1040 for instructions and the late		NDWICK IN				<u> </u>	Form 1040 (2023)
		noro for manuallons and the late	st mornation.		BAA	REV 03/04/24 PRO			1 Juni 1070 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NITHUSHA REDDY BADDAM 732-34-8166

Par	t I 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. Attach Schedule E .	5	-10,485.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 . . 8d)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I	Income from the rental of personal property if you engaged in the rental		
	for profit but were not in the business of renting such property 81		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)		
n	Section 951(a) inclusion (see instructions)		
ο	Section 951A(a) inclusion (see instructions) . . . 80		
р	Section 461(I) excess business loss adjustment		
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan		
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 here and on Form		10
	1040, 1040-SR, or 1040-NR, line 8		-10,485.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	le 1 (Form 1040) 2023

Par	t II 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			19a	
b	Recipient's SSN			
c	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:		20	
<u>-</u>	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals			
С	and USOC prize money reported on line 8m.			
لم			-	
d			-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
_	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 03	3/04/24 PRO	Schedule 1 (F	orm 1040) 202

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 2

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.				Attachment Sequence No. 03		
. ,			cial se	curity number		
		/32-	34-81	00		
			1			
0	·	 Attach	•			
Form 2441			2			
Education c	redits from Form 8863, line 19		3			
Retirement	savings contributions credit. Attach Form 8880		4			
Residential	clean energy credit from Form 5695, line 15		5a	7,599.		
Energy effic	ient home improvement credit from Form 5695, line 32		5b			
Other nonre	fundable credits:					
General bus	iness credit. Attach Form 3800 6a					
Credit for pr	rior year minimum tax. Attach Form 8801 6b					
Adoption cr	edit. Attach Form 8839................					
Credit for th	e elderly or disabled. Attach Schedule R 6d					
Reserved fo	r future use					
Clean vehic	le credit. Attach Form 8936 6f					
Mortgage in	terest credit. Attach Form 8396 6g					
District of Co	olumbia first-time homebuyer credit. Attach Form 8859 6h					
Qualified ele	ectric vehicle credit. Attach Form 8834 6i					
Alternative f	uel vehicle refueling property credit. Attach Form 8911 6j		-			
Credit to ho	Iders of tax credit bonds. Attach Form 8912 6k					
Amount on	Form 8978, line 14. See instructions 61					
Credit for pr	reviously owned clean vehicles. Attach Form 8936. 6m					
Other nonre	fundable credits. List type and amount:					
	6z					
Total other r	nonrefundable credits. Add lines 6a through 6z		7			
		-SR, or				
1040-NR, lir	ne 20	•••	8	7,599.		
	Revenue Service (s) shown on Fo HUSHA REDDA Foreign tax Credit for of Form 2441 Education c Retirement s Residential of Energy effic Other nonre General bus Credit for pr Adoption cr Credit for th Reserved fo Clean vehic Mortgage in District of Co Qualified ele Alternative fo Credit to ho Amount on b Credit for pr Other nonre Credit for pr Other nonre Credit for pr District of Co Qualified ele Alternative for Credit for pr Other nonre Total other r Add lines 1	Revenue Service Go to www.irs.gov/Form/040 for instructions and the latest information (s) shown on Form 1040, 1040-SR, or 1040-NR HUSHA_REDDY_BADDAM 11 Nonrefundable Credits Foreign tax credit. Attach Form 1116 if required Form 2441	Get to www.irs.gov/commUd/ for instructions and the latest information. Your sc (s) shown on Form 1040, 1040-SR, or 1040-NR Your sc UNSHA REDDY BADDAM 732- Toreign tax credit. Attach Form 1116 if required 732- Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 11. Attach Education credits from Form 8863, line 19 60. Residential clean energy credit from Form 5695, line 15 60. Energy efficient home improvement credit from Form 5695, line 32 60. Other nonrefundable credits: 6a. General business credit. Attach Form 3800 6a. Credit for prior year minimum tax. Attach Form 8801 6b. Adoption credit. Attach Form 8839 6c. Credit for the elderly or disabled. Attach Schedule R 6d. Reserved for future use 6d. Clean vehicle credit. Attach Form 8936 6f. Outalified electric vehicle credit. Attach Form 8834 6i. Outalified electric vehicle credit. Attach Form 8936 6i. Outalified electric vehicle credit. Attach Form 8912 6i. Outalified electric vehicle credit. Attach Form 8936 6i. Outalified electric vehicle credits. Attach Form 8912 6i	Revenue Service Go to www.rs.gov/rorm/040 for instructions and the latest information. Similar Si		

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

Schedule 3 (Form 1040) 2023

Par	t II 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	11 Excess social security and tier 1 RRTA tax withheld							
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						
	BAA REV	03/04/24 PRO	Schedu	ule 3 (Form 1040) 2023				

(Form	rm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)					ICs, etc.)	200 7 2								
Department of the frededity				rm 1040, 1040-SR, 1040-NR, or 1041.							Attachment				
Internal Revenue Service Go to www.irs.gov/ScheduleE for inst				stru	ictions an	d the I	atest i	nformation.		Sequen	ce No. 13				
Name(s) shown on return											al security	number			
NITHUSHA REDDY BADDAM 732-34						4-8166									
Part					tal Real Estat				• • •	- :					
	rental inco	ome c	or loss fro	om Form 48	renting personal p 335 on page 2, line	e 40.	use	Schedule	e C. Se	einstru	ictions. Il you	are an inui	viduai, rep	ontiann	
A					at would require		file	Form(s) 1	099?	See in	structions .		. 🗌 Ye	s 🛛 No	
B li	f "Yes," did you	or w	vill you f	ile require	d Form(s) 10993	?							. 🗌 Ye	s 🗌 No	
1a															
Α	KUKATPALLY HYDERABAD TELANGANA IN 500072														
В															
С															
1b	Type of Prope				ntal real estate p					Fa	air Rental		nal Use	QJV	
	(from list below	w)			rt the number of						Days	Da	iys		
	3				e days. Check the requirement				Α		365	0			
					nt venture. See i				B						
C	(December 1								С						
	of Property: Single Family R	aaid	0000		tion/Short-Term	Dontol		5 Lanc	1	7	Self-Rental				
	Multi-Family Re			4 Comr		nentai		6 Roya		-					
2	Multi-i army ne	siue	nce	4 00111	Tierciai				unes	0	Other (desc				
											Proper	ties:			
Incom							_		Α		В			С	
3							3			500.					
4		ivea				. '	4								
Expen							5								
5 6	-						5 6								
7				-			0 7		1 '	325.					
8	•						8		±,.	525.					
9							9								
10							0								
11	0						1		1,0	000.					
12	Mortgage inter	rest p	paid to l	oanks, etc	. (see instruction	ns) 1	2								
13	Other interest					. 1	3								
14	Repairs					. 1	4		2,8	374.					
15	Supplies					. 1	5		2,4	491.					
16							6								
17							7		3,2	295.					
18	-	exper	nse or d	epletion .			8								
19 20	Other (list)	~ ^ ~		E through	10		9 20		10 (
	•			•	19		0		10,9	205.					
21					nd/or 4 (royalties find out if you m										
	file Form 6198						21		-10,4	185.					
22					er limitation, if a				- ,						
							22	(10,4	85.	()	(
23 a			-		3 for all rental p	-				23a		500.			
b			-		4 for all royalty		ies			23b					
С			-		12 for all prope					23c					
d			-		18 for all prope					23d	-				
e			-		20 for all prope					23e	1	0,985.			
24 25					n on line 21. D e 1 and rental real			-				. 24	(10 405	
23	L033C3. Aud 10	ryany	103363		i anu ientai ieal	colate 10	1336	ווו וווטוו כ ק	C 22. C		103362 HE	ere 25	- //	10,485.	

Supplemental Income and Loss

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

26 -10,485. Schedule E (Form 1040) 2023

OMB No. 1545-0074

SCHEDULE E



Residential Energy Credits

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

Go to www.irs.gov/Form5695 for instructions and the latest information.

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

NITHUSHA REDDY BADDAM

2023Attachment
Sequence No. 75Your social security number732348166

OMB No. 1545-0074

Part I Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2022.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

181	7 WREN STREET		NORTHL	AKE			ΤX	762	26
Numbe	r and street	Unit no.	City or town				State	ZIP cod	de
1	Qualified solar electric property costs						1	25,	331.
2	Qualified solar water heating property costs						2		
3	Qualified small wind energy property costs						3		
4	Qualified geothermal heat pump property costs						4		
5a	Qualified battery storage technology. Does the qualified at least 3 kilowatt hours? (See instructions.) If you che for qualified battery storage technology	cked the "N	o" box, you	u canno	t claim a	credit	5a	Ves	🗌 No
b	If you checked the "Yes" box, enter the qualified battery	/ technology	costs .				5b		
6a	Add lines 1 through 5b						6a	25,	331.
b	Multiply line 6a by 30% (0.30)						6b	7,	599.
7a	Qualified fuel cell property. Was qualified fuel cell prop main home located in the United States? (See instruction						7a	X Yes	🗌 No
	If you checked the "No" box, you cannot claim a cred through 11.	it for qualifie	d fuel cell	propert	y. Skip lir	les 7b			
b	Enter the complete address of the main home where you	u installed th	e fuel cell p	property					
	1817 WREN STREET	NORTHL	AKE	TX	762				
	Number and street Unit no.	City or town		State	ZIP code	e			
8	Qualified fuel cell property costs			8			-		
9	Multiply line 8 by 30% (0.30)			9			-		
10	Kilowatt capacity of property on line 8 above	·	x \$1,000	10					
11	Enter the smaller of line 9 or line 10						11		
12	Credit carryforward from 2022. Enter the amount, if any,	, from your 2	022 Form 5	695, lin	e16.		12		
13	Add lines 6b, 11, and 12						13	7,	599.
14	Limitation based on tax liability. Enter the amount from Worksheet. (See instructions.)					Limit	14	10,	614.
15	Residential clean energy credit. Enter the smaller of Schedule 3 (Form 1040), line 5a					unt on 	15	7,	599.
16	Credit carryforward to 2024. If line 15 is less than lin from line 13			16					

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

Part II Energy Efficient Home Improvement Credit

Section A-Qualified Energy Efficiency Improvements

17a	Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)	17a	Yes No
b	Are you the original user of the qualified energy efficiency improvements?	17b	Yes No
с	Are the components reasonably expected to remain in use for at least 5 years?	17c	Yes No
	If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.		
d	Enter the complete address of the main home where you made the qualifying improvements.		
	Caution: You can only have one main home at a time. (See instructions.)		
	Number and street Unit no. City or town State ZIP code		
е	Were any of these improvements related to the construction of this main home?	17e	Yes No
	If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.		
18	Insulation or air sealing material or system.		
а	Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.) 18a		
b	Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200	18b	
19	Exterior doors that meet the applicable Energy Star requirements.		
а	Enter the cost of the most expensive door you bought		
b	Multiply line 19a by 30% (0.30). Do not enter more than \$250 19b		
с	Enter the cost of all other qualifying exterior doors		
d	Multiply line 19c by 30% (0.30)		
е	Add lines 19b and 19d. Do not enter more than \$500	19e	
20	Windows and skylights that meet the Energy Star certification requirements.		
а	Enter the cost of exterior windows and skylights that meet the Energy Star		
	certification requirements. (See instructions.)		
b	Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600.	20b	
Sectio	on B-Residential Energy Property Expenditures		

21a	Did you incur costs for qualified energy prope the United States?					21a	🗌 Yes	🗌 No
b	Was the qualified energy property originally pla		21b	Yes	No			
	If you checked the "No" box for line 21a or							
	energy property costs. Skip lines 22 through 2							
С	Enter the complete address of each home whe	ere you inst	alled qualified energy p	property.				
	Number and street	Unit no.	City or town	State	ZIP code			
22	Residential energy property costs (include lab assembly, and original installation). (See instruct		or onsite preparation,					
а	Enter the cost of central air conditioners							
b	Multiply line 22a by 30% (0.30). Enter the resul	22b						
23a	Enter the cost of natural gas, propane, or oil water heaters							
b	Multiply line 23a by 30% (0.30). Enter the resul	23b						
24a	Enter the cost of natural gas, propane, or oil fu			24a				
b	Multiply line 24a by 30% (0.30). Enter the resul					24b		

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Section B-Residential Energy Property Expenditures (continued)

25 a	Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders		
b	Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600.	25b	
26	Home energy audits.		
a	Did you incur costs for a home energy audit that included an inspection of your main home located in		
	the United States and a written report prepared by a certified home energy auditor? (See instructions.)	26a	□ Yes □ No
	If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27.		
b	Enter the cost of the home energy audits		
с	Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150.	26c	
27	Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c		
28	Enter the smaller of line 27 or \$1,200	28	
29	Heat pumps and heat pump water heaters; biomass stoves and biomass boilers.		
а	Enter the cost of electric or natural gas heat pumps		
b	Enter the cost of electric or natural gas heat pump water heaters	1	
с	Enter the cost of biomass stoves and biomass boilers	1	
d	Add lines 29a, 29b, and 29c		
е	Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000	29e	
30	Add lines 28 and 29e	30	
31	Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit		
	Limit Worksheet. (See instructions.)	31	
32	Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this		
	amount on Schedule 3 (Form 1040), line 5b	32	
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