Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

	770-69-9	9129
	0	
	Spouse's social	I security number
	743-73-2	2320
2023 (Enter	year you are	authorizing.)
		1 140,479.
	[2 7,926.
	[3 18,027.
	[4 10,101.
	[5
		743-73-2 2023 (Enter year you are

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

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

Taxpayer's PIN: check one box only

				EBO firm name	<u> </u>	Er
X	l authorize	GLOBAL TA	AXES	LLC	to enter or generate my PIN	9

9	9	1	2	9	
Ent dor	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

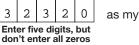
Your signature ►

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date



signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date 🕨
Practitioner PIN Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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

ERO's signature >			
ERO Must Retain This Don't Submit This Form to th			
For Paperwork Reduction Act Notice, see your tax return instruction	ns. BAA	REV 01/27/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20			nstructions.
Your first name	and m	iddle initial	Last n									urity number
KUMARASW				MIDI						770		9129
		s first name and middle initial	Last n									security number
SPANDANA			BOD							743		2320
		er and street). If you have a P.O. box, see							vpt. no.			ction Campaign
	•	PARK DRIVE W										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	ow.	Sta	te	ZIP co	ode			ointly, want \$3
CANTON		,				МІ		481	88	•		nd. Checking a
Foreign country	name			Foreign p	rovince/state/c				n postal code	your tax		not change nd.
							-		•	, , , , , , , , , , , , , , , , , , ,	🗌 Yo	_
Filing Status	. [] Single					Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne had	income)					- (-)			
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che			• •	. ,	ld's nai	me if the
		alifying person is a child but not you										
D '	<u> </u>	witime during 2002 did your (a) rea					nont for propo			(b) cell		
Digital Assets		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi									ΠYe	es 🛛 No
	-	eone can claim: You as a de					a dependent	<u>., (o</u> t		10.)		
Standard Deduction		Spouse itemizes on a separate retur			•		•					
		·		_							<u> </u>	
		Were born before January 2, 1	959	Are bl		use		14	ore January 2	-		blind
Dependents				(2) S	Social security number		(3) Relationsh	ip (4	Check the b Child tax c			see instructions): r other dependents
If more	(1) F	irst name Last name			number		to you			euit	Orean 10	
than four dependents,				_								
see instructions	s ——											
and check here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions)					. 1a		164,813.
income	b	Household employee wages not re			,					. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•							. 1c		
attach Forms	d							. 1d				
W-2G and	е	Taxable dependent care benefits f			, ,		· · · ·			. 1e		200.
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f		
lf you did not	g	Wages from Form 8919, line 6								. 1g		
get a Form W-2, see	h	Other earned income (see instructi	ions)							. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins [.]	tructions)			1i					
	z	Add lines 1a through 1h	. <u>.</u>							. 1z		165,013.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest			. 2b		
if required.	3a	Qualified dividends	3a			b 0	ordinary divider	nds .		. 3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t		. 5b		
Single or Marriad filing	6a		6a				axable amoun	t	· · · _	. 6b	_	
Married filing separately,	С	If you elect to use the lump-sum e							L			
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee			•		-		L	_ 7		-3,000.
jointly or Qualifying	8	Additional income from Schedule								. 8	_	-21,534.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	ome	ə			. 9		140,479.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11		140,479.
• If you checked	12	Standard deduction or itemized						• •		. 12		27,700.
any box under <i>Standard</i>	13	Qualified business income deduction		n ⊦orm 8	995 or Form	899				. 13		07 500
Deduction, see instructions.	14 15	Add lines 12 and 13								. 14		27,700.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-u I nis is y	our t	axable incom	e.		. 15		112,779.

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

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	16	i 15,426.
Credits	17	Amount from Schedule 2, lin	ie3				17	7
	18	Add lines 16 and 17					18	15,426.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19)
	20	Amount from Schedule 3, lin	ie8				20	7,500.
	21	Add lines 19 and 20					21	I 7,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			22	2 7,926.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		23	3 0.
	24	Add lines 22 and 23. This is	your total tax				24	
Payments	25	Federal income tax withheld						
	а	Form(s) W-2				25a 18	,027.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	d 18,027.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		26	3
qualifying child,	27	Earned income credit (EIC)			No	27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit	from Form 8863	8, line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin				31		
	32	Add lines 27, 28, 29, and 31				undable credits	32	2
	33	Add lines 25d, 26, and 32. T					33	18,027.
Refund	34	If line 33 is more than line 24					34	
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗌 35	a 10,101.
Direct deposit?	b	Routing number 0 7 2					Savings	
See instructions.	d	Account number 2 1 2					Ŭ	
	36	Amount of line 34 you want a			ed tax	36		
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe				
You Owe	••	For details on how to pay, g					37	7
	38	Estimated tax penalty (see in				38		
Third Party	Do	you want to allow another				See		
Designee		tructions	•				omplete belov	v. 🔀 No
U		signee's		Phone			onal identificatio	n
	nai			no.			ber (PIN)	
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com						
Here		· · · ·	pioto. Doolaration o		,			
	YO	Your signature		Date	Your occupation			sent you an Identity n PIN, enter it here
Joint return?					MECHANICA	L ENGINEER	(see inst.)	,
See instructions.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat		If the IRS	sent your spouse an	
Keep a copy for your records.								rotection PIN, enter it here
your records.					SOFTWARE	ENGINEER	(see inst.)	
		one no. (361)720-246		Email address	KUMARASWAMYMU	JMMIDI@GMAIL.CC		
Paid		parer's name	Preparer's signat			Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/04/2024	P0208270	
Use Only	Fir	m's name GLOBAL TAX					Phone no	(678)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/27/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. **01**

Your social security number

770-69-9129

Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

		,	,	
KUMARASWAMY	MUMMIDI	&	SPANDANA	BODIGE

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Aimony received 1 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule C 3 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 8a 8 Other income: 8a 9 Cancellation of debt 8a 6 Cancellation of debt 8a 7 Baska Permanent Fund dividends 8a 9 Alaska Permanent Fund dividends 8a 1 Activity not engaged in for profit income 8i 1 Activity not engaged in for profit income 8i 1 Activity not engaged in for profit property 8a 1 Activity not engaged in structions) 8a <	Par	Additional Income			
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 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	•	· · · · · · · · · · · · · · · · · · ·		- 1	
1040, line 1a or 1d 10			8r	- 1	
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 2 Other income. List type and amount:		•		-	
9 Total other income. Add lines 8a through 8z			ou	-	
 9 Total other income. Add lines 8a through 8z. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 	Z		Q-		
10 Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form	0	Total other income. Add lines 8a through 97		0	
10/0 10/0-SP or 10/0-NP line 8				3	
	10	1040 1040-SR or 1040-NR line 8		10	-21,534.
For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2023	For Pa		<u>· · · · · · · · · · · · · · · · · · · </u>		

ar	Adjustments to Income						
1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee	-basi	s gov	vernm	ent		
	officials. Attach Form 2106					12	
3	Health savings account deduction. Attach Form 8889					13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				. [14	
5	Deductible part of self-employment tax. Attach Schedule SE				. [15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a	Alimony paid					19a	
b	Recipient's SSN						
c	Date of original divorce or separation agreement (see instructions):				_		
<u>כ</u>	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	Archer MSA deduction					23	
4	Other adjustments:	· ·	• •	• •	· •		
a		24a					
		24a			-		
D		24b					
-	Nontaxable amount of the value of Olympic and Paralympic medals	240			-		
С	and USOC prize money reported on line 8m	24c					
		24C 24d			-		
a		240			-		
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:						
		24z					
5	Total other adjustments. Add lines 24a through 24z				.	25	
6	Add lines 11 through 23 and 25. These are your adjustments to income						
	Form 1040, 1040-SR, or 1040-NR, line 10					26	

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074 2023

Attachment Sequence No. 03

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

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

	s) shown on Form 1040, 1040-SR, or 1040-NR				ecurity number			
1	ARASWAMY MUMMIDI & SPANDANA BODIGE		770-	69-91	.29			
Par								
1	Foreign tax credit. Attach Form 1116 if required			1				
2	Credit for child and dependent care expenses from Form 244 ⁻ Form 2441			2				
0				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	<u> </u>		5b				
6	Other nonrefundable credits:							
а	General business credit. Attach Form 3800	6a		-				
b	Credit for prior year minimum tax. Attach Form 8801	6b		-				
С	Adoption credit. Attach Form 8839	6c		-				
d	Credit for the elderly or disabled. Attach Schedule R	6d						
е	Reserved for future use	6e						
f	Clean vehicle credit. Attach Form 8936	6f 5	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	6ј						
k	Credit to holders of tax credit bonds. Attach Form 8912	6k						
I	Amount on Form 8978, line 14. See instructions	61						
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 1	040, 1040-9	SR, or		,,			
	1040-NR, line 20			8	7,500.			
	(continued on page 2)							

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

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	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)-SR, or 1040-NR,	15	
	BAA REV	01/27/24 PRO	Schedu	ile 3 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2023 Attachment Sequence No. 12

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

KUMARASWAMY MUMMIDI & SPANDANA BODIGE

Your social security number 770-69-9129

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
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 Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	(881.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-881.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 Box D checked	7,040.	12,423.			-5,383.
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 Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat		12			
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	-	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-			15	-5,383.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -6,264.
	• 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 line 22.	
	• 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?	
	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.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ 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.	

BAA REV 01/27/24 PRO

Schedule D (Form 1040) 2023

Form 8949 (2	,			 	 · J ·
		 	 	 0!-!	 In

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side KUMARASWAMY MUMMIDI & SPANDANA BODIGE

Social security number or taxpayer identification number 770–69–9129

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

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate 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	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
COINBASE	04/10/21	02/08/23	479.	449.			30.	
COINBASE	11/16/21	02/08/23	2,178.	4,974.			-2,796.	
COINBASE	04/07/21	02/08/23	392.	333.			59.	
COINBASE	12/04/21	02/08/23	3,991.	6,667.			-2,676.	
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	7,040.	12,423.			-5,383.			

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.

REV 01/27/24 PRO

					Supplementa							OMB No	0. 1545-0074
(Form	1040)	(Fro	om re		oyalties, partnersl		-			trusts, REMICs	s, etc.)	20	23
	ent of the Treasury Revenue Service				ach to Form 1040, gov/ScheduleE for		,			formation.		Attachm Sequen	nent ce No. 13
Name(s)	shown on return									۲	our socia	al security	
KUMA	RASWAMY MU	MMII	DI 8	& SPANDANA H	BODIGE						770-6	9-9129	
Part					Real Estate an								
	Note: If yo	u are	in th	e business of renti from Form 4835 of	ng personal proper	ty, use	Schedule	e C. See	e instru	ctions. If you are	e an indiv	vidual, rep	ort farm
A D					vould require you	to file	Form(s) 1	10992 5	See ins	structions			s X No
				ou file required Fo									
1 a	-				et, city, state, ZIF		,						
	D.NO:14-2	3-5,	, ANZ	AKAPALLI VIS	SAKAPATNAM	ANDH	IRA PRA	ADESH	IN	531001			
B C													
 1b	Type of Property 2 For each rental real estate property listed Fair Rental Personal Use												
ID	(from list below		2					га	Days	Da		QJV	
Α	3	.,	above, report the number of fair rental personal use days. Check the QJV box			JV box	c only	Α		365		0	
В					requirements to f			B					
С				qualified joint ve	enture. See instru	ictions	5.	С					
Туре о	of Property:	1											
1 :	Single Family R	eside	ence	3 Vacation	/Short-Term Ren	tal	5 Land	1	7	Self-Rental			
2	Multi-Family Re	sider	nce	4 Commere	cial		6 Roya	alties	8	Other (describ	oe)		
										Properties			
Incom	e:							Α		В			С
3		Ι.				3			20.				•
4						4		-					
Expen													
5	Advertising .					5							
6	Auto and trave	l (see	e inst	tructions)		6							
7	Cleaning and r	naint	tenar	nce		7		1,5	65.				
8	Commissions					8		7	20.				
9	Insurance					9							
10	Legal and othe	er pro	ofess	ional fees		10							
11						11		1,4	33.				
12				to banks, etc. (se		12							
13	Other interest	•				13							
14						14			57.				
15						15		3,8	11.				
16						16							
17						17			77.				
18	•	xpen	ise o	r depletion		18 19		7,0	91.				
19 20	Other (list)			es 5 through 19		20		22,3	E /				
20 21	•			ie 3 (rents) and/o		20		44,5	54.				
21				structions to find									
						21		-21,5	34.				
22	Deductible ren	tal re	eal e	state loss after li	mitation. if anv.								
				ructions)		22	(21,53	34.)	()	()
23a									23a		820.		,
b	Total of all amo	ounts	s rep	orted on line 4 fc	or all royalty prop	erties			23b				
С		al of all amounts reported on line 12 for all properties											
d	Total of all amounts reported on line 18 for all properties												
е					for all properties				23e	22,	354.		
24					n line 21. Do not		-		• •		24	1	
25					d rental real estate						25	(2	21,534.)
26					come or (loss).								
					on page 2 do no se, include this ar								-21,534.
Eer De			,				NE			-21,534.	26		
FOR Pa	ρει νυτκ πεαυςτ	A no		nice, see the sepa	arate instructions.		INE	× ×		,551.	Sch	neaule E (Fo	orm 1040) 2023

Schedule E (Form 1040) 2023

Department of the Trassary Natach to Form 1040, 1040-SR, or 1040-NR. Department of the Trassary Department of the Trassary Department of the Trassary Normality and the latest information. Department of the Trassary Department of the Trassary Normality and the latest information. Department of the Trassary Normality and the latest information. Department of the Trassary Normality and the latest information. Department of the Trassary Normality and the latest information. Department of the Trassary Normality and the latest information. Department of the Trassary Department of the Trassary <thdepartment of="" th="" the="" trassary<=""> <thdepartme< th=""><th>Form</th><th>2441</th><th></th><th>Child</th><th>and D</th><th>epender</th><th>t Care Expe</th><th>enses</th><th></th><th>OMB No. 1545-0074</th></thdepartme<></thdepartment>	Form	2441		Child	and D	epender	t Care Expe	enses		OMB No. 1545-0074
Other instruction Go to www.irs.gov/Form2441 for instructions and the latest information. All advances in 21 Namedig ideous on return You receive expenses if your filing status is married filing separately unless you meet the requirements itself in the instructions under Married Persons Filing Separately. If you meet these requirements itself in the instructions under Married Persons Filing Separately. If you meet these requirements itself in the instructions under Married Persons Filing Separately. If you meet these requirements itself in the instructions under Married Persons Filing Separately. If you meet these requirements itself of the instructions with Provided the Care – You must complete this part. If you roy up approximately the provider is part if the provider is part in the instruction of the in					Attach to F	- 	-			2023
Namedia hown on return Ver available security number KUMARASWAMY MUMINIDI & SPANDANA EDDIGE 770–69–91.29 A You car't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under <i>Married Persons Filing Separately</i> . If you meet these requirements, check this box . 1 B If you or your spouse was a student or was disabled during 2023 and you're retring deemed income of \$250 or NESO an anoth on Form 2441 based on the instructions under <i>II</i> you or <i>Vaur Spouse Was a Student or was S50 a</i> anoth on Form 2441 based on the income rules listed in the instructions under <i>II</i> you or <i>Vaur Spouse Was a Student or was S50 a</i> anoth on Form 2441 based on the income rules listed in the instructions under <i>II</i> you prove more than three care providers, see the instructions and check this box . (e) Amount pad these instructions and check this box . (f) Was the care provider you for the care benefits? (e) Amount pad these instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay the multi 2024, or if you pregula in 2023 for care to be provider for Child and Dependent Care Expenses (f) Was the care provider you for the tare benefits? (g) Qualifying person(s). If you incurred care expenses in 2023 but didn't pay the multi 2024, or if you pregula in 2023 for care to be provider is your household employee, you may owe employment taxes. For details, see the instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay the multi 2024, or if you pregula in 2023 for care to be provider is provider is pour pr								stinformation		Attachment
XUMARASNAMY_MUMMIDIE E_SPANDANA_BODIGE 770-69-9129 A You can't claim a credit for child and dependent care expenses if your filing status is married filings exparately unless you meet the requirements its leted in the instructions under Married Parsons Filing Separately. If you meet these requirements its check this box				ao to www.irs.	gov/Form2			st mormation.	Your so	
A You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements, sheck this box . B I You or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under I/Y ou or Your Spouse Was a Student or Was disabled, check this box . Periods or Organizations Who Provided the Care – You must complete this part. If you have more than three care providers, see the instructions and check this box . 1 (e) Care provider's many (p) Address (p) Address (p) Address (g) V yes (No (P) was part provider you're on the provider in 2007 (P) was part provider you're on the provider in 2007 1 (e) Care provider's many (p) Address (p) Address (p) Address (p) Address manne (p) Address (p) Address (p) Address (p) Address (p) Address 1 (b) dour receive No (p) Yes No (p) Yes (p) Address Did you receive No Complete Part III on page 2 next. Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040,1). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provider in 2024, don't incuted may but and pade paration in 2023 for the preson or \$6,000 if	•		א דחדאא	SDANDANA	BODTGE					-
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B If you or your spouse was a student or was disabled during 2023 and you're entering deamed income of \$250 or \$500 a month on form 241 based on the income rules listed in the instructions under if You <i>rSpouse Was a Student or Disabled</i> , check this box . Part I Persons or Organizations Who Provided the Care — You must complete this part. If you have more than three care providers, see the instructions and check this box . (e) deam provider is name (f) Was the care provider is provider is name (f) and the care provider is name (f). Addess (for adjust entry is state, and ZIP code) (e) identifying number (f) was here care provider is name in the instructions is name in the structions) (see instructions) (see instructions for Softedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 tor 2023. See the instructions. Part II Crediti for Child and Dependent Care Expenses 2 Information about your qualifying person(s). If you have more than three qualifying persons. see the instructions and check this box (see instructions). 4 Enter to go and the instructions in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$5,000 if you had two or more persons. If you completed Part III, enter the amou										
Persons or Organizations Who Provided the Care — You must complete this part. If you have more than three care providers, see the instructions and check this box										
If you have more than three care providers, see the instructions and check this box	Form	2441 based on th	he income rul	es listed in the	e instructio	ons under If Yo	ou or Your Spouse I	Nas a Student or	Disabled	d, check this box .
1 (e) Gare provider's name (b) Address (rumber, street, apt. no., city, state, and 2/P code) (c) Heentifying number (SSN or EN) For example, its generally includes namine but not digcare centers. (see instructions) (c) Ansumt paid (see instructions) 1 (a) Care provider's name (b) Address (rumber, street, apt. no., city, state, and 2/P code) (c) Heentifying number (SSN or EN) (c) Ansumt paid (see instructions) 1 (b) Care provider's name (c) Heentifying number (see instructions) (c) Yes (c) Yes No 1 (c) Up use ceive (dependent care benefits? No (c) Yes (c) Yes No 1 (c) Corrective for (dependent care benefits? Yes (c) Yes No (c) Yes (c) Yes 2 (c) Corrective for (c) Corrective for (c) Corrective for (c) Outlifying person(s). If you incurred care expenses in column (d) of line 2 for 2023. See the instructions (c) Outlifying person(s). If you have more than three qualifying persons, see the instructions and check this box (c) Outlifying person's name (c) Outlifying person's name (c) Outlifying person's so care social security number social security number (c) Outlifying person's is all others, enter the amount from line 3 1. (c) Entek here if the person's listed in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person social security number (c) Outlifying person's listed in column (d) (c) Outlifying person's listed in column (c) (c) Check here if the person's social security number (c) Outlifying person's listed in column (c) (c) Check here if the person's social security number (c) Outlifying person's name (c) Outlifying person's name (c) Outlifying pers	Part									
Image: Second	1 (a		(numbe			and ZIP code)		household emplo For example, this ge nannies but not da	yee in 202 nerally inc ycare cent	3? (e) Amount paid
Image: Second								Yes	🗌 No	
Did you receive dependent care benefits? No Complete only Part II below. Caution: If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions. Part II Credit for Child and Dependent Care Expenses 2 Information about your qualifying person's name (b) Qualifying person's (a) Qualifying person's name (b) Qualifying person's social security number (c) Check here if the qualifying person was over age 12 and was disabled. 3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions); all others, enter the amount from line 4 0. 5 If married filing jointly, enter your spouse's earned income (if you ory our spouse was a student or was disabled, see the instructions); all others, enter the amount from line 7. filine 7 is: 6 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. filme 7 is: 7 Enter on line 8 the decimal amount shown below that applies to the amount on generative for amount is 20,000 - 23,000 - 23 39,000 - 41,000 - 23,000								🗌 Yes	🗌 No	
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(a) Qualifying person's name (b) Qualifying person's ocial security number Qualifying person was over age 12 and was disabled. (see instructions) 'you incurred and paid in 2023 for the person listed in column (a) Image: Social security number Image: Social security number Qualifying person's ocial security number Qualifying person was over age 12 and was disabled. (see instructions) 'you incurred and paid in 2023 for the person listed in column (a) Image: Social security number Image: Social security number Image: Social security number 'gou incurred and paid in 2023 for the person listed in column (a) Image: Social security number Image: Social security number Image: Social security number Image: Social security number 'gou incurred and paid in 2023 for the person listed in column (a) Image: Social security number Image: Social security number Image: Social security number Image: Social security number 'gou incurred and paid in 2023 for the person listed in column (a) Image: Social security number		Information abo	but your quair	rying person(sj. If you na	ave more than	three qualitying pe		1	
3 Add the amounts in column (d) of line 2. Don't enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 3 4 Enter your earned income. See instructions 4 4 4 4 4 4 4 4 5 1 7 4 4 5 1 7 5 1 7 5 0. 6 7 8 8 1040, 1040-SR, or 1040-NR, line 11 7 8		First	(a) Qualifying	person's name	Last			qualifying person age 12 and was o	was over lisabled.	you incurred and paid in 2023 for the person
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4 Enter your earned income. See instructions 4 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6 Enter the smallest of line 3, 4, or 5	3			. ,			•			
or was disabled, see the instructions); all others, enter the amount from line 4 5 0. 6	4	Enter your ear	ned income	. See instruct	ions .				4	
7 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11 7 8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: If line 7 is: If line 7 is: Over But not over <th< td=""><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0.</td></th<>	5									0.
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Over But not over Decimal amount is Over But not over Decimal amount is Decimal over But not over Decimal amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20	8	Enter on line 8	the decimal	amount shov	vn below 1	that applies t	o the amount on li	ne 7.		
Over over amount is Over over amount is Over amount is \$0-15,000 .35 \$25,000-27,000 .29 \$37,000-39,000 .23 15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20			ot Dooima			Desimal	1	Desimal		
15,000-17,000 .34 27,000-29,000 .28 39,000-41,000 .22 8 X 17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 8 X 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20 8 X		· · · ·								
17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20		\$0-15,000	0.35	\$25,000-	-27,000	.29	\$37,000-39,000	.23		
17,000-19,000 .33 29,000-31,000 .27 41,000-43,000 .21 19,000-21,000 .32 31,000-33,000 .26 43,000-No limit .20									8	х
					-		43,000—No limit	.20		
23,000-25,000 .30 35,000-37,000 .24		21,000-23,000				.25				
9a Multiply line 6 by the decimal amount on line 8 9a	9a								9a	
b If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount			-							
from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c 9b										
c Add lines 9a and 9b and enter the result							1		9c	
 10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 11 Credit for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and 		•								

 Great for child and dependent care expenses. Enter the smaller of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2

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

11

	2441 (2023) Dependent Care Benefits				Page
		000			
12	Enter the total amount of dependent care benefits you received in 20 as an employee should be shown in box 10 of your Form(s) W-2				
	reported as wages in box 1 of Form(s) W-2. If you were self-emplo				
	amounts you received under a dependent care assistance program fro				
	or partnership		· · · · · · · · ·	12	200.
13	Enter the amount, if any, you carried over from 2022 and used in 202	or bo	ring the grace period		200.
10	See instructions	.0 uu	ning the grace period.	13	
14	If you forfeited or carried over to 2024 any of the amounts reported of	on lir			
17	amount. See instructions			14 (
15	Combine lines 12 through 14. See instructions			15	200.
16	Enter the total amount of qualified expenses incurred in 2023 for	•••			200.
10	the care of the qualifying person(s)	16			
17	Enter the smaller of line 15 or 16	17	0.	-	
18	Enter your earned income . See instructions	18	89,813.	-	
19	Enter the amount shown below that applies to you.	10	07,013.		
13					
	 If married filing jointly, enter your spouse's earned income (if you or your spouse was a 				
	student or was disabled, see the				
	instructions for line 5).	19	75,000.		
	 If married filing separately, see instructions. 				
	All others, enter the amount from line 18.				
20	Enter the smallest of line 17, 18, or 19	20	0.		
		20	0.	-	
21	Enter \$5,000 (\$2,500 if married filing separately and you were				
	required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed				
	under your dependent care plan. See instructions	21	F 000		
20	Is any amount on line 12 or 13 from your sole proprietorship or partner		5,000.	-	
22	No. Enter -0	snip	1		
	No. Enter -0 □ Yes. Enter the amount here			00	0
~	—			22	0 .
23	Subtract line 22 from line 15	23	200.	-	
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, in			04	0
_	appropriate line(s) of your return. See instructions			24	0 .
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 00 or line 01. If some			05	0
	Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero		•	25	0
			lso, enter this amount		
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -				
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter - on Form 1040, 1040-SR, or 1040-NR, line 1e			26	200
26		• •		26	200
26	on Form 1040, 1040-SR, or 1040-NR, line 1e	 nt ca	re credit,	26	200
	on Form 1040, 1040-SR, or 1040-NR, line 1e	 nt ca 31 be	re credit, slow.		200
27	on Form 1040, 1040-SR, or 1040-NR, line 1e	 nt ca 31 be	re credit, Nov.	27	200
26 27 28	on Form 1040, 1040-SR, or 1040-NR, line 1e	 nt ca 31 be 			200
27 28	on Form 1040, 1040-SR, or 1040-NR, line 1e	 nt ca 31 be e cre	are credit, Now.	27 28	200
27 28 29	on Form 1040, 1040-SR, or 1040-NR, line 1e	nt ca 31 be e cre 	are credit, Noted to the second secon	27	200
27	on Form 1040, 1040-SR, or 1040-NR, line 1e	nt ca 31 be e cre any b	are credit, elow. dit. Exception. If you enefits shown on line	27 28 29	200
27 28 29	on Form 1040, 1040-SR, or 1040-NR, line 1e	nt ca 31 be e cre any b e .	are credit, elow.	27 28	200
27 28 29	on Form 1040, 1040-SR, or 1040-NR, line 1e	nt ca 31 be e cre any b e . on pa	are credit, elow. dit. Exception. If you enefits shown on line	27 28 29	200.

Clean Vehicle Credits	Clean	Vehicle	Credits
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Form **8936**

OMB No. 1545-2137

epartment of the Treasury	Attach to your tax return.		L Atta	20 23
ernal Revenue Service	Go to www.irs.gov/Form8936 for instructions and the late		Sec	uence No. 69
ame(s) shown on return	NULLI C CRANDANA RODICE		ying number	
	IMMIDI & SPANDANA BODIGE	-	-69-912	29
	a separate Schedule A (Form 8936) for each clean vehicle placed in	•	ax year.	
	completing Parts II, III, or IV, must also complete Part I. See "Note	e" text below.		
	d Adjusted Gross Income Amount		-	
	unt from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR	1a 140,479	<u>' • </u>	
-	me from Puerto Rico you excluded	1b		
	unt from Form 2555, line 45	10	_	
,	unt from Form 2555, line 50	1d 1e	_	
	unt from Form 4563, line 15	-	2	140 470
	nrough 1e			140,479
	me from Puerto Rico you excluded	3a 152,829 3b	<u> </u>	
•	unt from Form 2555, line 45	30 3c	-	
•	unt from Form 2555, line 50	3d	-	
,	unt from Form 4563, line 15	3e	-	
•	nrough 3e		4	152,829
	ller of line 2 or line 4			140,479
	or Business/Investment Use Part of New Clean Vehicles			140,479
7 New clean veh	credit amount figured in Part II of Schedule(s) A (Form 8936)		7	
	estment use part of credit. Add lines 6 and 7. Partnerships and S c amount on Schedule K. All others, report this amount on Form 380		3	
qualifying	bu can't claim the Part III credit if Part I, line 5, is more than \$ surviving spouse; \$225,000 if head of household).			
	credit amount figured in Part III of Schedule(s) A (Form 8936) unt from Form 1040, 1040-SR, or 1040-NR, line 18		9 10	7,500
	ts from Form 1040, 1040-SR, or 1040-NR (see instructions)			15,426
	1 from line 10. If zero or less, enter -0- and stop here. You can't c			
part of the cre			12	15 400
	part of credit. Enter the smaller of line 9 or line 12 here and			15,426
	If line 12 is smaller than line 9, see instructions		13	7,500
	or Previously Owned Clean Vehicles			7,500
Note: Yo	ou can't claim the Part IV credit if Part I, line 5, is more than \$ 9 surviving spouse; \$112,500 if head of household).	75,000 (\$150,000 if	married f	iling jointly or
4 Enter the total	credit amount figured in Part IV of Schedule(s) A (Form 8936)		14	
			15	
6 Personal cred	ts from Form 1040, 1040-SR, or 1040-NR (see instructions)		16	
	6 from line 15. If zero or less, enter -0- and stop here. You can't cl			
smaller than li	aller of line 14 or line 17 here and on Schedule 3 (Form 1040), the 14, see instructions		5 18	
	or Qualified Commercial Clean Vehicles			
	credit amount figured in Part V of Schedule(s) A (Form 8936)		19	
Add lines 19 a	nercial clean vehicle credit from partnerships and S corporations (s nd 20. Partnerships and S corporations, stop here and report this eport this amount on Form 3800, Part III, line 1aa	amount on Schedule	€ 20 21	
				Form 8936 (20)
	ion Act Notice, see separate instructions. BAA	REV 01/27/24 PRO		1 onn 0300 (20

	EDULE A n 8936)	Clean Vehicle Credit Amount		OMB No. 1545-2137
(,	Attach to your tax raturn		2023
	nent of the Treasury Revenue Service	Attach to your tax return. Go to <i>www.irs.gov/Form</i> 8936 for instructions and the latest informati	on.	Attachment Sequence No. 69A
Name(s) shown on return		-	ng number
		JMMIDI & SPANDANA BODIGE	770-	59-9129
Part	Vehicle	Details	- 17	
1 a	Year		- 12	2023
b	Make		TESL	A
с	Model		MODE	LY
2	Vehicle identif	ication number (VIN) (see instructions) 7 S A Y G D E F 0	ΡA	0 4 8 7 4 3
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	03/3	1/2023
4		le used primarily outside the United States? Answer "No" if it was but an exception here. You can't claim a credit amount for a vehicle used primarily outside the Un		
5	Does the VIN definitions. X Yes. Go to No. Go to		year? Se	e instructions for
6			2 and p	laced in service during
7 Part	during the tax Yes. Go to No. Stop I	entered on line 2 belong to a qualified commercial clean vehicle acquired after year? See instructions for definitions. Part V. here. You can't use this schedule to figure a credit amount for a vehicle not desc mount for Business/Investment Use Part of New Clean Vehicle		
8	another perso	re the vehicle for use or to lease to others, and not for resale? Answer "No" if you n. nere. You can't claim a credit amount for a vehicle you didn't acquire for use or to		-
9	Tentative cred	it amount (see instructions)	9	7,500.
10	Business/inve	stment use percentage (see instructions)	10	%
11 Part	entered 100%	by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11	
	5.00107			
12	Subtract line 1 Part III of Forn	1 from line 9 in Part II. Stop here and include this credit amount on line 9 in 9836	12	7,500.
For Pa	perwork Reduct	ion Act Notice, see the Form 8936 instructions. BAA REV 01/27/24	PRO	Schedule A (Form 8936) 2023
		DO NOT FIL	E	

Schedu	e A (Form 8936) 2023		Page 2
Part	V Credit Amount for Previously Owned Clean Vehicle		
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.		
h	Did you acquire the vehicle for use and not for receive? Answer "Ne" if you are lessing the vehicle	o fron	a another nerson
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle Yes.	eiron	n another person.
	 No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a 	cauire	d for resale
	The stop here. For carry claim a credit amount for a venicle you drain t acquire for use of a	cquire	d loi resale.
С	Can you be claimed as a dependent on another person's tax return, such as your parent's retur	m?	
	Stop here. You can't claim a credit amount if you can be claimed as a dependent.		
	□ No.		
Ь	Is the vehicle a qualified fuel cell motor vehicle? See instructions.		
u	□ Yes.		
	\square 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.
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 exce	ption	for certain tax-exempt
	entities discussed in the instructions applies.		
	Ves.	onnli	00
	No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception	арри	es.
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you	are le	asing the vehicle from
	another person.		
	☐ Yes.		
- 1	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to	leas	e to others, or acquired for
	resale.		
-	le the vehicle clear neuronal burgers on discel? Cas instructions		
С	Is the vehicle also powered by gas or diesel? See instructions.		
	└ Yes. □ No.		
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	
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		
	of Form 8936	26	

Schedule A (Form 8936) 2023

2023 MICHIGAN Indi Return is due April 15, 2024.				n MI-10	040			ended Return ude Schedule AMD)]
1. Filer's First Name	M.I.	Last Name			2. Filer's	Full Social S	ecurity	No. (Example: 123-45-6789))
KUMARASWAMY		MUMMIDI				70 —	69	0120	
If a Joint Return, Spouse's First Name	M.I.	Last Name			/	/0 —	69	<u> </u>	
SPANDANA		BODIGE			3. Spous	e's Full Socia	al Secu	rity No. (Example: 123-45-6	789)
Home Address (Number, Street, or P.O. Bo					7	43 —	73	<u> </u>	
1812 MAPLE PARK DR	IVE	W State	ZIP Code		4 Sabar	I District Cod	_		
City or Town			-	`	4. Schoo		e (ວ ແບ	jns)	
CANTON 5. STATE CAMPAIGN FUND		MI	48188			82160 Hermen, C			
Check if you (and/or your spous filing a joint return) want \$3 of yu to go to this fund. This will not in your tax or reduce your refund.	our taxes	a. Filer				box if 2/3 of		ncome is from farming,	
7. 2023 FILING STATUS. Check o	ne.				RESIDENC	Y STATUS	. Chec	ck all that apply.	
a. Single		ou check box "c," comple		a. <u>X</u> I	Resident			* 1 5	
b. X Married filing jointly	line belo	3 and enter spouse's full w:	name	b. 🗌 I	Nonreside	nt *		* If you check box "b" ou "c," you must complete and include Schedule	-
c. Married filing separately*				c. 🗌 F	Part-Year I	Resident *		NR.	
9. EXEMPTIONS. NOTE: If som									
a. Number of exemptions (see		,		T T	2	x \$5,400) 9a.	10800	100
 b. Number of individuals who q blind, hemiplegic, paraplegic 						x \$3,100) 9b.		00
c. Number of qualified disabled	d vetera	าร		9c.		x \$400	9c.		00
d. Number of Certificates of St	illbirth fr	om MDHHS (see instruct	tions)	9d.		x \$5,400) 9d.		00
e. Claimed as dependent, see	line 9 N	OTE above		9e.			9e.		00
f. Add lines 9a, 9b, 9c, 9d and	9e. En	ter here and on line 15					9f.	10800	00
10. Adjusted Gross Income from	your U.	S. Form <i>1040</i> (see instru	ctions)			10.		140479	00
11. Additions from Schedule 1, line	e 9. Incl i	Ide Schedule 1				11.			00
12. Total. Add lines 10 and 11						12.		140479	00
13. Subtractions from Schedule 1,	line 31.	Include Schedule 1				13.			00
14. Income subject to tax. Subtra	ict line 1	3 from line 12. If line 13	is greater tha	an line 12, en	nter "0"	14.		140479	00
15. Exemption allowance. Enter a	amount	rom line 9f or Schedule I	NR, line 19			15.		10800	00

16.	Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	129679	00
17.	Tax. Multiply line 16 by 4.05% (0.0405)	17.	5252	00

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included. REV 01/19/24 PRO

Filer's Full Social Security Number

770 — 6

69 — 9129

NON	REFUNDABLE CREDITSAMOUNT	L	CREDIT
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions) 18a.	18b.	00
19.	Michigan Historic Preservation Tax Credit (see instructions). 19a. 00	19b.	00
20.	Income Tax. 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.	5252 00
21.	Voluntary Contributions from Form 4642, line 6. Include Form 4642.	. 21.	00
22.	Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings</i> <i>Program</i> , line 5	. 22.	00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)	. 23.	0 00
24.	Total Tax Liability. Add lines 20 through 23		5252 00
REFL	INDABLE CREDITS AND PAYMENTS		
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)       27a.         and enter result on line 27b.       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 Schedule W (do not submit W-2s)	. 30.	6729 00
31.	Estimated tax, extension payments and 2022 credit forward	. 31.	00
32.	<b>2023 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2023 return should skip to line 33 Amended returns must <b>include Schedule AMD (see instructions)</b> .	8.	
	32a. If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as negative number on line 32c.	а	
	32b. If you paid with the original return, check box 32b and enter the amount paid with the original return, plu any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	s 32c.	00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c 33.		6729 00

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

770 — 69 — 9129

**REFUND OR TAX DUE** 

34.	If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.		00
35.	Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	1477 (	00
36.	Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return	. 36.	00
37.	Subtract line 36 from line 35	1477	00

<b>DIRECT DEPOSIT</b> Deposit your refund directly to your financial institution! See instructions and complete a, b and c.		a. Rou	ting Transit	Number	b.	Account Number	c. Type of Account			
		07200	0326		212029968		1. X Checking 2. Savings			
	sed Taxpayer. If Filer and/or Spous DATE OF DEATH ONLY. Example:				dates below.		<b>on.</b> I declare under penalty of perjury that information of which I have any knowledge.			
		٦ ٢				Preparer's PTIN, FEIN or	SSN			
Filer		Spouse	_	-	·	P02082703				
Taxna	yer Certification. I declare under	nenalty of ne	riury that the	information in	this return	Preparer's Name (print o	type)			
	chments is true and complete to the bes				i uno return	SYAM PRIYA	RAM SAGAR GUPTA TA			
Filer's S	ignature			Date		Preparer's Signature				
						SYAM PRIYA	RAM SAGAR GUPTA TA			
Spouse	s Signature			Date		Preparer's Business Nam	e, Address and Telephone Number			
						GLOBAL TAXE	S LLC			
				•		245 ROONEY	СТ			
By checking this box, I authorize Treasury to discuss my return with my preparer.						E BRUNSWICK	NJ 08816			
		-				678-965-952				

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

## 2023 MICHIGAN Withholding Tax Schedule

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

Type or print in blue or black ink.

**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)
KUMARASWAMY		MUMMIDI	770 — 69 — 9129
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
SPANDANA		BODIGE	743 — 73 — 2320

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

4	4	В	С	D		E	
Enter "X" for: Filer or Spouse		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		95-4880869	SOLIZE USA CORPO	51854	00	2146	00
х		77-0553316	AUO CORPORATION	37959	00	1537	00
	х	84-1764320	SOLUTIONSOFT INC	75000	00	3046	00
					00		00
					00		00
Enter	Table		00				
4.	SUB	6729	00				

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

A	В	С	D	E			
Enter "X" for: <b>Filer</b> or <b>Spouse</b>	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld			
			00				
			00				
			00				
			00				
			00				
Enter Table	Enter Table 2 Subtotal from additional Schedule W forms (if applicable)						
5. <b>SUB</b>	00						
6. <b>TOT</b>	<b>AL.</b> Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30	) 6	. 6729 00			

## Attachment 13