(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	ission Identification Number (SID)			
Taxpaye	er's name	Social securit	y number	
PRAS	SAD YADAV YETTAM	597-95-	-4016	
Spouse'	's name	Spouse's soc	ial security number	
-	HATHA KURIKYALA	990-94		
	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re authorizing.)	
	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	
1	Adjusted gross income		1 139,	
2	Total tax			771.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			061.
4	Amount you want refunded to you			<u> 290.</u>
5 Part	Amount you owe		5	<u>,,</u>
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)		<del></del>	
to send for any Agent t paymen authoriz paymen busines taxes t persona	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmiding return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication 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 the Int. 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 or receive confidential information necessary to answer inquiries and resolve issues related to the particular of the payment (PIN) below is my signature for the income tax return (original or amended) I an income Funds Withdrawal Consent.	ction of the tr S. Treasury are cated in the ta n to debit the the authoriza ests must be processing of ayment. I furt	ansmission, (b) the nd its designated Fi ax preparation softwhenty to this accountation. To revoke (case received no later the electronic payrher acknowledge the soft of the	reason nancial vare for nt. This ancel) a than 2 ment of hat the
	yer's PIN: check one box only			
Х		ov DINI 5		as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but n't enter all zeros	29 IIIA
	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 methologies.			
Your s	signature ▶ Date ▶			
Spous	se's PIN: check one box only			
×	I authorize GLOBAL TAXES LLC to enter or generate r  FRO firm name  signature on the income tax return (original or amended) I am now authorizing.	Ent	3 0 3 8 cer five digits, but n't enter all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am no	w authorizir	na Check this ho	x only
	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholelow.			
Spous	se'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		6 0 8 2 7 er all zeros	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 submiments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this retu	irn in accordance w	
FR∩'∘	s signature ► Date ►			
	ERO Must Retain This Form — See Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

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

<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn 2	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		•	, 2023, end	ing			, 20		See se	oarate i	nstructi	ions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity nur	mber
PRASAD '	YADA'	V	YETT.	AM							597	95	4016	
If joint return, s	pouse's	s first name and middle initial	Last nar										security	
AKSHATH	A		KURI	KYALA							990	94	3038	}
		er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				ction Ca	
21076 G	REEN	HILL RD											ou, or yo	
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete sp	paces below	<b>'</b> .	Sta	te	ZIP c	ode			0,	jointly, w nd. Chec	
FRAMING'	TON :	HILLS				MI	• •	483	35		•		not char	_
Foreign countr	y name		F	oreign provi	ince/state/o	count	у	Foreig	ın postal o	ode	your tax	or refu		Spouse
Filing Status	s $\square$	Single					Head of he	ouseh	old (HOI	——. ⊣)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your spo	use. If you	ı che	cked the HOH	or Q	SS box,	enter	the chi	ld's nar	ne if the	е
	qu	ıalifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward, a	award, or i	navn	nent for prope	rtv or	services	): or (	b) sell.			
Assets		nange, or otherwise dispose of a dig											s X	No
Standard	Som	neone can claim: You as a de	pendent	: <u></u> Yc	our spouse	e as	a dependent				-			
Deduction		Spouse itemizes on a separate retur	n or you	were a du	al-status a	alien	·							
Ago/Blindnes	- Vou	: Were born before January 2, 1	050	Are bline	l Sno	use:	: Was bor	n hofe	oro Jonu	an / 2	1050		blind	
	-		939 _	Ī	-			- 1	) Check t					nctions).
Dependent		irst name Last name			ial security ımber		(3) Relationsh to you	ib (	Child t				r other de	
If more than four													$\Box$	·
dependents,													一一	
see instruction and check	s —												一	
here	]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructio	ns)						1a		151,	091.
	b	Household employee wages not re	eported (	on Form(s)	W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)							1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) V	V-2 (see ir	ารtru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441, lin	ne 26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	9, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .					ς.			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			<u>1</u> i							
	Z	Add lines 1a through 1h			. , .						1z		151,	
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	i .			2b			382.
if required.	3a_	Qualified dividends	3a		60.	<b>b</b> 0	rdinary divider	nds .			3b			104.
Standard	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ _	6b			
separately,	С	If you elect to use the lump-sum e		-		•	,							<b>-</b> 0.
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. L	7			720.
jointly or Qualifying	8	Additional income from Schedule	•								8	_	-12,	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		139,	802.
\$27,700 • Head of	10	Adjustments to income from Sche									10		100	0.00
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11			802.
If you checked	12	Standard deduction or itemized									12		27,	700.
any box under Standard	13	Qualified business income deduct									13			8.
Deduction, see instructions.	14	Add lines 12 and 13									14		112	708.
	75	SUDTRACT LING 1/1 from ling 11 It 70	O Or lece	ODTOR ()		CALLE T	avania incom	_					11/	114/1

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	15,271.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	15,271.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20	7,500.	
	21	Add lines 19 and 20						21	7,500.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,771.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	7,771.	
<b>Payments</b>	25	Federal income tax withheld	l from:							
_	а	Form(s) W-2				<b>25a</b> 27	7,061.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	27,061.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit from Form 8863, line 8								
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir								
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	27,061.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	19,290.	
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	19,290.	
Direct deposit?	b	Routing number 1 2 1				Checking	Savings			
See instructions.	d	Account number 3 2 5	0 5 3 2	6 8 4 4	4 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		structions				. 🗌 Yes. C	omplete	below.	<b>⋈</b> No	
		signee's		Phone			onal ident	tification		
<u></u>		me der penalties of perjury, I declare t	hat I hava avamina	no.			ber (PIN)	the best	of my lenguage and	
Sign		lief, they are true, correct, and com			1 , 0		,		, ,	
Here	Vo	ur signature		Date	Your occupation		l If th	 BS SA	nt you an Identity	
	10	ur signature		Date	Tour occupation				IN, enter it here	
Joint return?					SOFTWARE E	NGINEER	(see	e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an	
your records.					HOME MAKED			ntity Prot e inst.)	ection PIN, enter it here	
		-na na (010) 007 15 <i>C</i>		Franil address	HOME MAKER					
		one no. (210) 997-156		Email address	PRASADY121	Date Date	PTIN		Check if:	
Paid								2702	Self-employed	
Preparer								32703		
Use Only	Firm's name GLOBAL TAXES LLC							Phone no. (678) 965-9522		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firn	n's EIN	84-3171965	

## 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

PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

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

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

Your social security number 597-95-4016

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		5	-12,495.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ( )		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form	10	-12.495

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	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	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:				
0E	Total ather adjustments Add lines 04s through 04s	24z			
25 06	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	e. Enter	nere and on	06	
				26	I- 4 (F 4040) 2222
	BAA	REV 02/	23/24 PRO	ocnedu	le 1 (Form 1040) 2023

## SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

**Additional Credits and Payments** 

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

Go to www.irs.gov/Form1040 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

PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

Your social security number 597-95-4016

Par	Nonrefundable Credits					
1	Foreign tax credit. Attach Form 1116 if required				1	
2	Credit for child and dependent care expenses from Form 244 Form 2441	1, lin 	e 11. Att	ach	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	2 .			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	7,5	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	<b>6</b> l				
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 <b>,</b> 500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20			, or	8	7,500.

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

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	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	n 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

#### SCHEDULE D (Form 1040)

#### **Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12** 

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

OSE FORM 8949 to list your transf
Go to www.irs.gov/ScheduleD for

PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number 597-95-4016

If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with 5,545. 4,812. 733. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 10. 6. -4. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 729. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with 5,128. 5,119. -9. Totals for all transactions reported on Form(s) 8949 with **Box E** checked . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-9.

13

14

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 720. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

#### **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

597-95-4016

PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate combine the result (g) Code(s) from Amount of adjustment instructions. with column (a). instructions ROBINHOOD SECURITIES LLC 01/01/23 12/31/23 5,545. 4,812. 733. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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

5,545.

733.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

4,812.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

Social security number or taxpayer identification number 597 - 95 - 4016

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

#### Part II

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

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

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

	<ul> <li>✓ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>☐ (F) Long-term transactions not reported to you on Form 1099-B</li> </ul>										
1	(a)  Description of property	(b) Date acquired	(c) Date sold or	Proceeds Se	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss) Subtract column (e)			
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).			
ROBII	NHOOD SECURITIES LLC	01/01/23	12/31/23	5,119.	5,128.			-9.			
neg Sch	als. Add the amounts in columns ative amounts). Enter each totaledule D, line 8b (if Box D above ove is checked), or line 10 (if Box	al here and inc is checked), <b>lir</b>	lude on your ne 9 (if Box E	5,119.	5,128.			-9.			

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

#### **Sales and Other Dispositions of Capital Assets**

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

597-95-4016

PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) See the separate instructions. Date sold or Proceeds See the **Note** below Subtract column (e) Description of property Date acquired disposed of and see Column (e) (sales price) from column (d) and (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate combine the result (g) Code(s) from Amount of adjustment instructions. with column (a). instructions Robinhood Crypto LLC 01/01/23 12/31/23 6. 10. -4.2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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

6.

-4.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked) .

10.

#### **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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number

PRAS	SAD YADAV YETTAM & AKSHATHA KURIKYALA						597-9	5-4016	)
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	nd Roy rty, use	/alties Schedule	C. See	instru	ctions. If you	are an ind	ividual, rep	oort farm
Α Ι	Did you make any payments in 2023 that would require you	to file l	Form(s) 1	0992 S	ee ins	structions			es XI No
	f "Yes," did you or will you file required Form(s) 1099?								
	Physical address of each property (street, city, state, ZII							<u> </u>	
			<u> </u>						
_ <u>A</u>	5-8-1000/4 SRINIVASA NAGAR KAMAREDDY	l'ELAN	GANA 1	N 503	3111				
B									
C	T (D )   0 5   1   1   1   1   1   1   1   1   1								
1b	Type of Property (from list below) 2 For each rental real estate propertion above, report the number of fair				Fa	ir Rental Davs		nal Use ays	QJV
A	personal use days. Check the Qu			Α		365		0	
B	if you meet the requirements to	file as a	a	В		303			
	qualified joint venture. See instru	uctions.		С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Lanc	I	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
	·								
Incon	201			Α		Propert B	ies.		С
3	Rents received	3			37.	В			<u> </u>
4	Royalties received	4		0.	57.				
Expe		+ +							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,8	73.				
8	Commissions	8		· · ·					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,6	55.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,7					
15	Supplies	15		2,8	73.				
16	Taxes	16		1 0	4.0				
17	Utilities	17		1,9	40.				
18	Depreciation expense or depletion	18							
19 20	Other (list)  Total expenses. Add lines 5 through 19	19 20		10 1	2.2				
		20		13,1	32.				
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>	21		<b>-</b> 12 <b>,</b> 4	95.				
22	Deductible rental real estate loss after limitation, if any,								
	on <b>Form 8582</b> (see instructions)	22	(	12,49	5.)	(	,	(	)
23a	Total of all amounts reported on line 3 for all rental prope			. 1	23a	•	637.		
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	13	3,132.		
24	Income. Add positive amounts shown on line 21. Do not						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat							(	12,495.)
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						I		10 105
	Schedule 1 (Form 1040), line 5. Otherwise, include this at	rnount	in the to	iai on lii	ne 41	on page 2	. 26		-12,495.

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

PRASAD YADAV YETTAM & AKSHATHA KURIKYALA

Your taxpayer identification number 597-95-4016

**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.

	I			
1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	1	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 5	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 41.		
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	<b>8</b> 41.		
9			9	8.
10	Qualified business income deduction before the income limitation. Add lines 5 and	19	10	8.
11	Taxable income before qualified business income deduction (see instructions)	11 112,102.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 60.		
13	,	112,042.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	22,408.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			_
	the applicable line of your return (see instructions)		15	8.
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 arzero, enter -0-		17	( 0.

#### **Clean Vehicle Credits**

OMB No. 1545-2137

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information. Attachment equence No. **69** 

Name(s) shown on return Identifying number PRASAD YADAV YETTAM & AKSHATHA KURIKYALA 597-95-4016 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 139,802. 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 . . . . . . 2 139,802. 155,058. 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 . . . . . . . 155,058. 4 Enter the **smaller** of line 2 or line 4 5 139,802. 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 15,271. 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 15,271. 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

K. All others, report this amount on Form 3800, Part III, line 1aa . . . . . . . . . . . . . . . . .

#### SCHEDULE A (Form 8936)

#### **Clean Vehicle Credit Amount**

OMB No. 1545-2137

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.

Name(s	shown on return	Identifying number						
PRA	SAD YADAV YETTAM & AKSHATHA KURIKYALA	59	7-95	5-401	. 6			
Par	Vehicle Details							
1a	Year			2023				
b	Make	TE	SLA					
С	Model	Y						
•	Vehicle identification number (VIN) (see instructions)		-	0 0	7	0	0 0	
2		0 P		0 9	7	0	0 2	
3	Enter date vehicle was placed in service (MM/DD/YYYY)		/18/	/ 2023	j			
4	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.							
5	Does the VIN entered on line 2 belong to a <b>new clean vehicle</b> placed in service during the tax definitions.  ✓ <b>Yes.</b> Go to Part II.  ✓ <b>No.</b> Go to line 6.	year?	See	instru	ction	s for		
6	Does the VIN entered on line 2 belong to a <b>previously owned clean vehicle</b> acquired after 202 the tax year? See instructions for definitions.         Yes. Go to Part IV.    No. Go to line 7.	2 and	d plad	ced in	serv	ice d	uring	
7	Does the VIN entered on line 2 belong to a <b>qualified commercial clean vehicle</b> acquired after during the tax year? See instructions for definitions.  Yes. Go to Part V.  No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described.						;e	
Part	I Credit Amount for Business/Investment Use Part of New Clean Vehicle							
8	<ul> <li>Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.</li> <li>☒ Yes.</li> <li>☐ No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.</li> </ul>							
9	Tentative credit amount (see instructions)	9	_		-	7,50	0.	
10	Business/investment use percentage (see instructions)	10	_				%	
11	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.	
Part	Credit Amount for Personal Use Part of New Clean Vehicle							
12	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 <b>,</b> 50	00	
		200						

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 vehicle	e fron	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 retu	rn?	
	Yes. Stop here. 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.
			1,000
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			
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the excellent the instructions applies	eption	for certain tax-exempt
	entities discussed in the instructions applies.  Yes.		
	No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception	appli	es.
L	Did you conside the vehicle for you and lease to athour and not for your 100 America (MI-) if you		and a state of the
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.	are ie	easing the vehicle from
	Yes.		
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to	o leas	e to others, or acquired fo
	resale.		
С	Is the vehicle also powered by gas or diesel? See instructions.		
_	☐ Yes.		
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	
21	Subtract line 20 from line 19	21	
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	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is		
	14,000 pounds or more)	25	
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V		

<b>2023 MICHIGAN Inc</b> Return is due April 15, 2024			Gluill	. IVII-	UTU				ended Return de Schedule AMD)	J
1. Filer's First Name	M.I.	Last Name			2. Filer	's Full S	Social Se	curity N	No. (Example: 123-45-678	9)
PRASAD YADAV		YETTAM				97		95	<del></del> 4016	
If a Joint Return, Spouse's First Name	M.I.	Last Name				97		95	<del></del>	
AKSHATHA		KURIKYALA			3. Spot	ıse's Fı	ull Social	Securi	ty No. (Example: 123-45-6	789)
Home Address (Number, Street, or P.O.	•				g	90		94	<del></del>	
21076 GREEN HILL	RD	10: 1 7:0	0 1				0 . 1			
City or Town			Code		4. Scho		rict Code	(5 aigi	ts)	
FRAMINGTON HILLS		MI   4	8335				200			
<ol> <li>STATE CAMPAIGN FUND         Check if you (and/or your sporilling a joint return) want \$3 of to go to this fund. This will not your tax or reduce your refundance.     </li> </ol>	your taxes increase I.	a. Filer b. Spouse			fishing, or	box if seafai	2/3 of y ring.	our in	come is from farming,	
7. 2023 FILING STATUS. Check	one.					CY ST	TATUS.	Check	call that apply.	
a. Single		ou check box "c," complete		а. Х	Resident					
F 133 A4		3 and enter spouse's full name	е	. —					* If you check box "b" o "c," you must complete	r
b. X Married filing jointly	belo	N	—, l	b	Nonreside	ent *			and include Schedule	
c. Married filing separately	r*			c	Part-Year	Resid	ent *		NR.	
<ul><li>a. Number of exemptions (se</li><li>b. Number of individuals who blind, hemiplegic, paraple</li></ul>	qualify for	,	xemptions	s: deaf,		1	\$5,400 \$3,100	Ī	10800	00
<ul> <li>c. Number of qualified disab</li> </ul>	led veterar	ıs		90	o.	x	\$400	9c.		00
d. Number of Certificates of	Stillbirth fro	om MDHHS (see instructions)	)	90	d	x	\$5,400	9d.		00
e. Claimed as dependent, se	ee line 9 N	OTE above		9e	э. 🔲			9e.		00
f. Add lines 9a, 9b, 9c, 9d a	nd 9e. Ent	er here and on line 15					г	9f.	10800	00
10. Adjusted Gross Income fro	m your U.S	S. Form 1040 (see instructions	s)				10.		139802	00
11. Additions from Schedule 1, li	ne 9. <b>Incl</b> u	de Schedule 1					11.			00
12. <b>Total.</b> Add lines 10 and 11							12.		139802	00
13. Subtractions from Schedule	1, line 31.	Include Schedule 1					13.			00
14. Income subject to tax. Sub	tract line 1	3 from line 12. If line 13 is gre	eater than	line 12,	enter "0"		14.		139802	00
15. <b>Exemption allowance.</b> Ente	r amount f	rom line 9f or Schedule NR, li	ine 19				15.		10800	loc

16. **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" ......

17. **Tax.** Multiply line 16 by 4.05% (0.0405) ......

16.

17.

NON-	REFUNDABLE CREDITS	AMOUNT		_	CREDIT	
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)	18a	00	18b.		00
19.	Michigan Historic Preservation Tax Credit (see instructions).	19a.	00	19b.		00
20.	<b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17 If the sum of lines 18b and 19b is greater than line 17, enter "0".			20.	5225	00
21.	Voluntary Contributions from Form 4642, line 6. Include Form 4	642		21.		00
22.	Penalty for nonqualified withdrawal from Form 5792, <i>Michigan F Program</i> , line 5	,		22.		00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-sta Worksheet 1 (see instructions)	•		23.	0	00
24.	Total Tax Liability. Add lines 20 through 23		24.		5225	00
REFU	JNDABLE CREDITS AND PAYMENTS			Г		
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2			25.		00
26.	Farmland Preservation Tax Credit. Include MI-1040CR-5			26.		00
		FEDERAL			MICHIGAN	
27.	Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b.	27a.	00	27b.		00
28.	Michigan Historic Preservation Tax Credit (refundable). Include	Form 3581		28.		00
29.	Credit for allocated share of tax paid by an electing flow-through	entity (see instructions)		29.		00
30.	Michigan tax withheld from Schedule W, line 6. Include Schedu	ıle W (do not submit W-2s)		30.	6218	00
31.	Estimated tax, extension payments and 2022 credit forward			31.		00
32.	2023 AMENDED RETURNS ONLY. Taxpayers completing an or Amended returns must include Schedule AMD (see instruction		line 33.			
	32a. If you had a refund and/or credit forward on the original retunegative number on line 32c.	urn, check box 32a and enter this amo	ount as a			
	32b. If you paid with the original return, check box 32b and enter any additional tax paid after filing, as a positive number on I			32c.		00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28	3, 29, 30, 31 and 32c	33.		6218	00

2023 I	MI-1040,	Page	3 of 3
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**REFUND OR TAX DUE** 34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. .....YOU OWE 00 00 00 Include interest and penalty 34 993 35. Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33 ...... 100 Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return . 36 00 993 00 DIRECT DEPOSIT a. Routing Transit Number b. Account Number c. Type of Account Deposit your refund directly to your financial institution! See instructions and complete a, b Checking 2. Savings 121000358 325053268448 Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2022, enter dates below. Preparer Certification. I declare under penalty of perjury that ENTER DATE OF DEATH ONLY. Example: 04-15-2023 (MM-DD-YYYY) this return is based on all information of which I have any knowledge. Preparer's PTIN, FEIN or SSN Filer Spouse P02082703 Preparer's Name (print or type) Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. SYAM PRIYA RAM SAGAR GUPTA TA Filer's Signature Date Preparer's Signature SYAM PRIYA RAM SAGAR GUPTA Spouse's Signature Preparer's Business Name, Address and Telephone Number Date GLOBAL TAXES LLC

Filer's Full Social Security Number

Refund, credit, or zero returns. Mail your return to:

By checking this box, I authorize Treasury to discuss my return with my preparer.

Michigan Department of Treasury, Lansing, MI 48956

E BRUNSWICK NJ 08816

245 ROONEY CT

678-965-9522

597 **-**

95

**-** 4016

Pay amount on line 34 (see instructions). Mail your check and return to: Michigan Department of Treasury, Lansing, MI 48929

#### 2023 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

#### **Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2023, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
PRASAD YADAV		YETTAM	597 <b>—</b> 95 <b>—</b> 4016
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
AKSHATHA		KURIKYALA	990 <b>—</b> 94 <b>—</b> 3038

#### TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

4	۱ ۱	В	C	D		E		
Enter "X" for: E		Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld		
X		81-4103927	STAFFWORXS LLC	151091	00	6218	00	
					00		00	
					00		00	
					00		00	
					00		00	
Enter	Table	1 Subtotal from additional Sche			00			
4.	SUB	4.	6218	00				

## TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

Α	В	С	D	E
Enter "X" for: Filer or Spouse	1 (5 1 00 100 1507)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	00
			00	00
			00	00
			00	00
			00	00
Enter Table	e 2 Subtotal from additional Sche	dule W forms (if applicable)		00
5. <b>SUE</b>	. 00			
6. <b>TOT</b>	6218 00			

REV 02/08/24 PRO