# 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

Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social secu	rity numb	er	
ANAI	NDSAI CHINTHAMREDDY	801-23	3-7520	0	
Spouse'	s name	Spouse's so	cial secu	ırity number	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you	are aut	thorizing.	)
Enter v	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	122	,467.
2	Total tax		2	11	,968.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20	,799.
4	Amount you want refunded to you		4	8	,831.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a co	oy of y	our retu	rn)
to send for any Agent t paymer authoriz paymer busines taxes t persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and I, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the pall identification number (PIN) below is my signature for the income tax return (original or amended) I are account.	ction of the S. Treasury cated in the n to debit the the authorizests must be processing cayment. I fu	transmist and its contact tax preperent entry to the entry to the entry to the entry the race of the acceptance of the acceptance ac	ssion, (b) the designated paration softo this accordor revoke (oved no late ectronic parknowledge	e reason Financial tware for unt. This cancel) a er than 2 yment of that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only	Γ.			
×		ny PIN └─ E		digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	ű	011 1 01110	20.00	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶				
Spous	se's PIN: check one box only	_			
	I authorize to enter or generate r	ny PIN			as my
	ERO firm name		nter five	digits, but	aomy
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't er	6 0 Iter all ze	8 2 7 eros	1
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this re	turn in a	accordance	

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

ERO's signature ▶

Date ▶

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>£1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not v	vrite or sta	aple in this space.
For the year Jar	ı. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last n	ame						Your so	ocial sec	curity number
ANANDSA	[		CHI	NTHAME	REDDY					801	23	7520
If joint return, s	pouse's	s first name and middle initial	Last n	ame						Spouse	's socia	I security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Α	pt. no.	Preside	ntial Ele	ection Campaigr
_21630 M	LSA	DR						_   1	402	1		ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	te	ZIP co	ode		_	jointly, want \$3 and. Checking a
SAN ANTO	OINC					ΤΣ	ζ	782	56			not change
Foreign country name Foreign province/state/county Foreign postal code y							your ta	x or refu	_			
Filing Status	<u>, X</u>	Single					Head of he	ouseho	old (HOH)	•		
Check only		Married filing jointly (even if only o	ne had	l income)					, ,			
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	spouse. If you	u che	ecked the HOH	l or QS	SS box, ente	er the ch	ild's na	ame if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital		ny time during 2023, did you: (a) rec			d, award, or	payr	nent for prope	rty or s	services); or	(b) sell,		
Assets		nange, or otherwise dispose of a dig						t)? (Se	e instructio	ns.)	Y	es 🗵 No
Standard Deduction		neone can claim:	•		•		a dependent					
Age/Blindnes	You	: Were born before January 2, 1	959	Are b	lind <b>Spc</b>	ouse	: Was bor	n befo	re January :	2, 1959		s blind
Dependent	s (see	instructions):		(2)	Social security	,	(3) Relationsh	ip (4	) Check the b	ox if qual	ifies for	(see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instruction	s ——											
and check	,											
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instru	ctions)					. 1a	1	128,369.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1k	)	
W-2 here. Also	С	Tip income not reported on line 1a	•		•					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		,	,	nstru	ıctions)			. 10	i	
1099-R if tax	е	Taxable dependent care benefits f			•					. 16		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	3839, line 29					. 11		
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 10		
W-2, see	h	Other earned income (see instruct	,					· ·		. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)	)		<u>1i</u>					100 260
	<u>z</u>	Add lines 1a through 1h			· · · ·	 . –				. 12		128,369.
Attach Sch. B if required.	2a	•	2a				axable interest			. 2t		
	3a		3a				ordinary divider					
Standard	4a	<del>-</del>	4a				axable amoun					
Deduction for—	5a	<del>-</del>	5a				axable amoun					
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a				axable amoun	t		. 6t	)	
separately, \$13,850	C	If you elect to use the lump-sum e		•		•	,		L	╡ ፟፟		
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Sche		•	•		•		L			
jointly or Qualifying	8	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 8	_	-5,902.
surviving spouse, \$27,700	9								. 9	_	122,467.	
<ul> <li>Head of</li> </ul>	10	Adjustments to income from Sche								. 10	_	100 467
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	-					. 11		122,467.
If you checked	12	Standard deduction or itemized								. 12	_	13,850.
any box under Standard	13	Qualified business income deduct								. 13		12 050
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 _∩_ This is v		 tavahle incom			. 14		13,850. 108,617.
	.0	Sabilast into 17 itstit illic 11. il 201	20116	oo, onto	о . ппо ю y	Juil	CANCELLI INCOME		<u> </u>	. 15	•	100,01/.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	19,468.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	19,468.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	7,500.
	21	Add lines 19 and 20						21	7,500.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	11,968.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	11,968.
<b>Payments</b>	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 2	0,799.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	20,799.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return	.,		26	
qualifying child, attach Sch. EIC. <sub>1</sub>	27	Earned income credit (EIC)			No .	27			
allacii Scii. Elc.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8 .     .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	20,799.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	8,831.
	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	8,831.
Direct deposit?	b	Routing number 1 1 1	Savings						
See instructions.	d	Account number 7 3 8							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee	ins	structions				🗌 <b>Yes.</b> C	Complete	below.	<b>⋈</b> No
		esignee's		Phone			sonal ident	ification	
<del></del>		me	hat I have evenine	no.			nber (PIN)	the best	of my limaniladae and
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							, ,
Here	Υo	our signature		Date	Your occupation		If the	e IRS se	nt you an Identity
		ar digitataro		Date	Tour occupation				IN, enter it here
Joint return?					SOFTWARE	ENGINEER	(see	inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.			Spouse's occupa	Iden		nt your spouse an ection PIN, enter it here	
	Ph	Phone no. (210)910-9560 Email address ANANDSAIREDDY.CH@GMAIL.COM							
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/19/2024	P0208	2703	Self-employed
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC							678)965-9522
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								84-3171965

### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment Sequence No. **01** 

Department of the Treasury Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ANANDSAI CHINTHAMREDDY 801-23-7520 Additional Income

ı aı	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. Atta	ich Schedule E .	5	-5,902.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	<u>)</u>	
b	Gambling	8b		
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	<u>)</u>	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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:			
•	Table the factor Addition Configuration	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter	nere and on Form		F 000
	1040, 1040-SR, or 1040-NR, line 8		10	-5,902.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN	·			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		_	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
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)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i		-	
J	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
05	Tatal allows allow to some Add lines Ode thousands Ode	24z		-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	I - 4 /F 4040\ 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

# SCHEDULE 3 (Form 1040)

(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 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 ANANDSAI CHINTHAMREDDY

Your social security number 801-23-7520

Par	t I Nonrefundable Credits					
1	Foreign tax credit. Attach Form 1116 if required				1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line	e 11. At	tach	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	6с				
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	7,	500.		
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	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20	040,	1040-SI	R, or	8	7,500.
		- •		(cc		ed on page 2)

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

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

#### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

ANAI	NDSAI CHINTHAMREDDY						801-2	23-7520	
Part	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rtv. use		e C. See	instru	ctions. If you ar	e an ind	ividual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	ı to file	Form(s)	1099? S	See ins	structions		. 🗌 Ye	s 🛛 No
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZI								
Α	IN								
В									
С									
1b	Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair	rental	and	Fair Rental Days				nal Use ays	QJV
Α	g personal use days. Check the Q			Α		194		0	
В	if you meet the requirements to			В					
С	qualified joint venture. See instru	uctions	5.	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descri	be)		
						Propertie			
Incon	יפי			Α		В	,,,,		С
3	Rents received	3			12.				
4	Royalties received	4							
Exper		+ -							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	45.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	24.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,1	26.				
15	Supplies	15		1,6					
16	Taxes	16							
17	Utilities	17		1,3	48.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		6,5	14.				
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 <b>Form 6198</b>			-5,9	02.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	5,90		(	,	)(	)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a	-	612.		
b	Total of all amounts reported on line 4 for all royalty prop				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	6	,514.		
24	Income. Add positive amounts shown on line 21. Do no		de any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here	25	(	5,902.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resul	t		
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a	ot appl	y to you,	also e	nter tl	his amount or			-5,902.

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **52** 

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

ANANDSAI CHINTHAMREDDY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

801-23-7520

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	⊠ Se	elf-only $\square$ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	3,850.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
David	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4
Part	a separate Part II for each spouse.		
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	4,968.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	4,968.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	4,968.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have seption complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040) Part II line 17d	21	

## 8936

#### Clean Vehicle Credits

OMB No. 1545-2137 Attachmen

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Name(s) shown on return Identifying number ANANDSAI CHINTHAMREDDY 801-23-7520 Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year. • Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. **Modified Adjusted Gross Income Amount** Part I 1a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR 122,467. Enter any income from Puerto Rico you excluded 1b Enter any amount from Form 2555, line 45 . . . . . . . . 1c Enter any amount from Form 2555, line 50 . . . . . . . . . . . . . . 1d Enter any amount from Form 4563, line 15 . . . . . . . . . . 1e е 2 Add lines 1a through 1e . . . . . . 2 122,467. 110,666 За Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a Enter any income from Puerto Rico you excluded 3b Enter any amount from Form 2555, line 45 . . . . . . 3с Enter any amount from Form 2555, line 50 . . . . 3d Enter any amount from Form 4563, line 15 . . . . . . . 4 110,666. Enter the **smaller** of line 2 or line 4 5 110,666. Credit for Business/Investment Use Part of New Clean Vehicles Part II Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) . . . 6 6 0. 7 New clean vehicle credit from partnerships and S corporations (see instructions) 7 Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y . . . 8 0. Part III **Credit for Personal Use Part of New Clean Vehicles** Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). 9 Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) . 9 7,500. 10 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 10 <u>19,4</u>68. Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 11 11 12 Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use 12 19,468. 13 Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 13 7,500. Part IV Credit for Previously Owned Clean Vehicles Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household). Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) . . . . . . . . . 14 14 15 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 15 16 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 16 Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit 17 17 Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is 18 18 **Credit for Qualified Commercial Clean Vehicles** Part V Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936) . . . . . . . . . . . . 19 19 20 Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) . 20 21 Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule

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# SCHEDULE A (Form 8936)

### **Clean Vehicle Credit Amount**

OMB No. 1545-2137

**2023** 

Attachment Sequence No. **69A** 

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

NDSAI CHINTHAMREDDY  Vehicle Details  Year	801	-23-7520								
Year	Part I Vehicle Details									
	2023									
Make	TESLA									
Model	MOD	EL 3								
Vehicle identification number (VIN) (see instructions) 5 Y J 3 E 1 E A 1	. P	F 6 5 4 6 3 6								
3 Enter date vehicle was placed in service (MM/DD/YYYY)										
Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions.  ☐ Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the United States.  ☒ No.										
Does the VIN entered on line 2 belong to a <b>new clean vehicle</b> placed in service during the tax definitions.   Yes. Go to Part II.  No. Go to line 6.	year? \$	See instructions for								
Does the VIN entered on line 2 belong to a <b>previously owned clean vehicle</b> acquired after 2022 and placed in service during the tax year? See instructions for definitions.  Yes. Go to Part IV.  No. Go to line 7.										
<ul> <li>during the tax year? See instructions for definitions.</li> <li>Yes. Go to Part V.</li> <li>No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described.</li> </ul>										
Credit Amount for Business/Investment Use Part of New Clean Vehicle										
another person.  ☑ Yes.		-								
Tentative credit amount (see instructions)	9	7,500.								
Business/investment use percentage (see instructions)	10	%								
Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below	11	0.								
Credit Amount for Personal Use Part of New Clean Vehicle										
Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936	12	7,500.								
	Wehicle identification number (VIN) (see instructions)	Model								

Schedu	e A (Form 8936) 2023		Page 2
Part			
13a	Is the sales price of the vehicle more than \$25,000?		
	Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.		
	∐ No.		
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehic	le fror	n another person.
	☐ Yes.		
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a	cquire	ed for resale.
С	Can you be claimed as a dependent on another person's tax return, such as your parent's return	rn?	
	☐ <b>Yes. Stop here.</b> You can't claim a credit amount if you can be claimed as a dependent.		
	□ No.		
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.		
	☐ Yes.		
	☐ No.		
		[	
14	Enter the sales price of the vehicle	14	
15	Multiply line 14 by 30% (0.30)	15	
16	Maximum vehicle credit amount	16	4,000.
10	Waximum vehicle credit amount	10	4,000.
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line		
	14 in Part IV of Form 8936	17	
Part	V Credit Amount for Qualified Commercial Clean Vehicle		
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exceentities discussed in the instructions applies.  Yes.  No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception		
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.  Yes.  No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.		_
С	Is the vehicle also powered by gas or diesel? See instructions.  Yes.  No.	ı	
19	Enter the cost or other basis of the vehicle. See instructions	19	
20	Section 179 expense deduction (see instructions)	20	
21	Subtract line 20 from line 19	21	
	M III I II OA I 450( (0.45) [000( (0.00) [0] II		
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22	
23	Enter the incremental cost of the vehicle. See instructions	23	
24	Enter the smaller of line 22 or line 23	24	
25	<b>Maximum credit.</b> Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)	25	
00	, ,		
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V		

26

Department of the Treasury

Internal Revenue Service

**Passive Activity Loss Limitations** 

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. 858

Name(s) shown on return Identifying number ANANDSAI CHINTHAMREDDY 801-23-7520 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . Activities with net loss (enter the amount from Part IV, column (b)) . . . . 1b 5,902. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . **d** Combine lines 1a, 1b, and 1c . . . . . . . . . . . . . . . . . . 1d -5,902. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) . . . . 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c ( 2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -5,902. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 . . . . . . . 5,902. 5 Enter \$150,000. If married filing separately, see instructions . . . . . . 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 128,369. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 21,631. Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 10,816. 5,902. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 5,902. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c) 0. 5,902. 5,902.

0.

5,902.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2** 

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss	
Name of activity	(a	Net income (line 2a)	<b>(b)</b> (li	Net loss ne 2b)	(c) Unall loss (lin	owed e 2c)	(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amoun	nt Is	Shown on F	Part II,	<b>Line 9.</b> S	ee instruc	tions.				
Name of activity	For an	rm or schedule ad line number be reported on se instructions)		) Loss	<b>(b)</b> Ra		(a) Special		(d) Subtract column (c) from column (a).	
		E Ln 22		5,902.	1.0000	0000	5,90	2.	0.	
Total Allocation of Unallowed L			uction	5,902.	1.00	)	5,90	2.	0.	
Allocation of Orlanowed L	.05			S.						
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_oss		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr										
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) L	_oss	<b>(b)</b> Ur	(b) Unallowed loss		c) Allowed loss	
Total										