Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	30 00.100				
Submissio	n Identification Number (SID)				
Taxpayer's na	ame	Social se	curity numb	per	
SRIPAL	REDDY PARIPELLY	143-	75-184	5	
Spouse's nan	ne			urity number	•
REVATH	I SANTAPURI	978-	98-387	0	
Part I	Tax Return Information — Tax Year Ending December 31, 202	3 (Enter year yo	u are au	thorizing.)
	le dollars only on lines 1 through 5.				
	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 . 1		
-	usted gross income				,421.
	al tax				,341.
	count you want refunded to you				,850.
	ount you owe			12	<u>,509.</u>
Part II	Taxpayer Declaration and Signature Authorization (Be sure you g	et and keep a	copy of y	our retu	rn)
my knowled return (originate to send my for any dela Agent to initi payment of authorization payment, I business da taxes to rec personal ide	Ities of perjury, I declare that I have examined a copy of the income tax return (original or dge and belief, it is true, correct, and complete. I further declare that the amounts in Final or amended) I am now authorizing. I consent to allow my intermediate service provid return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reastly in processing the return or refund, and (c) the date of any refund. If applicable, I authoritate an ACH electronic funds withdrawal (direct debit) entry to the financial institution as my federal taxes owed on this return and/or a payment of estimated tax, and the financian is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel asys prior to the payment (settlement) date. I also authorize the financial institutions involved confidential information necessary to answer inquiries and resolve issues related entification number (PIN) below is my signature for the income tax return (original or amounts) withdrawal Consent.	Part I above are the ler, transmitter, or elson for rejection of the prize the U.S. Treasus a linstitution to debif to terminate the auth lation requests must be to the processing to the payment. I	amounts fectronic rethe transmis iry and its one tax preptorisms. The the entry to orization. The top of the elements of the e	from the incurrence of the control o	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 syment of
	s PIN: check one box only				
	-	generate my PIN	5 1 8	3 4 5	as my
_	ERO firm name ignature on the income tax return (original or amended) I am now authorizing.	<i>y</i> , , ,	Enter five don't ente	digits, but er all zeros	,
if	will enter my PIN as my signature on the income tax return (original or amende you are entering your own PIN and your return is filed using the Practitioner lelow.				
Your signa	uture ▶	Date ▶			
Snouse's	PIN: check one box only				
-	-	generate my PIN	8 3 8	3 7 0	as my
<u> </u>	ERO firm name	generate my r m	Enter five		asiny
si	ignature on the income tax return (original or amended) I am now authorizing.		don't ente	r all zeros	
if	will enter my PIN as my signature on the income tax return (original or amende you are entering your own PIN and your return is filed using the Practitioner lelow.				
Spouse's s	signature ▶	Date ►			
	Practitioner PIN Method Returns Only—continu				
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's EFI	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 Don'	9 6 0 t enter all ze	8 2 7 eros	1
authorized t	t the above numeric entry is my PIN, which is my signature for the electronic individual to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ts of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Production	am submitting this	return in a	accordance	
ERO's sigr	nature ▶	Date ►			
	ERO Must Retain This Form — See Instruc				
	Don't Submit This Form to the IRS Unless Reques				

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



1040		artment of the Treasury-Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructio	ns.
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	urity num	ber
SRIPAL 1	REDD'	Y	PARI	PELLY							143	75	1845	
		s first name and middle initial	Last na										security n	number
REVATHI			SANT	'APURI							978	98	3870	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.				ection Can	npaign
2001 FA	LLS I	BLVD						2	238		Check h	nere if y	ou, or you	ur
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s	paces belo	W.	Sta	te	ZIP c	ode			0.	jointly, wa	
QUINCY						MA	A	021	.69		•		nd. Check not chang	•
Foreign countr	y name		ı	Foreign pro	vince/state/	count	ty	Foreig	gn postal c		your tax		•	,0
												Yo	u 🗌 S	Spouse
Filing Status	s \square	Single	•				Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only o	ne had i	income)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name c	of your sp	ouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ıalifying person is a child but not you	ır deper	ndent:										
Digital	Δt aı	ny time during 2023, did you: (a) rec	aiva (as	a reward	award or	navn	ment for prope	rty or	sarvicas): or (h) sall			
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	es 🗵 N	No
Standard		neone can claim: You as a de					a dependent	-/- (-			,			
Deduction	_	Spouse itemizes on a separate retur	•				•							
Age/Blindnes	s You	: Were born before January 2, 1	959 _	_ Are blir	nd Sp o	ouse	: U Was bor						s blind	
Dependent					ocial security	′	(3) Relationsh	iip (4			1		see instruc	
If more	<u> </u>	First name Last name		+	number		to you		Child tax c		eait	Credit 10	r other depe	endents
than four dependents,	AIF	RA REDDY PARIPELLY		886-	41-401	2	Daughter	•		X				
see instruction	ıs													
and check	, —									<u> </u>				
here L			.,	<u> </u>								_		22
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		127,1	33.
Attach Form(s)		Household employee wages not re		•	•						1b			
W-2 here. Also	С.	Tip income not reported on line 1a	•								1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep									1d			
1099-R if tax	e	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	rits tron	n Form 88	139, Ilne 29	•					1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			0.
W-2, see	h :	Other earned income (see instruct	,					Ϊ.			1h			<u> </u>
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			<u>1</u> i				4_		127,1	33
A# C ! C	<u>z</u> 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · i	ьт	axable interes				1z 2b	_	<u> </u>	
Attach Sch. B if required.		· –			72.		axable interes Ordinary divide				3b	_	1	13.
	<u>3a_</u> 4a		3a 4a				axable amoun				4b	_		<u> </u>
Standard	4 а 5а		4 а 5а				axable amoun				5b	_		
Deduction for—	6a	_	6a				axable amoun				6b	_		
Single or Married filing	C	If you elect to use the lump-sum e	_	method o	heck here					· ·	7			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		`	,				7			
Married filing	8	Additional income from Schedule								. ∟	8		-9,8	25
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		117,4	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10			
Head of	11	Subtract line 10 from line 9. This is									11		117,4	21
household, \$20,800	12	Standard deduction or itemized	•	-							12		27,7	
If you checked any box under	13	Qualified business income deduct									13			0.
Standard	14						J-A				14		27,7	
Deduction, see instructions.	15	Subtract line 1/1 from line 11. If zer									15		207	

Form 1040 (202	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	10,344.	
Credits	17	Amount from Schedule 2, lin						17		
	18	Add lines 16 and 17						18	10,344.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	2,000.	
	20	Amount from Schedule 3, lin	•					20	3.	
	21	•						21	2,003.	
	22	Subtract line 21 from line 18	. If zero or less.	enter -0				22	8,341.	
	23	Other taxes, including self-er	mplovment tax.	from Schedule	e 2. line 21			23	0.	
	24	Add lines 22 and 23. This is			•			24	8,341.	
Payments	25	Federal income tax withheld							.,	
. aymonto	а	Form(s) W-2				25a 20	,850.			
	b	Form(s) 1099				25b	•			
	c	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	•					25d	20,850.	
16	26	2023 estimated tax payment						26	.,	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. The state of the						33	20,850.	
Refund	34	If line 33 is more than line 24	•					34	12,509.	
nerana	35a	Amount of line 34 you want i				•	. 🗀	35a	12,509.	
Direct deposit?	b	Routing number 0 3 1				_	Savings		· ·	
See instructions.		Account number 3 8 3								
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24	••							
You Owe	0,	For details on how to pay, go						37		
	38	Estimated tax penalty (see in	_	-		38				
Third Party Designee		you want to allow another	person to disc	cuss this retur			omplete h	nelow	⊠ No	
Designee	De	signee's		Phone			nal identi			
		më .		no.			er (PIN)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and com								
11616	Yo	ur signature		Date	Your occupation				nt you an Identity	
							I .	ection P inst.)	IN, enter it here	
Joint return? See instructions.				Dete	SOFTWARE E					
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date	te Spouse's occupation HOME MAKER			f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	——Ph	one no. (669) 231-965	 6	Email address		Y331@GMAIL.CC	M			
		eparer's name	○ Preparer's signat			Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA			GAR GUPTA	03/20/2024	P0208	2703	Self-employed	
Preparer		m's name GLOBAL TAX		11 10111 DAG	5111 001 111	00/20/2021			(678) 965-9522	
Use Only		m's address 245 ROONE		NSWICK N.	J 08816			's EIN	0.01000 0022	
Go to www irs a		n1040 for instructions and the late			PAA	DEV 03/04/34 DBO	1	<u> </u>	Form 1040 (2023)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

SRIPAL REDDY PARIPELLY & REVATHI SANTAPURI

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

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

Attachment Sequence No. 01

Your social security number 143-75-1845

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-9,825.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total other income. Add lines to through to	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	-9 , 825.
			I IU	J, UZJ.

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	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	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h	-	
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	j _	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
05			0-	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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

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

Your social security number

Department of the Treasury Internal Revenue Service

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

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

SRI	PAL REDDY PARIPELLY & REVATHI SANTAPURI		143-	75-1845	
Par	Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	3.
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. <i>i</i>	Attach	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	6I			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m			
Z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z $$. $$.			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20)40, 1040-9 		8	3.
			(cc	ontinued	on page 2)

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

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

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

	PAL REDDY PARIPELLY & REVATHI SANTAPURI						143-7	5-1845	
Part									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
A 1									
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ocode	e)						
Α	MAKTHAPALLY, NALLAGONDA KARIMNAGAR TE	ELANG	GANA IN	505	481				
В									
С									
1b	Type of Property 2 For each rental real estate prope	rty lis	ted		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below) above, report the number of fair	rental	and			Days	Da	ays	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quained joint venture. See institu	ICTIONS	o. [С					
Гуре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
						Properti			
ncon	201			Α		В	es.		С
3	Rents received	3			46.				
4	Royalties received	4			10.				
Exper	nege:	7							
-xpei 5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,9	67				
8	Commissions	8			0 / •				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,7	4 0				
12	Mortgage interest paid to banks, etc. (see instructions)	12		± / /	10.				
13	Other interest	13							
14	Repairs	14		2,6	22.				
15	Supplies	15		3,0					
16	Taxes	16		-,-					
17	Utilities	17		1,2	41.				
18	Depreciation expense or depletion	18		•					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,5	71.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			•					
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-9, 8	25.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(9,82	5.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		746.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	10	,571.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Ei	nter to	tal losses her	e 25	(9,825.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no						on		
	Schedule 1 (Form 10/0) line 5. Otherwise, include this as	malint	t in the tot	al on li	na /11	on nage ?	0.0	I	_0 925

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **47**

Your social security number

SKIP	AL REDDY PARIPELLY & REVATHI SANTAPURI 1	43-75-	1845
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	117,421.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	117,421.
4	Number of qualifying children under age 17 with the required social security number 4	1	
5	Multiply line 4 by \$2,000	. 5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resider	0	
	alien. Also, do not include anyone you included on line 4.	11	
7	Multiply line 6 by \$500	. 7	
8	Add lines 5 and 7		2,000.
9	Enter the amount shown below for your filing status.		2,000.
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \\	9	400,000.
10	Subtract line 9 from line 3.		100,000.
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.
11	Multiply line 10 by 5% (0.05)	. 11	0.
12	Is the amount on line 8 more than the amount on line 11?	. 12	2,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax cred	it.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	_	10,341.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	2,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		

BAA

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.	()	. 5:
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S Of P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
25 26	Enter the larger of line 20 or line 25	26	
20	Next, enter the smaller of line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	This is your manifolds client that create. Effect this unfount on Point 1979, 1979-1979, or 1979-1979, fille 20.	-/	

Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return

SRIPAL REDDY PARIPELLY & REVATHI SANTAPURI

Your taxpayer identification number 143-75-1845

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		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 4	Qualified business net (loss) carryforward from the prior year	3 (
5 6	Qualified business income component. Multiply line 4 by 20% (0.20)	6 2.	5	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 2.		
9	· · · · · · · · · · · · · · · · · · ·		9	0.
10	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	0.
11	Taxable income before qualified business income deduction (see instructions)	11 89,721.	-	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 72.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 89,649.	44	17 000
14	Income limitation. Multiply line 13 by 20% (0.20)		14	17,930.
15	the applicable line of your return (see instructions)		15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0-	nd 7. If greater than	17	(0.)

Form **8867**

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Paid Preparer's Due Diligence Checklist

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

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

OMB No. 1545-0074

For tax year
20 __23___

Sequence No. 70

Attachment

Taxpayer name(s) shown on return Taxpayer identification number SRIPAL REDDY PARIPELLY & REVATHI SANTAPURI 143-75-1845 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC ☐ AOTC ☐ HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer No N/A × If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. · Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes." X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

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

REV 03/04/24 PRO