Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

| Taxpayer's name | Social security number |
|--|---------------------------------|
| ABINAV RAO VODELA | 324-39-2618 |
| Spouse's name | Spouse's social security number |
| | |
| Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter | er 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 | 1 139,320. |
| 2 Total tax | 2 15,940. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 26,678. |
| 4 Amount you want refunded to you | 4 10,738. |
| 5 Amount you owe | 5 |

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

Under penalties of periury. 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

| X | I authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | |
|---|-------------|--------|-------|---------------|-----------------------------|--|
| | | | | ERO firm name | | |

| 9 | 2 | 6 | 1 | 8 | |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent don | er fiv n't er | ve di Iter a | gits, all ze | but ros | 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

Date 🕨

Spouse's PIN: check one box only

I authorize

| to | enter | or | generate | my | PIN |
|----|-------|----|----------|----|-----|

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 ► | Da | ate 🕨 | • | | | | | | | |
|---|--|-------|---|------|---|-------------------|------|---|---|--|
| Practi | tioner PIN Method Returns Only—continue | bel | w | | | | | | | |
| Part III Certification and Authentie | cation — Practitioner PIN Method Only | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN | followed by your five-digit self-selected PIN. | 2 | 2 | | _ | 6 0 ter all ze | | 7 | 1 | |

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 🕨 | |
|---|--|------------------|--------------------------|
| | Must Retain This Form — See Ins This Form to the IRS Unless Req | | |
| Fax Denemicarly Deduction Act Nation and your t | | DEV 02/07/24 DDO | Earm 8870 (Bay, 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

| 1040 | | artment of the Treasury—Internal Revenue Serv S. Individual Income Tax | | turn | 202 | 3 | OMB No. 1545- | -0074 | IRS Use O | nly—Do ı | not writ | e or stap | ole in this sp | oace. |
|---|--------------|---|----------|--------------|---------------------|---------|------------------|--------------|--------------|----------|-----------------|-----------|-------------------------|---------|
| For the year Jan | . 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, en | ding | | | , 20 | See | e sepa | arate ir | nstructior | ns. |
| Your first name | and m | iddle initial | Last r | name | | | | | | You | ır soci | ial secu | urity num | ber |
| ABINAV R | 0A9 | | VOD | ELA | | | | | | | | | - 2618 | |
| | | s first name and middle initial | Last r | | | | | | | | | | security n | umbei |
| | | | | | | | | | | | | 1 | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | | A | pt. no. | Pre | siden | tial Ele | ction Carr | npaigr |
| 25 BRIGH | ITON | WAY | | | | | | | | | | | ou, or you | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | omplete | spaces be | low. | Sta | ite | ZIP co | ode | | | | ointly, wa d. Checki | |
| NORTH BR | UNS | WICK | | | | NC | J | 089 | 02 | | | | ot change | |
| Foreign country | name | | | Foreign p | rovince/state | 'coun | ty | Foreig | n postal coo | le you | r tax o | or refur | _ | |
| | | | | | | | | | | | | Vol | u [S | pouse |
| Filing Status | | Single | | | | | Head of ho | ouseho | old (HOH) | | | | | |
| Check only | | Married filing jointly (even if only o | ne hac | l income) | | | _ | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | | Qualifying | | | | | | | |
| | | ou checked the MFS box, enter the | | | pouse. If yo | u che | ecked the HOH | l or QS | SS box, er | nter the | e chilo | l's nan | ne if the | |
| | qu | alifying person is a child but not you | ur depe | endent: | | | | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (a | s a rewar | d, award, or | payr | ment for prope | rty or s | services); | or (b) s | ell, | | | |
| Assets | exch | ange, or otherwise dispose of a dig | ital ass | set (or a fi | nancial inter | rest in | n a digital asse | t)? (Se | e instruct | ions.) | | 🗌 Ye | s 🛛 N | о |
| Standard | Som | eone can claim: 🗌 You as a de | pende | nt 🗌 | Your spous | e as | a dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | ou were a | dual-status | alien | 1 | | | | | | | |
| Age/Blindness | You | : 🗌 Were born before January 2, 1 | 959 | Are b | lind Sp | ouse | : 🗌 Was bor | n befc | re Januar | y 2, 19 | 59 | 🗌 Is | blind | |
| Dependents | s (see | instructions): | | (2) | Social securit | V | (3) Relationshi | ip (4 | Check the | box if o | qualifie | es for (s | ee instruc | tions): |
| - If more | (1) F | irst name Last name | | | number | | to you | | Child tax | credit | С | redit for | other depe | endents |
| than four | | | | | | | | | |] | | | | |
| dependents, see instructions | | | | | | | | | |] | | | | |
| and check | | | | | | | | | |] | | | | |
| here 🗌 | | | | | | | | | | <u> </u> | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | | | | | | | | • | 1a | | 153,1 | 27. |
| Attach Form(s) | b | Household employee wages not re | • | | | | | | | • | 1b | | | |
| W-2 here. Also attach Forms | C | Tip income not reported on line 1a | • | | , | | | • • | | • | 1c | | | |
| W-2G and | d | Medicaid waiver payments not rep Taxable dependent care benefits f | | | | | | • • | | • | 1d | | | |
| 1099-R if tax was withheld. | e f | Employer-provided adoption bene | | | | | | • • | | • | <u>1e</u> 1f | | | |
| If you did not | ı g | | | | | | | • • | • • • | • | 1g | | | |
| get a Form | 9 h | Wages from Form 8919, line 6 . Other earned income (see instruct | | | | • • | | • • | | • | 1h | | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (| , | | | | · · · · · | ì | | • | | | | |
| | z | Add lines 1a through 1h | | | | | · · · <u>· ·</u> | | | . 1 | 1z | 1 | 153,1 | 27. |
| Attach Sch. B | 2a | - | 2a | ••• | Ĩ | bТ | axable interest | | | . † | 2b | | | 2. |
| if required. | 3a | · · · | 3a | | 79. | b C | Ordinary divider | nds . | | . [| 3b | | | 79. |
| | 4a | IRA distributions | 4a | | | | axable amount | | | . [| 4b | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | bТ | axable amount | t | | | 5b | | | |
| Single or | 6a | Social security benefits | 6a | | | bΤ | axable amount | t | | . [| 6b | | | |
| Married filing separately, | с | If you elect to use the lump-sum e | lectior | n method, | check here | (see | instructions) | | | | | | | |
| \$13,850 • Married filing | 7 | Capital gain or (loss). Attach Sche | dule D | if require | d. If not req | uired | , check here | | | | 7 | | 1,1 | |
| jointly or | 8 | Additional income from Schedule | | | | | | | | . [| 8 | 1 | -15,0 | |
| Qualifying spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | , and 8 | 8. This is y | our total in | com | e | | | . | 9 | | 139,3 | 20. |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | dule 1 | , line 26 | | | | | | | 10 | | | |
| household, | 11 | Subtract line 10 from line 9. This is | | | | | | | | • | 11 | | 139,3 | |
| \$20,800 • If you checked _Г | 12 | Standard deduction or itemized | | • | | , | | | | • | 12 | <u> </u> | 13,8 | 50. |
| any box under Standard | 13 | Qualified business income deduct | ion fro | m Form 8 | 995 or Forn | ו 899 | 5-A | | | · | 13 | | | |
| Deduction, see instructions. | 14 | | · · | •••• | | | | | | · | 14 | | 13,8 | |
| | 15 | Subtract line 14 from line 11. If zer | ro or le | ess, enter | -0 This is | /our f | taxable incom | е. | | | 15 | | 125,4 | 70. |

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 | 23,440. |
| Credits | 17 | Amount from Schedule 2, lin | ie3 | | | | 🔽 | 17 | |
| | 18 | Add lines 16 and 17 | | | | | [· | 18 | 23,440. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | 🔽 | 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | 7,500. |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 7,500. |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 15,940. |
| | 23 | Other taxes, including self-e | | | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 15,940. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| | а | Form(s) W-2 | | | | 25a 26 | ,678. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | | | | 25c | | | |
| | d | Add lines 25a through 25c | <i>.</i> | | | | 2 | 25d | 26,678. |
| If you have a | 26 | 2023 estimated tax payment | | | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | | | | 29 | | | |
| | 30 | Reserved for future use . | | - | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | undable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | | 33 | 26,678. |
| Refund | 34 | If line 33 is more than line 24 | | | | | | 34 | 10,738. |
| noruna | 35a | Amount of line 34 you want | | | | , . | . 🗆 🖪 | 5a | 10,738. |
| Direct deposit? | b | Routing number 0 3 1 | | | | | Savings | | · · · · · |
| See instructions. | d | Account number 3 6 2 | | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | |
| You Owe | 01 | For details on how to pay, g | | | | | | 37 | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | | |
| Third Party | Do | you want to allow another | | | | | | | |
| Designee | | structions | • | | | | omplete belo | ow. | × No |
| j | De | signee's | | Phone | | | onal identifica | | |
| | nai | ne | | no. | | numl | oer (PIN) | | |
| Sign | | der penalties of perjury, I declare the ief, they are true, correct, and com | | | | | | | , , |
| Here | | · · · · | piete. Declaration | | | | | | , , |
| | Yo | ur signature | | Date | Your occupation | | | | : you an Identity I, enter it here |
| Joint return? | | | | | SOFTWARE 3 | ENGINEER | (see inst | | |
| See instructions. | Sp | ouse's signature. If a joint return, i | ooth must sign. | Date | Spouse's occupat | | If the IR | S sent | your spouse an |
| Keep a copy for | | | Ū | | | | | | ction PIN, enter it here |
| your records. | | | | | | | (see inst | .) | |
| | | one no. (940)205-777 | | Email address | SUNRAO60@ | | | | - |
| Paid | | eparer's name | Preparer's signat | | | Date | PTIN | | Check if: |
| Preparer | SYA | M PRIYA RAM SAGAR GUPTA | SYAM PRIY | A RAM SAC | GAR GUPTA | 03/20/2024 | P020827 | 03 | Self-employed |
| Use Only | Fir | m's name GLOBAL TAX | XES LLC | | | | Phone n | o. (6 | 578)965-9522 |
| | Firi | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm's E | IN | |
| Go to www.irs.go | ov/Form | n1040 for instructions and the late | st information. | | BAA | REV 03/07/24 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.

OMB No. 1545-0074 20 3

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | Attachment Sequence No. 01 |
|--|---|---------------------|--------------------------------------|
| Name(s) shown on Fo | Your soc | ial security number | |
| ABINAV RAO VOD | ELA | 324-39 | -2618 |
| | | | |

| Par | t I Additional Income | | |
|---------|---|----|-----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | | 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 | -15,070. |
| 6 | Farm income or (loss). Attach Schedule F. | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| а | Net operating loss |) | |
| b | Gambling | | |
| С | Cancellation of debt | | |
| d | Foreign earned income exclusion from Form 2555 |) | |
| е | Income from Form 8853 | | |
| f | Income from Form 8889 | | |
| g | Alaska Permanent Fund dividends | | |
| h | Jury duty pay | | |
| i | Prizes and awards | | |
| j | Activity not engaged in for profit income | | |
| k | Stock options | _ | |
| I | Income from the rental of personal property if you engaged in the rental | | |
| | for profit but were not in the business of renting such property 81 | _ | |
| m | Olympic and Paralympic medals and USOC prize money (see | | |
| | instructions) | _ | |
| n | Section 951(a) inclusion (see instructions) | _ | |
| 0 | Section 951A(a) inclusion (see instructions) | _ | |
| р | Section 461(I) excess business loss adjustment | _ | |
| q | Taxable distributions from an ABLE account (see instructions) 8q | _ | |
| r | Scholarship and fellowship grants not reported on Form W-2 | _ | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | |
| | 1040, line 1a or 1d | _ | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan | | |
| | | - | |
| u - | Wages earned while incarcerated 8u Other income List type and amount: | - | |
| z | Other income. List type and amount: 8z | | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 9 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form | | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | | -15,070. |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. | | le 1 (Form 1040) 2023 |

| Par | t II Adjustments to Income | | | |
|-------|---|----------------|---------------|---------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis | s government | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| с | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8I from the | | - | |
| D | rental of personal property engaged in for profit | | | |
| с | Nontaxable amount of the value of Olympic and Paralympic medals | | - | |
| C | and USOC prize money reported on line 8m | | | |
| d | | | - | |
| | Repayment of supplemental unemployment benefits under the Trade | | - | |
| е | Act of 1974 | | | |
| | | | - | |
| f | | | - | |
| 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) | | - | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | | - | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | | | |
| 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 | er here and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | <u></u> | 26 | |
| | BAA REVO |)3/07/24 PRO | Schedule 1 (F | orm 1040) 202 |

Additional Credits and Payments

OMB No. 1545-0074 2

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

| | nent of the Treasury Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest info | 4 | Attachment Sequence No. 03 | | |
|------------|---|---|-------|--------------------------------------|---|--------------------------|
| | . , | orm 1040, 1040-SR, or 1040-NR | | | cial s | security number |
| ABI Par | NAV RAO VOI | fundable Credits | | 324-3 | 39-2 | 618 |
| | | | | | 4 | |
| 1 2 | 0 | credit. Attach Form 1116 if required | | | 1 | |
| 2 | Form 2441 | child and dependent care expenses from Form 2441, lin | · · · | | 2 | |
| 3 | Education c | redits 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 effic | ient home improvement credit from Form 5695, line 32 | | | 5b | |
| 6 | Other nonre | fundable credits: | | | | |
| а | General bus | siness credit. Attach Form 3800 6a | | | | |
| b | Credit for p | rior year minimum tax. Attach Form 8801 6b | | | | |
| С | Adoption cr | edit. Attach Form 8839................ 6c | | | | |
| d | Credit for th | e elderly or disabled. Attach Schedule R 6d | | | | |
| е | Reserved for | or future use | | | | |
| f | Clean vehic | le credit. Attach Form 8936 6f | 7 | ,500. | | |
| g | Mortgage ir | nterest credit. Attach Form 8396 6g | | | | |
| h | District of C | olumbia first-time homebuyer credit. Attach Form 8859 6h | | | | |
| i | Qualified ele | ectric vehicle credit. Attach Form 8834 6i | | | | |
| j | Alternative f | uel vehicle refueling property credit. Attach Form 8911 6j | | | | |
| k | Credit to ho | olders of tax credit bonds. Attach Form 8912 6k | | | | |
| I | Amount on | Form 8978, line 14. See instructions 6 | | | | |
| m | Credit for p | reviously owned clean vehicles. Attach Form 8936 . 6m | | | | |
| z | Other nonre | efundable credits. List type and amount: | | | | |
| | | 6z | | | | |
| 7 | Total other | nonrefundable credits. Add lines 6a through 6z | | | 7 | 7,500. |
| 8 | | through 4, 5a, 5b, and 7. Enter here and on Form 1040, | | SR, or | | |
| | 1040-NR, liı | ne 20 | | | 8 | 7,500. ued on page 2) |
| | | | | (CC | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ieu un paye 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 | 15 | | |
| | BAA REV | 03/07/24 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

ABINAV RAO VODELA

Your social security number

324-39-2618

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

| | instructions for how to figure the amounts to enter on the below. | (d) Proceeds | (e) Cost | (g) Adjustment to gain or loss | | (h) Gain or (loss) Subtract column (e) from column (d) and |
|----|---|------------------------|-------------------|---|---------|--|
| | form may be easier to complete if you round off cents to e dollars. | (sales price) | (or other basis) | Form(s) 8949, F line 2, column | Part I, | 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 | 1,934. | 1,506. | | | 428. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | 191. | 171. | | | 20. |
| 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 | | | | | | |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | | 7 | 448. | | |

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. | | (d) Proceeds | (e) Cost | (g) Adjustmen to gain or loss | | (h) Gain or (loss) Subtract column (e) from column (d) and | | |
|---|--|------------------------|--------------------|--|----------|--|--|--|
| | form may be easier to complete if you round off cents to e dollars. | (sales price) | (or other basis) | Form(s) 8949, I line 2, colum | Part II, | 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 | 2,289. | 1,650. | | | 639. | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | 358. | 263. | | | 95. | | |
| 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 | | . , | 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 | Worksheet in the instructions | | | | | | | |

| Part | III Summary | |
|------|--|------------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 1,182. |
| | • 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? X Yes. Go to line 18. | |
| | No. Skip lines 18 through 21, and go to line 22. | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | |
| 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 () |
| | 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 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Sales and Other Dispositions of Capital Assets

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



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

Social security number or taxpayer identification number

324-39-2618

ABINAV RAO VODELA

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.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property | (b) Date acquired | Date sold of | Proceeds S | Proceeds | d or Proceeds | Proceeds S | Proceeds S | or Proceeds S | Date sold or Proceeds Se | (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | enter a code in column (f). | | (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 <i>Column</i> (e) in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | | | | | | |
| Robinhood Securities LLC | 01/01/23 | 12/31/23 | 1,934. | 1,506. | | | 428. | | | | | | |
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| 2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box | al here and inc e is checked), li | lude on your ne 2 (if Box B | 1,934. | 1,506. | | | 428. | | | | | | |

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.

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

| Form 8949 (2023) | Attachment Sequence No. 12A | Page 2 |
|--|---|---------------|
| Name(s) shown on return. Name and SSN or taxoaver identification no. not required if shown on other side | Social security number or taxpayer identification num | ber |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ABINAV RAO VODELA

324-39-2618

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.

X (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) Cost or other basis Proceeds (sales price) and see Column (e) (n) (e) (n) (e) (n) (e) (n) (e) (n) (e) (n) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | Cost or other basis See the Note below | | | (h) Gain or (loss) Subtract column (e) |
|--|---|--------------------------------|---|---|---|--|---|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | | parate (f) (g) tions. Code(s) from Amount of | from column (d) and combine the result with column (g). | | |
| Robinhood Securities LLC | 01/01/22 | 12/31/23 | 2,289. | 1,650. | | | 639. |
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| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box | I here and inc is checked), lir | lude on your 1e 9 (if Box E | 2,289. | 1,650. | | | 639. |

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 03/07/24 PRO

Form **8949**

Sales and Other Dispositions of Capital Assets

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



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

Social security number or taxpayer identification number

324-39-2618

ABINAV RAO VODELA

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)

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired | Date Solu or | (d) Cost or of Proceeds See the N | Proceeds | (e) Cost or other basis See the Note below | | | (h) Gain or (loss) Subtract column (e) |
|---|--|--|--------------------------------------|---|--|---------------------------------------|---|---|
| | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see <i>Column (e)</i> in the separate instructions. | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g). | |
| Robinhood Crypto LLC | 01/01/23 | 12/31/23 | 191. | 171. | | | 20. | |
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| 2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box | tal here and inc e is checked), li | lude on your 1e 2 (if Box B | 191. | 171. | | | 20. | |

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.

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

| Form 8949 (2023) | Attachment Sequence No. 12A | Page 2 |
|--|---|---------------|
| Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side | Social security number or taxpayer identification num | ber |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ABINAV RAO VODELA

324-39-2618

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)

- X (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 (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 | See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result |
|---|--|---|---|---|--------------------------------|-----|---|
| | | (wo, day, yr.) (see instructions) in the separate code(s) from Amount of adjustment | with column (g). | | | | |
| Robinhood Crypto LLC | 01/01/22 | 12/31/23 | 358. | 263. | | | 95. |
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| 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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). | | 358. | 263. | | | 95. | |

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.

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

N

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

| 2023 |
|--------------------------------------|
| Attachment Sequence No. 13 |

| Name(s) | shown on return | | | | | | | Your soc | ial security | number |
|---------|--|---|---------|-----------|---------|---------|----------------------|----------|----------------|----------------|
| ABIN | AV RAO VODEL | A | | | | | | 324-3 | 9-2618 | |
| Part | 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 D | | ayments in 2023 that would require you | to file | Form(s) | 1099? 8 | See ins | structions . | | . 🗌 Ye | es 🛛 No |
| | | will you file required Form(s) 1099? | | | | | | | | |
| 1a | Physical address | s of each property (street, city, state, ZIF | P code | e) | | | | | | |
| Α | | DERABAD TELANGANA IN 500014 | | , | | | | | | |
| B | | | • | | | | | | | |
| | | | | | | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate prope above, report the number of fair | rental | and | | Fa | ir Rental Days | | nal Use ays | QJV |
| Α | 3 | personal use days. Check the Q | | | Α | | 365 | | 0 | |
| В | | if you meet the requirements to f qualified joint venture. See instru | | | В | | | | | |
| С | | | | 5. | С | | | | | |
| | of Property: | | | | | | | | | |
| | Single Family Resid | | tal | 5 Lanc | | | Self-Rental | | | |
| 2 | Multi-Family Resid | ence 4 Commercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | | Properti | es: | | |
| Incom | e: | | | | Α | | В | | | С |
| 3 | | | 3 | | | 00. | | | | - |
| 4 | | t | 4 | | | | | | | |
| Expen | | | | | | | | | | |
| 5 | Advertising | | 5 | | | | | | | |
| 6 | Auto and travel (s | ee instructions) | 6 | | | | | | | |
| 7 | Cleaning and mai | ntenance | 7 | | 1,3 | 85. | | | | |
| 8 | Commissions . | | 8 | | | | | | | |
| 9 | Insurance | | 9 | | | | | | | |
| 10 | Legal and other p | rofessional fees | 10 | | | | | | | |
| 11 | Management fees | 8 | 11 | | 1,2 | 00. | | | | |
| 12 | Mortgage interest | paid to banks, etc. (see instructions) | 12 | | | | | | | |
| 13 | Other interest . | | 13 | | | | | | | |
| 14 | | | 14 | | | 85. | | | | |
| 15 | | | 15 | | 2,8 | 97. | | | | |
| 16 | | | 16 | | | | | | | |
| 17 | Utilities | | 17 | | | 21. | | | | |
| 18 | | ense or depletion | 18 | | 2,4 | 82. | | | | |
| 19 | | dd linna C thursen 10 | 19 | | 15 0 | 70 | | | | |
| 20 | • | dd lines 5 through 19 | 20 | | 15,6 | 70. | | | | |
| 21 | result is a (loss), s | rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must | 21 | | -15,0 | 70. | | | | |
| 22 | | real estate loss after limitation, if any, | | | 20,0 | | | | | |
| ~~ | | e instructions) | 22 | (| 15,07 | 70.) | (|) | (|) |
| 23a | | its reported on line 3 for all rental prope | | N | 1070 | 23a | 1 | 600. | | / |
| b | | its reported on line 4 for all royalty prop | | | | 23b | | | | |
| c | | its reported on line 12 for all properties | | | | 23c | | | 1 | |
| d | | its reported on line 18 for all properties | | | | 23d | 2 | 2,482. | | |
| e | | its reported on line 20 for all properties | | | | 23e | | 5,670. | | |
| 24 | | itive amounts shown on line 21. Do not | | de any lo | sses | | | . 24 | | |
| 25 | | ty losses from line 21 and rental real estate | | | | nter to | tal losses her | | (| 15,070.) |
| 26 | Total rental real | estate and royalty income or (loss). | Comb | ine lines | 24 and | 25. E | inter the resu | ult | | , |
| | | I, and IV, and line 40 on page 2 do no | | | | | | | | 15 050 |
| | | 1040), line 5. Otherwise, include this ar | | | | me 41 | on page 2 -15,070 | · 26 | | -15,070. |
| For Pa | norwork Reduction | Act Notice, see the separate instructions. | | NI | - A | | , U/U | . 60 | hadula E /E | orm 1040) 2023 |

8 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

| | Sequence No. 52 |
|---------|--|
| | ber of HSA beneficiary. HSAs, see instructions. |
| 324-39- | 2618 |

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Attachme

| | | | Ŭ | |
|---------|---|-----------------------------|------------|--------------------|
| Name(s | | | | f HSA beneficiary. |
| ABII | nave HS 9-261 | As, see instructions. .8 | | |
| Befo | e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (| Contracts, if | f requ | ired. |
| Part | HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate | | | |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) d | | | |
| | See instructions | | × Se | lf-only 🗌 Family |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those m unextended due date of your tax return that were for 2023. Do not include employer co contributions through a cafeteria plan, or rollovers. See instructions | ntributions, | 2 | 0. |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter | (\$7,750 for | 3 | 3,850. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during | Form 8853, 2023, also | | |
| | include any amount contributed to your spouse's Archer MSAs | | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0 | | 5 | 3,850. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to en | nter | 6 | 3,850. |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had famil under an HDHP at any time during 2023, enter your additional contribution amount. See ins | | 7 | 0. |
| 8 | Add lines 6 and 7 | | 8 | 3,850. |
| 9 | Employer contributions made to your HSAs for 2023 9 | 3,850. | | |
| 10 | Qualified HSA funding distributions | | | |
| 11 | Add lines 9 and 10 | | 11 | 3,850. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | | 12 | 0. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa | art II, line 13 | 13 | 0. |
| | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction | ons. | | |
| Part | II HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse. | h have sepa | arate I | HSAs, complete |
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) | | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include a | | | |
| | contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions | | 4.4% | |
| • | Subtract line 14b from line 14a | | 14b 14c | |
| C 15 | Qualified medical expenses paid using HSA distributions (see instructions) | | 140 | |
| 15 | | | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also,amount in the total on Schedule 1 (Form 1040), Part I, line 8f | | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here | | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c | ule 2 (Form | 17b | |
| Part | | the instruct ch have sep | | |
| 18 | Last-month rule | | 18 | |
| 19 | Qualified HSA funding distribution | | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, | | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched | ule 2 (Form | | |
| | 1040), Part II, line 17d | | 21 | |

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

| Form 8936 | |
|------------------|--|
|------------------|--|

Clean Vehicle Credits

OMB No. 1545-2137

| | nent of the Treasury | Attach to your tax return. | | | | A++- | |
|-------|----------------------|--|----------|----------------|-------------------|--------|---------------------|
| | Revenue Service | Go to www.irs.gov/Form8936 for instructions and the late | est into | | a un tife sins as | | quence No. 69 |
| . , |) shown on return | | | | entifying | | |
| | NAV RAO VOI | | | | 324-39 | - | 18 |
| notes | • | a separate Schedule A (Form 8936) for each clean vehicle placed i | | - | ne tax y | ear. | |
| Deut | | completing Parts II, III, or IV, must also complete Part I. See "Not | e" text | t below. | | | |
| Part | | d Adjusted Gross Income Amount | | 1 | | _ | |
| 1a | | unt from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR | 1a | 139, | 320. | | |
| b | - | me from Puerto Rico you excluded | 1b | | _ | | |
| c | • | bunt from Form 2555, line 45 | 1c | | | | |
| d | • | bunt from Form 2555, line 50 | 1d | | | | |
| е | - | ount from Form 4563, line 15 | 1e | | _ | | |
| 2 | | nrough 1e | | | | 2 | 139,320. |
| 3a | | unt from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR | 3a | 119, | 205. | | |
| b | • | me from Puerto Rico you excluded | 3b | | _ | | |
| С | • | ount from Form 2555, line 45 | 3c | | _ | | |
| d | • | ount from Form 2555, line 50 | 3d | | | | |
| е | • | ount from Form 4563, line 15 | 3e | | | | |
| 4 | | nrough 3e | | | | 4 | 119,205. |
| 5 | | ller of line 2 or line 4 | | | | 5 | 119,205. |
| Part | | or Business/Investment Use Part of New Clean Vehicles | | | | | |
| | | dividuals can't claim a credit on line 6 if Part I, line 5, is more than | \$150 | ,000 (\$300,0 | 000 if m | arried | filing jointly or a |
| | | g surviving spouse; \$225,000 if head of household). | | | | | |
| 6 | | credit amount figured in Part II of Schedule(s) A (Form 8936) . | | | - | 6 | 0. |
| 7 | | icle credit from partnerships and S corporations (see instructions) | | | | 7 | |
| 8 | | estment use part of credit. Add lines 6 and 7. Partnerships and S of | | | | | |
| | | amount on Schedule K. All others, report this amount on Form 380 | 0, Par | t III, line 1y | | 8 | 0. |
| Part | | or Personal Use Part of New Clean Vehicles | | | | | |
| | | ou can't claim the Part III credit if Part I, line 5, is more than \$ | 150,00 | 00 (\$300,00 | 0 if ma | rried | filing jointly or a |
| | | g surviving spouse; \$225,000 if head of household). | | | | | |
| 9 | | credit amount figured in Part III of Schedule(s) A (Form 8936) . | | | - | 9 | 7,500. |
| 10 | | unt from Form 1040, 1040-SR, or 1040-NR, line 18 | | | - | 10 | 23,440. |
| 11 | | ts from Form 1040, 1040-SR, or 1040-NR (see instructions) | | | | 11 | |
| 12 | Subtract line 1 | 1 from line 10. If zero or less, enter -0- and stop here. You can't | claim t | the persona | luse | | |
| | part of the cre | dit | • • | | | 12 | 23,440. |
| 13 | | part of credit. Enter the smaller of line 9 or line 12 here and | | | | | |
| | 1040), line 6f. | If line 12 is smaller than line 9, see instructions | • • | | | 13 | 7,500. |
| Part | V Credit f | or Previously Owned Clean Vehicles | | | | | |
| | | ou can't claim the Part IV credit if Part I, line 5, is more than | \$75,00 | 00 (\$150,00 | 0 if mai | ried | filing jointly or a |
| | qualifying | g surviving spouse; \$112,500 if head of household). | | | | | |
| 14 | Enter the total | credit amount figured in Part IV of Schedule(s) A (Form 8936) . | | | | 14 | |
| 15 | Enter the amo | unt from Form 1040, 1040-SR, or 1040-NR, line 18 | | | [| 15 | |
| 16 | Personal credi | ts from Form 1040, 1040-SR, or 1040-NR (see instructions) | | | Г | 16 | |
| 17 | | 6 from line 15. If zero or less, enter -0- and stop here. You can't c | | | - | 17 | |
| 18 | | aller of line 14 or line 17 here and on Schedule 3 (Form 1040) | | | | | |
| | | ne 14, see instructions | | | | 18 | |
| Part | | or Qualified Commercial Clean Vehicles | | | | | |
| 19 | | credit amount figured in Part V of Schedule(s) A (Form 8936) . | | | | 19 | |
| 20 | | mercial clean vehicle credit from partnerships and S corporations (| | | | 20 | |
| 21 | | and 20. Partnerships and S corporations, stop here and report this | | , | | | |
| | | eport this amount on Form 3800, Part III, line 1aa | | | | 21 | |

For Paperwork Reduction Act Notice, see separate instructions. BAA

REV 03/07/24 PRO

Form 8936 (2023)

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

| (FOII | 11 0930) | | | 20 2 3 |
|--------|---|--|-----------|---------------------------------------|
| | | Attach to your tax return. | | |
| | nent of the Treasury Revenue Service | Go to www.irs.gov/Form8936 for instructions and the latest informat | ion. | Attachment Sequence No. 69A |
| Name(s |) shown on return | | Identif | ying number |
| ABI | NAV RAO VOI | DELA | 324 | -39-2618 |
| Par | Vehicle | Details | | |
| 1a | Year | | | 2023 |
| b | Make | | VOL | KSWAGEN |
| с | Model | | ID4 | |
| 2 | Vehicle identifi | cation number (VIN) (see instructions) 1 V 2 C M P E 8 0 |) P | C 0 1 0 6 8 7 |
| 3 | Enter date veh | icle was placed in service (MM/DD/YYYY) | 01/ | 19/2023 |
| 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 e definitions. X Yes. Go to No. Go to | | year? \$ | See instructions for |
| 6 | | | 2 and | placed in service during |
| 7 | | entered on line 2 belong to a qualified commercial clean vehicle acquired after year? See instructions for definitions. Part V. | 2022 a | and placed in service |
| | | nere. You can't use this schedule to figure a credit amount for a vehicle not descr | ribed c | on line 5, 6, or 7. |
| Part | Credit A | Mount for Business/Investment Use Part of New Clean Vehicle | | |
| 8 | another person | re the vehicle for use or to lease to others, and not for resale? Answer "No" if you n. here. 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 | 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 | 0. |
| Part | III Credit A | Mount for Personal Use Part of New Clean Vehicle | r | |
| 12 | Subtract line 1 Part III of Form | 1 from line 9 in Part II. Stop here and include this credit amount on line 9 in 9936 | 12 | 7,500. |
| For Pa | | ion Act Notice, see the Form 8936 instructions. BAA REV 03/07/24 | · · · · · | Schedule A (Form 8936) 2023 |

| Schedu | le 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. | | | | | | | | |
| b | Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person. Yes. | | | | | | | | |
| | No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale. | | | | | | | | |
| С | Can you be claimed as a dependent on another person's tax return, such as your parent's return Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent. No. | 'n? | | | | | | | |
| d | Is the vehicle a qualified fuel cell motor vehicle? See instructions. Yes. No. | | | | | | | | |
| 14 | Enter the sales price of the vehicle | 14 | | | | | | | |
| 15 | Multiply line 14 by 30% (0.30) | 15 | | | | | | | |
| 16 | Maximum vehicle credit amount | 16 4,000. | | | | | | | |
| 17 | Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936 | 17 | | | | | | | |
| Part | V Credit Amount for Qualified Commercial Clean Vehicle | | | | | | | | |
| 18a b c | Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exceentities discussed in the instructions applies. Yes. No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person. Yes. No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale. Is the vehicle also powered by gas or diesel? See instructions. Yes. No. | applies. are leasing the vehicle from | | | | | | | |
| 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

Dopropiotion and Amortization

| Form 4562 | | | Depreciati | on and A | mortizatio | n | | MB No. 1545-0172 |
|------------------|--|---------------------------|--|------------------------|----------------|-------------------------|--------------|-------------------------|
| | | | (Including Infor | | | | | 2023 |
| Department | of the Treasury | Attach to your tay return | | | | | | Attachment |
| | of the Treasury enue Service | Go to v | vww.irs.gov/Form4562 | | | | | Sequence No. 179 |
| . , | e(s) shown on return Business or activity to which this form relates | | | | | ifying number | | |
| | RAO VODEI | | | E KOMPAL | | | 324 | -39-2618 |
| Part I | | | rtain Property Une ed property, compl | | | plete Part I. | | |
| 1 Max | kimum amount | (see instruction | s) | | | | 1 | 1,160,000. |
| 2 Tota | 2 Total cost of section 179 property placed in service (see instructions) | | | | | | 2 | |
| 3 Thre | 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | | | | | | 3 | 2,890,000. |
| 4 Red | luction in limita | tion. Subtract lir | ne 3 from line 2. If ze | ro or less, ent | er-0 | | 4 | |
| 5 Doll | ar limitation fo | or tax year. Sub | otract line 4 from lin | ne 1. If zero | or less, enter | -0 If married filing | | |
| sepa | arately, see ins | structions | | | | | 5 | |
| 6 | (a) [| Description of proper | ty | (b) Cost (busi | ness use only) | (c) Elected cost | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | from line 29 | | | | - | |
| | | | property. Add amoun | | | | 8 | |
| | | | aller of line 5 or line | | | | 9 | |
| | | | from line 13 of your | | | | 10 | |
| | | | | · | , | ine 5. See instructions | 11 | |
| | | | dd lines 9 and 10, bu | | | | 12 | |
| | • | | to 2024. Add lines 9 | | | 13 | | |
| | | | for listed property. In | | | | | |
| | | - | | - | | lude listed property | . See | instructions.) |
| | | | | | | y) placed in service | | |
| | | r. See instructior | | | | | 14 | |
| | | .,. | 1) election | | | | 15 | |
| | | (including ACR | , | | | · · · · · · · · | 16 | |
| Part III | MACRS De | epreciation (D | on't include listed | | e instructions | .) | | |
| | | <u> </u> | | Section A | | | 4- | |
| | | | ced in service in tax | | | | 17 | |
| - | et accounts, ch | | | - | - | one or more general | | |
| | | | | | | | Cust | |
| | Section | | (c) Basis for depreciation | Ĩ | | General Depreciatior | Joyst | em |
| (a) Classif | fication of property | placed in service | (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) D | epreciation deduction |
| | year property | | | | | | | |
| | year property | | | | | | | |
| | year property | | | | | | | |
| | year property | | | | | | | |
| | year property | | | | | | | |
| | year property | | | 05 | | 0 " | | |
| | year property | | | 25 yrs. | | S/L | | |
| | sidential rental | 01/23 | 71,214. | 27.5 yrs. | MM | S/L | | 2,482. |
| | perty | | | 27.5 yrs. | MM | S/L | | |
| | nresidential rea | 11 | | 39 yrs. | MM | S/L | | |
| pro | perty | | | | MM | S/L | | |
| | | –Assets Place | a in Service During | 2023 Tax Ye | ar Using the A | ternative Depreciatio | on Sys | stem |
| 20a Cla | | | | 10 | | S/L | | |
| b 12- | - | | | 12 yrs. | K 4 K 4 | S/L | | |
| <u>c</u> 30- | | | | 30 yrs. | MM | S/L | | |
| d 40- | • | (See instructio | | 40 yrs. | MM | S/L | | |

| 21 | Listed property. Enter amount from line 28 | 21 | |
|----|---|----|--------|
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter | | |
| | here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . | 22 | 2,482. |
| 23 | For assets shown above and placed in service during the current year, enter the | | |
| | portion of the basis attributable to section 263A costs | | |

For Paperwork Reduction Act Notice, see separate instructions.