

IRS e-file Signature Authorization

▶ 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 DEEPAK VARUN KUMAR MEKALA	Social security number 643-79-1056
Spouse's name ANUSHA REDDY THANUGUNDLA	Spouse's social security number 771-59-0237

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	77,750.
2 Total tax	2	5,557.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,158.
4 Amount you want refunded to you	4	7,601.
5 Amount you owe	5	

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

Under penalties of 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

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

9	1	0	5	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ Deepak Varun Mekala Date ▶ 03/19/2024

Spouse's PIN: check one box only

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

9	0	2	3	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 ▶ 03/19/2024

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your 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 ▶ _____ Date ▶ _____

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Personal information section including name (DEEPAK VARUN KUMAR), social security number (643 79 1056), spouse's name (ANUSHA REDDY), and address (4690 ELDORADO PKWY, MCKINNEY, TX 75070).

Filing Status section with options for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section asking if a digital asset was received or sold during 2023, with a checked 'No' response.

Standard Deduction section with 'Someone can claim' options for dependent, spouse, or dual-status alien.

Age/Blindness section with checkboxes for 'Were born before January 2, 1959' and 'Are blind'.

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Income section table with rows 1a through 1i, including total amount from Form(s) W-2, wages, tip income, and other earned income.

Table for Deductions and Adjustments with rows 2a through 15, including tax-exempt interest, qualified dividends, IRA distributions, and total taxable income.

Attach Sch. B if required.

Standard Deduction for— Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,557.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,557.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,557.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	5,557.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	13,158.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	13,158.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	13,158.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,601.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,601.
Direct deposit? See instructions.	b	Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 4 2 7 8 8 3 6 4		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Deepak Varun Mekala	Date	Your occupation APPLICATION DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. 	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (510)579-1327	Email address MVARUN.88@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA	Date 03/15/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN				

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

D MEKALA & A THANUGUNDLA

Your social security number

643-79-1056

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-18,833.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	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	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ 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 nonqualified 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 additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-18,833.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	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	
c	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	
e	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	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2023

Attachment Sequence No. 08

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

D MEKALA & A THANUGUNDLA

Your social security number

643-79-1056

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

CAPITAL ONE N.A.
Goldman Sachs Bank USA

Amount

74.
1,520.

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

1,594.
1,594.

Note: If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer: ROBINHOOD SECURITIES LLC

55.

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

55.

Note: If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Table with Yes/No columns. No is checked.

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

Table with Yes/No columns.

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

Table with Yes/No columns.

8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Table with Yes/No columns. No is checked.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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.

Attachment
Sequence No. **12**

Name(s) shown on return

D MEKALA & A THANUGUNDLA

Your social security number

643-79-1056

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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	83.	83.		0.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 0.

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 lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(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				
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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. 	16	0.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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</p>	18	
<p>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</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(0.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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.

Name(s) shown on return

Social security number or taxpayer identification number

D MEKALA & A THANUGUNDLA

643-79-1056

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.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see 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)
- (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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	83.	83.			0.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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).			83.	83.			0.

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.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **13**

Name(s) shown on return

D MEKALA & A THANUGUNDLA

Your social security number

643-79-1056

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A FLAT # 101, SURYA SPLENDOR RAGHAVENDRANAGAR HYDERABAD, TELANGANA IN 500007

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 601.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,451.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,635.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 3,968.		
15 Supplies	15 3,310.		
16 Taxes	16		
17 Utilities	17 3,745.		
18 Depreciation expense or depletion	18 3,325.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 19,434.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -18,833.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (18,833.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 601.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c 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 3,325.		
e Total of all amounts reported on line 20 for all properties	23e 19,434.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (18,833.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26 -18,833.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-18,833.

Schedule E (Form 1040) 2023

Passive Activity Loss Limitations

See separate instructions.
 Attach to Form 1040, 1040-SR, or 1041.
 Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

D MEKALA & A THANUGUNDLA

Identifying number

643-79-1056

Part I 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	()
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()
d Combine lines 1a, 1b, and 1c			1d

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	0.	
b Activities with net loss (enter the amount from Part V, column (b))	2b	(0.)
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	(-12,890.)
d Combine lines 2a, 2b, and 2c			2d -12,890.

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			3 -12,890.
--	--	--	-------------------

If line 3 is a loss and: • Line 1d is a loss, go to Part II.
 • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.	6	
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0.

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	0.
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	0.

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

For Paperwork Reduction Act Notice, see instructions.

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
FLAT # 101,SURYA SPLENDOR	0.	0.	12,890.		12,890.
Total. Enter on Part I, lines 2a, 2b, and 2c	0.	0.	12,890.		

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
FLAT # 101,SURYA SPLENDOR	E Ln 22	12,890.	1.00000000	12,890.
Total		12,890.	1.00	12,890.

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
FLAT # 101,SURYA SPLENDOR	E Ln 22	12,890.	12,890.	0.
Total		12,890.	12,890.	0.



Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning _____, and ending _____.

A. Spouse's Social Security Number 771-59-0237	B. Your Social Security Number 643-79-1056
Name—Last, First, Middle Initial (Joint return, give both names and initials.) MEKALA DEEPAK VARUN KUMAR THANUGUNDLA ANUSHA REDDY	
Mailing Address (Number and Street including Apartment Number or P.O. Box) 4690 ELDORADO PKWY 315	
City, Town or Post Office MCKINNEY TX 75070	State ZIP Code



FILING STATUS (see instructions)

1 Single

2 *Married*, filing joint return.

3 *Married*, filing separate returns. Enter spouse's Social Security number above and full name here. _____

Check if applicable:

Amended
(Enclose copy of 1040X, if applicable.)

Military Spouse

POLITICAL PARTY FUND
Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input checked="" type="checkbox"/>	(6) <input checked="" type="checkbox"/>

RESIDENCY STATUS (check one box)

4 Full-year nonresident. I did not live in Kentucky during the year. Enter state of residence as of December 31, 2023 _____.

5 Part-year resident. Complete appropriate line(s) below.
 Moved into Kentucky _____ State moved from _____
 Moved out of Kentucky 09/30/2023 State moved to TX

6 You must file a 740-NP-R if you are a full-year resident of a **reciprocal state (IL, IN, MI, OH, VA, WV or WI)** with Kentucky income of wages and salaries only.

COMPLETE SECTION B ON PAGE 4 BEFORE COMPLETING SECTION A.

SECTION A		7	8	9	10	11	12	13	14	15	16	17	18	19
7	Enter percentage from Section B, line 34.....	100.0 %												
8	Enter amount from Section B, line 33, Column A. This is your Federal Adjusted Gross Income		77,750.	00										
9	Enter amount from Section B, line 33, Column B. This is your Kentucky Adjusted Gross Income		87,936.	00										
10	Nonitemizers: Enter \$2,980 (do not prorate). Skip lines 11 and 12		2,980.	00										
11	Itemizers: Enter itemized deductions from Kentucky Schedule A, Form 740-NP		00											
12	Multiply line 11 by the percentage on line 7		00											
13	Subtract line 10 or 12 from line 9. This is your Taxable Income		84,956.	00										
14	Tax Computation: Multiply line 13 by 4.5% (.045) enter tax.....		3,823.	00										
15	Enter amount from Schedule ITC, Section A, line 25.....			00										
16	Subtract line 15 from line 14.....		3,823.	00										
17	Enter personal tax credit amounts from Schedule ITC, Section B		00											
18	Multiply line 17 by the percentage on line 7		00											
19	Subtract line 18 from line 16 and enter here, continue to page 2.....		3,823.	00										



20 Check the box that represents your total family size (**see instructions** for lines 20 and 21).....

21 Multiply line 19 by **Family Size Tax Credit** decimal amount 0.00 (0%) from Schedule ITC.....

22 Subtract line 21 from line 19.....

23 Enter the **Education Tuition Tax Credit** from Form 8863-K, line 17.....

24 Enter **Child and Dependent Care Credit** from worksheet (see instructions).....

25 RESERVED.....

26 **Income Tax Liability.** Subtract lines 23 through 25 from line 22. If zero or less, enter zero.....

27 Enter **KENTUCKY USE TAX** due on Internet, mail order, or other out-of-state purchases (**see instructions**).....

28 Add lines 26 and 27. This is your **TOTAL TAX LIABILITY**.....

29 For amended return; overpayment, if any, shown on original return.....

30 Add lines 28 and 29, enter here.....

20	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
21	0.00
22	3,823.00
23	00
24	00
25	00
26	3,823.00
27	00
28	3,823.00
29	00
30	3,823.00

31 a Enter **Kentucky income tax withheld** as shown on enclosed Schedule KW-2.....

b Enter 2023 Kentucky estimated tax/extension payments.....

c Enter 2023 refundable certified rehabilitation credit.....

d Enter 2023 refundable entertainment incentive tax credit.....

e Enter 2023 refundable development area tax credit.....

f Enter 2023 refundable decontamination tax credit.....

g Enter 2023 refundable pass-through entity tax credit from Form PTET-CR, line 9.....

h Enter **Nonresident Withholding** from Form PTE-WH, line 9.....

i For amended return; enter amount paid with original return plus additional payment(s) made after it was filed.....

31a	3,834.00
31b	00
31c	00
31d	00
31e	00
31f	00
31g	00
31h	00
31i	00

32 Add lines 31(a) through 31(i).....

33 If line 30 is larger than line 32, subtract line 32 from line 30, enter **ADDITIONAL TAX DUE**.....

34 a Estimated tax penalty **Check if Form 2210-K attached**.....

b Interest.....

c Late payment penalty.....

d Late filing penalty.....

34a	00
34b	00
34c	00
34d	00

35 Add lines 34(a) through 34(d). Enter here.....

36 If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35.
This is the **AMOUNT YOU OWE**, continue to page 3..... **OWE**

37 If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the **AMOUNT YOU OVERPAID**, continue to page 3.....

32	3,834.00
33	00
35	00
36	00
37	11.00



38 FUND CONTRIBUTIONS; see instructions.

a	Nature and Wildlife Fund	38a		00
b	Child Victims' Trust Fund	38b		00
c	Veterans' Program Trust Fund	38c		00
d	Breast Cancer Research/Education Trust Fund	38d		00
e	Farms to Food Banks Trust Fund	38e		00
f	Local History Trust Fund	38f		00
g	Special Olympics Kentucky.....	38g		00
h	Pediatric Cancer Research Trust Fund.....	38h		00
i	Rape Crisis Center Trust Fund	38i		00
j	Court Appointed Special Advocate Trust Fund	38j		00
k	YMCA Youth Association Fund	38k		00
39	Add lines 38(a) through 38(k)	39		00
40	Amount of line 37 to be CREDITED TO YOUR 2024 ESTIMATED TAX	40	CREDIT FORWARD	00
(Credit forwards not available for amended returns)				
41	Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU	41	REFUND	11.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime)
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA		Date 03/15/2024	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email	Telephone No. (678) 965-9522	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Enclose	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40618-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2023"		With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008



**SECTION B
INCOME**

	A. Total from Enclosed Federal Return		B. Kentucky	
1 Enter all wages, salaries, tips, etc. (<i>enclose Kentucky Schedule KW-2</i>) Do not include moving expense reimbursements.....	1	94,934.00	87,936.00	00
2 Moving expense reimbursement.....	2	00		00
3 Interest.....	3	1,594.00	0.00	00
4 Dividends.....	4	55.00	0.00	00
5 Taxable refunds, credits or offsets of state and local income taxes.....	5	00		00
6 Alimony received.....	6	00		00
7 Business income or loss (<i>enclose federal Schedule C</i>).....	7	00		00
8 Capital gain or loss (<i>enclose federal Schedule D</i>).....	8	0.00	0.00	00
9 Other gains or losses (<i>enclose federal Form 4797</i>).....	9	00		00
10 a Federally taxable IRA distributions, pensions and annuities.....	10a	00		00
b Pension income exclusion (<i>enclose Schedule P if more than \$31,110 per taxpayer</i>).....	10b		(00
11 Rents, royalties, partnerships, estates, trusts, etc. (<i>enclose federal Schedule E</i>).....	11	-18,833.00	0.00	00
12 Farm income or loss (<i>enclose federal Schedule F</i>).....	12	00		00
13 Unemployment compensation (see instructions).....	13	00		00
14 Taxable Social Security benefits.....	14	00		00
15 Gambling winnings.....	15	00		00
16 Other income (list type and amount) _____	16	00		00
17 Combine lines 1 through 16. This is your Total Income	17	77,750.00	87,936.00	00
ADJUSTMENTS TO INCOME				
18 Educator expenses.....	18	00		00
19 Certain business expenses of reservists, performing artists and fee-basis government officials (<i>enclose federal Form 2106</i>).....	19	00		00
20 Health savings account deduction (<i>enclose federal Form 8889</i>).....	20	00		00
21 Moving expenses for members of the armed forces.....	21	00		00
22 Deductible part of self-employment tax.....	22	00		00
23 Self-employed SEP, SIMPLE, and qualified plans deduction.....	23	00		00
24 Self-employed health insurance deduction.....	24	00		00
25 Penalty on early withdrawal of savings.....	25	00		00
26 Alimony paid (enter recipient's name and Social Security number) _____	26	00		00
27 IRA deduction.....	27	00		00
28 Student loan interest deduction.....	28	00		00
29 RESERVED.....	29	00		00
30 Archer MSA deduction.....	30	00		00
31 Other deductions (list type and amount) _____	31	00		00
32 Add lines 18 through 31. Total Adjustments to Income	32	00		00
33 Subtract line 32 from line 17. This is your Adjusted Gross Income	33	77,750.00	87,936.00	00
34 Divide line 33, Column B, by line 33, Column A. If amount is equal to or greater than 100%, enter 100%. This is your Percentage of Kentucky Adjusted Gross Income to Federal Adjusted Gross Income	34	1 0 0 . %		



2 3 0 3 4 9 1 5 5 5

**KENTUCKY INDIVIDUAL
TAX CREDIT SCHEDULE**

2023

➤ **Enclose with Form 740 or 740-NP**

Enter name(s) as shown on tax return.

Your Social Security Number

MEKALA, DEEPAK VARUN KUMAR & THANUGUNDLA, ANUSHA REDDY

643-79-1056

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		00
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22		RESERVED			00		00
23	No	Inventory	Schedule INV		00		00
24	Yes	Renewable Chemical Production	Schedule CHEM		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15.....				00		00



SECTION B—PERSONAL TAX CREDITS

Taxpayer

Spouse

Complete only if filing joint or married,
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)	08/06/1988	Enter your date of birth (MM/DD/YYYY)	06/03/1992
1 If you were 65 on or before 12/31/2023, enter 40.....	1	5 If you were 65 on or before 12/31/2023, enter 40.....	5
2 If you were legally blind on 12/31/2023, enter 40.....	2	6 If you were legally blind on 12/31/2023, enter 40.....	6
3 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20.....	3	7 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20.....	7
4 Allowable Taxpayer Credit—Add lines 1 through 3.....	4	8 Allowable Spouse Credit—Add lines 5 through 7.....	8

Assignment of Personal Tax Credits

9 For filing status Single or Married, filing separate returns , enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100).....	9
10 For filing status Married, filing separately on this combined return , enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100).....	10
11 For filing status Married, filing separately on this combined return , enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....	11
12 For filing status Married, filing jointly , add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....	12

SECTION C—FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size	One		Two		Three		Four or More		Credit Percentage is
	is over	is not over	is over	is not over	is over	is not over	is over	is not over	
Tax Year 2023	\$ ---	\$ 14,580	\$ ---	\$ 19,720	\$ ---	\$ 24,860	\$ ---	\$ 30,000	100
	14,580	15,163	19,720	20,509	24,860	25,854	30,000	31,200	90
	15,163	15,746	20,509	21,298	25,854	26,849	31,200	32,400	80
	15,746	16,330	21,298	22,086	26,849	27,843	32,400	33,600	70
	16,330	16,913	22,086	22,875	27,843	28,838	33,600	34,800	60
	16,913	17,496	22,875	23,664	28,838	29,832	34,800	36,000	50
	17,496	18,079	23,664	24,453	29,832	30,826	36,000	37,200	40
	18,079	18,517	24,453	25,044	30,826	31,572	37,200	38,100	30
	18,517	18,954	25,044	25,636	31,572	32,318	38,100	39,000	20
	18,954	19,391	25,636	26,228	32,318	33,064	39,000	39,900	10
19,391	---	26,228	---	33,064	---	39,900	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



2 3 0 0 2 5 1 5 5 5

➤ Enclose with Form 740, 740-NP or 741.

➤ See federal instructions for Form 8582.

Enter name(s) as shown on tax return.

MEKALA, DEEPAK VARUN KUMAR & THANUGUNDLA, ANUSHA REDDY

Social Security or Federal Identification Number

643-79-1056

PART I—2023 Passive Activity Loss (See instructions)

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Active Participation in a Rental Real Estate Activity in the federal instructions.)

1 a	Activities with net income (from Part IV, column (a))	1a		00
b	Activities with net loss (from Part IV, column (b))	1b	(00)
c	Prior year unallowed losses (from Part IV, column (c))	1c	(00)
d	Combine lines 1(a) through 1(c)	1d		00

All Other Passive Activities

2 a	Activities with net income (from Part V, column (a))	2a	0.	00
b	Activities with net loss (from Part V, column (b))	2b	(0.	00)
c	Prior year unallowed losses (from Part V, column (c))	2c	(12,890.	00)
d	Combine lines 2(a) through 2(c)	2d	-12,890.	00

3	Combine lines 1(d) and 2(d). If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1(c) or 2(c). Do not complete Form 8582-K. Report the losses on the forms and schedules normally used	3	-12,890.	00
---	--	---	----------	----

- If line 3 is a loss and:
- line 1(d) is a loss, go to Part II.
 - line 2(d) is a loss (and line 1(d) is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

PART II—Special Allowance for Rental Real Estate With Active Participation

Note: See federal instructions for how to treat numbers as positive amounts in Part II.

4	Enter the smaller of the loss on line 1(d) or the loss on line 3	4		00
5	Enter \$150,000; \$75,000 if married filing separately or separate on a combined return	5		00
6	Enter modified adjusted gross income, but not less than zero (see federal instructions). If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter zero on line 9. Otherwise, go to line 7	6		00
7	Subtract line 6 from line 5	7		00
8	Multiply line 7 by 50% (.5). Do not enter more than \$25,000; \$12,500 if filing separately or separate on a combined return	8		00
9	Enter the smaller of line 4 or line 8	9	0.	00

PART III—Total Losses Allowed

10	Add the income, if any, on lines 1(a) and 2(a) and enter the total	10	0.	00
11	Total losses allowed from all passive activities for 2023. Add lines 9 and 10. Form 740 filers see instructions; other filers see federal instructions on how to report the losses on your tax return	11	0.	00

PART IV—Complete This Part Before Part I, Lines 1(a), 1(b), and 1(c). See instructions.

Name of activity	Current Year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1(a), 1(b), and 1(c) ➤					



PART V—Complete This Part Before Part I, Lines 2(a), 2(b), and 2(c). See instructions.

Name of activity	Current Year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
FLAT # 101, SURYA SPLENDOR	0.	0.	12,890.		12,890.
Total. Enter on Part I, lines 2(a), 2(b), and 2(c) ▶	0.	0.	12,890.		

PART VI—Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or Schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

PART VII—Allocation of Unallowed Losses. See instructions.

Name of activity	Form or Schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
FLAT # 101, SURYA SPLENDOR	E Ln 22	12,890.	1.00000000	12,890.
Total		12,890.	1.00	12,890.

PART VIII—Allowed Losses. See instructions.

Name of activity	Form or Schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
FLAT # 101, SURYA SPLENDOR	E Ln 22	12,890.	12,890.	0.
Total		12,890.	12,890.	0.



PART IX—Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed Loss	(e) Allowed Loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

PURPOSE OF FORM—Form 8582-K is used when the allowable Kentucky passive losses for the taxable year differ from allowable federal passive losses. The worksheet is used to calculate the additions or subtractions to federal adjusted gross income in determining Kentucky adjusted gross income.

Form 8582-K must be completed using Kentucky income (losses) if: (1) federal Form 8582, Passive Activity Loss Limitations, is required and Kentucky passive income (losses) and federal passive income (losses) are different or (2) Kentucky prior year unallowed (suspended) losses and federal prior year unallowed (suspended) losses are different.

If Form 8582-K is **not required**, include adjustments for any differences in Kentucky passive income/loss and federal passive income/loss on the appropriate lines of Schedule M.

If Form 8582-K is **required**, do not include on Schedule M other adjustments to federal adjusted gross income for passive activities.

Complete all Parts of Form 8582-K using the federal instructions for Form 8582 and Kentucky amounts for all entries.

Complete the Passive Activities Adjustment Worksheet to compute an addition or subtraction to be entered on Schedule M for passive activities.

***NOTE:** If a separate/combined return is being filed for Kentucky, and the federal return is filed jointly, complete separate Kentucky Forms 8582-K, worksheets and schedules for each spouse. If an activity is jointly owned, fifty percent (50%) of the total income or loss should be allocated to each spouse with his or her separately owned income or losses. In all cases each item must be identified on the federal schedules as T—taxpayer, S—spouse or J—jointly to properly determine income on a separate basis. On lines B and D of the worksheet enter each spouse’s portion of the joint federal income. The federal passive loss limitations will still be computed on a joint basis. **Do not recompute the joint federal Form 8582 on a separate basis to compare to the Kentucky Forms 8582-K.**

Passive Activities Adjustment Worksheet

A	Enter as a negative amount Kentucky allowable losses from line 11, Form 8582-K	0.	00		
B	Enter as a positive amount federal allowable losses from federal Form 8582**	0.	00		
C	Enter as a positive amount Kentucky passive income from line 10, Form 8582-K.....	0.	00		
D	Enter as a negative amount federal passive income from federal Form 8582**	0.	00		
E	Passive income or loss adjustment. Combine lines A, B, C and D.....			0.	00

If the amount on line E is positive, enter as an Other Addition on Schedule M. If the amount on line E is negative, enter as an Other Subtraction on Schedule M.

** If federal Form 8582 is not required, enter on line B any passive losses included in federal adjusted gross income. Also, enter on line D any passive income included in federal adjusted gross income.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN

SPOUSE'S SOCIAL SECURITY NUMBER

YOUR SOCIAL SECURITY NUMBER

MEKALA, DEEPAK VARUN KUMAR & THANUGUNDLA, ANUSHA REDDY

771-59-0237

643-79-1056

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)		F KY Income Tax Withheld (Box 17 of Form W-2)		
1	643-79-1056	27-3331256	KY	961950	87,936.	00	3,834.	00	
2						00		00	
3						00		00	
4						00		00	
5						00		00	
6						00		00	
7						00		00	
8						00		00	
9						00		00	
10						00		00	
11	TOTAL FROM ALL W-2s					87,936.	00	3,834.	00

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount		F KY Income Tax Withheld	
12						00		00
13						00		00
14						00		00
15						00		00
16						00		00
17	TOTAL FROM ALL 1099s AND W-2-Gs						00	00

Part III-Totals Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	3,834.00