## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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	Social security number
ARJUN GOVINDARAJU	764-21-8761
Spouse's name	Spouse's social security number
SANDHYA RANI RATHNAIAH SETTY	814-40-8700
Part I Tax Return Information – Tax Year Ending December 31, 2023 (En	ter 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	<b>1</b> 233,726.
<b>2</b> Total tax	<b>2</b> 32,341.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 49,778.
4 Amount you want refunded to you	<b>. 4</b> 17,437.
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 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.

Тахрау	er's PIN: che	eck one b	oox only	/									1	8 7	6	1	
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	signature or	n the inco	me tax	return (ori	iginal or a	amended) I	am now	authorizing	g.								
	if you are e					ome tax retu urn is filed ι											
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Spouse	's PIN: chec	k one bo	x only														
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	signature or	n the inco	me tax	return (ori	iginal or a	amended) I	am now	authorizing	g.				don	ente	r all z	eros	
	I will enter r if you are e					ome tax retu urn is filed ι											
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Part II	Certific	cation a	nd Auth	nenticat	ion — P	Practitione	r PIN N	lethod O	nly								
ERO's I	EFIN/PIN. Er	nter your s	six-digit	EFIN follo	owed by	your five-dig	git self-s	elected PI	N.	2 2	2 2	4	96	0	8	2 7	1
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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

Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       No         Standard       Someone can claim:       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       Your were born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (a) Action the compandent is the compandent is the compandent is the set of used instructions):       (a) Action the dependent is the compandent is the compandent is the form of prom(s) W-2, box 1 (see instructions):       (b) Check the box if qualifies for (see instructions):         If more sense instructions):       (b) First name       Last name       number       (c) Check the box if qualifies for (see instructions):         If a Total amount from Form(s) W-2, box 1 (see instructions):       1a       243, 121.       Ia       Ia         If box	<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or stap	le in this space.
ARUIN       COVINDARAJU       764       21       6751         If joint return, spose's first name and middle initial       Last name       Souce's social security number         SANDHAR RAN1       RattinALAL SETTY       B14 4 40 18 760         Home address jumoer ad attend, if you have a P.0. box, see instructions.       Apt no.       Presidential Election Campaign         A3101 PERTS GAP SQ       Creck how, or prost office. If you have a P.0. box, see instructions.       Apt no.       Presidential Election Campaign         Foreign country name       Foreign province/strate/county       Foreign province/strate/s	For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate in	structions.
If you thatm. spoce* first rame and middle initial         Last rame         Spoce* social security number           3ADD H2A. RANIT         RATHINATAH_SETTY         31.4         40.1         0.1	Your first name	and mi	iddle initial	Last n	ame						Your so	cial secu	rity number
If you thatm. spoce* first rame and middle initial         Last rame         Spoce* social security number           3ADD H2A. RANIT         RATHINATAH_SETTY         31.4         40.1         0.1	ARJUN			GOV	INDARA	.JU					764	21	8761
International structure         April or Parallerial Electron Campaigner (Gip, town, or post office. If you have a foreign address, also complete spaces below.		oouse's	s first name and middle initial									· ·	
International structure         April or Parallerial Electron Campaigner (Gip, town, or post office. If you have a foreign address, also complete spaces below.	SANDHYA	RAN	т	RATI	нлатан	SETTY					814	40	8700
4.30.0       PRRTS       CRP SQ.       Check here if you or yoe.         Gip, town, or post office. If you have a foreign address, also complete spaces below.       VA       20148       by other with or change         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Check here if you, or yoe.       I'va       20148       by otherwise is one of the change         Filing Status       Single       I'same of the change       I'va       20148       by otherwise is one of the change         Filing Status       Single       I'same of the change       I'yau checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the califying persons is a child but not your dependent         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) soil.       Someone can califying persons is a child but not your dependent         Statuard       Someone can califying the source is a dependent       I'yau shows a dependent       I'yau shows before January 2, 1959       I'yau bind       Spouse       Was bom before January 2, 1959       I'yau bind       Spouse       I'yau shows bories faulting the foreign address foreign intructoring.         I'moreign       Gip is name       a signate return or you were a dual-status alien       I'yaui shows       I'yaui show				-					A	Apt. no.			
City, corr, or pote office. If you have a foreign address, also complete spaces below.       State       VA       2014 8       Spouse ff filling jointly, want 38         Foreign country rame       Foreign province/state/county       Foreign postal coor Point, 30       On State will into change box below will not change box box below will not change box box below will not box box box below will not box box below will not box	43010 PA	RTS	GAP SO										
ASEBURN       VA       2014       box below will not change         Fordign country name       Fordign province/state/county       Foreign province/state/county       Foreign province/state/county       you tax or refund.         Filing Status       Single       Head of household (HOH)       Oualifying surviving spouse. (DSS)       You       Spouse         Filing Status       Married filing separately (MFS)       Oualifying surviving spouse. (IV)       Oualifying surviving spouse. (DSS)       Yes       No         Signal       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or service); or (b) sell.       Assets         Scheden view       Someore can claim:       You spouse. If you or spouse as a dependent       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Acge/Bindness       Yes       No         Age/Bindness       Yes       No       Standard       Spouse:       Wes born before January 2, 1959       Is bind         Dependents, saan VI       OLETY       034-95-6622       Paughter       No       Image       Image         Nates form(g)       Was born before January 2, 1959       Is bind       Image       Image       Image       Image       Image         Not backold employee wages not reported on Form(g) W-2, box 1 (				mplete	spaces bel	ow.	Sta	ite	ZIP c	ode			
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or refund.         Filing Status       Single       I head of household (HOH)       Wore in the second of the seco	ASHBURN						V	4	201	48			0
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointy (even if only one had income)       Cualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Check only         Digital       Anny time during 2023, did you; (a) receive (sa reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent:       Your spouse as a dependent       Yes       No         Deduction       Spouse iteruises on a separate return or you were a dual-status alien       Check the box if qualifies for fee instructions);       Yes       No         Age/Bindness       You:       Were bom before January 2, 1959       Are bind       Spouse; Terme dependent in our form form form form (yes), box 1 (see instructions);       Check the box if qualifies for fee instructions);         If more       It a total amount from Form(ye)-2, box 1 (see instructions);       It a total amount from Form (ye)-2, box 1 (see instructions);       It a 243, 121, 144, 144, 144, 144, 144, 144, 144		name			Foreign pr	ovince/state/	count	ty			1		•
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MPS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:												🗌 You	ı 🗌 Spouse
Check only one box.       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MPS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Filing Status	; [	] Single					Head of h	ouseh	old (HOH)			
Class Chry       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying spouse is a child but not your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Ves       No         Standard       Someone can calm:       You as a dependent       Your spouse as a dependent       Yes       No         Standard       Someone can calm:       You as a dependent       Your spouse as a dependent       Yes       No         Standard       Someone can calm:       You as a dependent       (a) Polationship       (b) Check the box fiqualifies for tiere instructions;         If more       (b) First name       Last name       (a) Check the box fiqualifies for tiere instructions;         If more       (b) First name       Last name       (a) Check the box fiqualifies for there dependent;         see instructions;       SRANVI       OLETY       008-02-1081       Daughter       (a) Check the box fiqualifies for there dependent;         If more       1a       Total amount from Form(9) W-2, box 1 (see instructions)       1a       24.3, 121.         Intent for more propride on lin	-		Married filing jointly (even if only o	ne had	income)					, ,			
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you; (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Comparison of the compari	,							Qualifying	surviv	/ing spouse	(QSS)		
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Image: See instructions); image: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness You:       Were born before January 2, 1959       Ive bind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (a) Relationship       (4) Check the box if qualifies for (see instructions):       Child tax credit       Credit for other dependents         ind oheck       SARAYU       OLETY       034-95-6622       Daughter       Image: Child tax credit       Credit for other dependents         ind oheck       SARAYU       OLETY       034-95-6622       Daughter       Image: Child tax credit       Image: Child tax cr		lf y	ou checked the MFS box, enter the	name	of your sp	oouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's nam	ne if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       No         Standard       Someore can claim:       \other You as a dependent       \other Your spouse as a dependent       \other Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       (i) Social security       (i) Poly Check the box if qualifies for (see instructions):         Ade predents       (see instructions):       (ii) Social security       (iii) Check the box if qualifies for (see instructions):       Check the box if qualifies for (see instructions):         SARAYU       OLETY       034-95-6622       Daughter       Xiii       Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       243, 121.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       243, 121.         Ve2 there, Also       1a       Total amount from Form(s) W-2, low 1 (see instructions)       1a       243, 121.         If weakingt       a travelide predent care benefits from Form 8839, line 29       1f       1a <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						-							
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       No         Standard       Someore can claim:       \other You as a dependent       \other Your spouse as a dependent       \other Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       (i) Social security       (i) Poly Check the box if qualifies for (see instructions):         Ade predents       (see instructions):       (ii) Social security       (iii) Check the box if qualifies for (see instructions):       Check the box if qualifies for (see instructions):         SARAYU       OLETY       034-95-6622       Daughter       Xiii       Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       243, 121.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       243, 121.         Ve2 there, Also       1a       Total amount from Form(s) W-2, low 1 (see instructions)       1a       243, 121.         If weakingt       a travelide predent care benefits from Form 8839, line 29       1f       1a <td>Divital</td> <td></td> <td>ny time during 2022, did your (a) rea</td> <td></td> <td></td> <td>l oword or</td> <td>000</td> <td>mont for propo</td> <td>rtu or</td> <td></td> <td>(b) coll</td> <td></td> <td></td>	Divital		ny time during 2022, did your (a) rea			l oword or	000	mont for propo	rtu or		(b) coll		
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents (see instructions):       (1) First name       Last name       number       (2) Social accurity       (3) Palationship       (4) Check the box if qualifies for (see instructions);         If more       Interme       Last name       number       (2) Social accurity       (3) Palationship       (4) Check the box if qualifies for (see instructions);         SARNVU       OLETY       034-95-6622       Daughter       Maintain the dependents       (1) Entry         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       243,121.         Itach Form(s)       b       Household employee wages not reported on Form(s) W-2 (see instructions)       1c       1d         If out and gait a form       d       Medicaid acoption benefits from Form 8839, line 29       1f       1d         If you did not gait a form       i       Nontaxable combat pay election (see instructions)       1a       243,121.      <									-			Yes	s 🛛 No
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (f) First name       Last name       (f) First name       Last name       (f) First name       Child tax credit       Credit for other dependents         standard       SARAYU       OLETY       034-95-6622       Daughter       Image: Child tax credit       Credit for other dependents         standard       SARAVU       OLETY       008-02-1081       Daughter       Image: Child tax credit       Credit for other dependents         and check       inter       inter       inter       Image: Child tax credit       Credit for other dependents         V2 there, Also       inter       inter       Image: Child tax credit       Credit for other dependents         with the forms       W-2 here, Also       inter       Image: Child tax credit       Credit for other dependents         with tax was withheld.       f       Total amount from Form(S) W-2, box 1 (see instructions)       int       Image: Child tax credit       Credit for other dependent         W 2 there, Also       d       Medicaid waiver payments not reported on form (SW-2)       int								-	9. (00		10.)		
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       number       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Child tax credit       SARAYU       OLETY       034-95-6622       Daughter       Image: Check the box if qualifies for (see instructions):         SARAVU       OLETY       034-95-6622       Daughter       Image: Check the box if qualifies for (see instructions):         Beel instructions       SARAVU       OLETY       008-02-1081       Daughter       Image: Check the box if qualifies for (see instructions):         Attach Form(s)       W-2, see       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: C		_		•		•		•					
Dependents (see instructions):       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents.       SARAYU OLETY 0034-95-6622 Daughter       Cefit for other dependents.         SANAYU OLETY 008-02-1081 Daughter       Image: Cefit for other dependents.         SANAVI OLETY 008-02-1081 Daughter       Image: Cefit for other dependents.         and check       Image: Cefit for other dependents.         here       Image: Cefit for other dependents.         Attach Forms       Total amount from Form(s) W-2, box 1 (see instructions)         V2 here. Also attach Forms       Image: Cefit for other dependents.         V2 here. Also attach Forms       Image: Cefit for other dependents.         V2 here. Also attach Forms       Image: Cefit for other dependents.         attach Forms       Image: Cefit for other dependents.         V2 here. Also attach Forms       Image: Cefit for other dependents.         attach Forms       Image: Cefit for other dependents.         V2 here. Also attach Cefit for other dependents.       Image: Cefit for other dependents.         attach Sorm(Int atta was attach forms.       Image: Cefit for other dependents.         attach Forms       Image: Cefit for other dependents.         w22 and       Image: Cefit for other dependents.         attach Sorh. B <td< td=""><td>Age/Blindness</td><td></td><td>· · · ·</td><td></td><td></td><td></td><td></td><td></td><td>n befo</td><td>ore January 3</td><td>2 1959</td><td></td><td>blind</td></td<>	Age/Blindness		· · · ·						n befo	ore January 3	2 1959		blind
If more than four dependents       If Brist name       Last name       number of the source of the				000	T	•			14				
Infinite       SARAYU       OLETY       034-95-6622       Daughter       Image is structions         dependents, see instructions       SANVI       OLETY       008-02-1081       Daughter       Image is structions         and check here       Image is structions       Image is str	•				(2) 3				ip (	-	-	· ·	
dependents, and check here       SAANVI       OLETY       008-02-1081       Daughter       Image: Construction of the construction		<u> </u>			034	-95-662	2	-		X			Idection Campaign         you, or your         g jointly, want \$3         und. Checking a         I not change         fund.         You       Spouse         hame if the         Yes       No         Is blind       r         r (see instructions):         for other dependents
see instructions       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii													
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Attach Form(s) W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 dard.       b       1b         Attach Forms W-2 here. Also attach Forms W-2 dard.       b       Household employee wages not reported on Form(s) W-2 (see instructions)       1c         W-2 dard.       d       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 dard.       e       Taxable dependent care benefits from Form 2441, line 26       1e         Wages from Form 8919, line 6       .       1f       1g         get a Form W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1z         Attach Sch. B       2a       b       Ordenary dividends       3b       515.         Attach Sch. B       2a       b       Ordenary dividends       3b       515.         Attach Sch. B       Tax-exempt interest       2a       b       Ordinary dividends       3b       515.         Beduction for- eingle or Married filing separately.       Fil you elect to use the lump-sum election method, check here (see instructions)       1d	. —												$\overline{\square}$
Attach Form(s) W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 dard.       b       1b         Attach Forms W-2 here. Also attach Forms W-2 dard.       b       Household employee wages not reported on Form(s) W-2 (see instructions)       1c         W-2 dard.       d       Medicaid waiver payments not reported on Form (s) W-2 (see instructions)       1d         W-2 dard.       e       Taxable dependent care benefits from Form 2441, line 26       1e         Wages from Form 8919, line 6       .       1f       1g         get a Form W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1z         Attach Sch. B       2a       b       Ordenary dividends       3b       515.         Attach Sch. B       2a       b       Ordenary dividends       3b       515.         Attach Sch. B       Tax-exempt interest       2a       b       Ordinary dividends       3b       515.         Beduction for- eingle or Married filing separately.       Fil you elect to use the lump-sum election method, check here (see instructions)       1d	Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions) .					. 1a	1 2	243,121.
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         w2-2 here. Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W2-2 here. Also       C       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W2-2 here. Also       Faxable dependent care benefits from Form 2441, line 26       1e         Wages from Form 8919, line 6       Ig       Ig         get a Form       Wages from Form 8919, line 6       Ig         W2-2, see       instructions.       Ih       0.         instructions.       Ix       243, 121.       243, 121.         Z       Add lines 1a through 1h       Ix       243, 121.         Attach Sch. B       Tax-exempt interest       1a       b       Taxable interest       2b       3, 388.         if required.       3a       515.       b       Ordinary dividends       3b       515.         Standard       Deduction for-       Sa       Social security benefits       Ga       b       Taxable amount       6b         Married filing separately.       c       If you elect to use the lump-sum election method, check here (see instructions)       Im       7       3, 465.         820.800       Add lines 12, 2b, 3b, 4b, 5b				•		,							
ettach Forms W-2G and 109-R if tax vas withheld.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         11       f       Employer-provided adoption benefits from Form 8839, line 29       1f         11       g       g         11       Wages from Form 8919, line 6       1g         11       0.       1g         11       1g       1g         11       0.       1g         11       1g       1g         11		с	Tip income not reported on line 1a	a (see ir	nstruction	s)					. 10	;	
1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not       g       Wages from Form 8919, line 6       1g         W22, see       is Nontaxable combat pay election (see instructions)       1i       1g         W2, see       Nontaxable combat pay election (see instructions)       1i       1z       243, 121.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       3, 388.         if required.       3a       Qualified dividends       3a       515.       b       Dordinary dividends       3b       515.         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       6a       b       Taxable amount       7       3, 465.         6a       Social security benefits       6a       b       Taxable amount       10         Married fling separately, S13.850       r       C       If you elect to use the lump-sum election method, check here (see instructions)       10       7       3, 465.         8       Additional income from Schedule 1		d	Medicaid waiver payments not rep	orted o	on Form(s	) W-2 (see ir	nstru	uctions)			. 1d	1	
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i       1g         we2, see       in       Other earned income (see instructions)       1i       1h       0.         we2, see       in       Nontaxable combat pay election (see instructions)       1i       1z       243, 121.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       3, 388.         if required.       3a       Qualified dividends       3a       515.       b       Ordinary dividends       3b       515.         Standard       Fa       Pensions and annuities       5a       b       Taxable amount       4b       5b         Deduction for-       6a       b       Taxable amount       5b       5b       5b         Single or       r       Gapital gain or (loss). Attach Schedule D if required. If not required, check here       7       3, 465.         Single or       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3, 465.         Standard		е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26					. 1e	•	
get a Form W-2, see       h       Other earned income (see instructions)       1       1         W-2, see       istructions.       i       Nontaxable combat pay election (see instructions)       1i       1i         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b       3,388.         if required.       3a       Qualified dividends       3a       515.       b       Ordinary dividends       3b       515.         Standard       Qualified dividends       5a       b       Taxable amount       4b       5b         Standard Deduction for-       5a       Scial security benefits       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Obduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Or apital gain or (loss). Attach Schedule D if required. If not required, check here       7       3, 465.       8       -16, 763.         Married filing jointly or       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is y		f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f	:	
get a Form W-2, see instructions.       h       Other earned income (see instructions)       1h       0.         w-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1a through 1h       1       1       2b       3,388.         if required.       3a       515.       b       Ordinary dividends       3b       515.         Standard       Qualified dividends       3a       515.       b       Ordinary dividends       4b         Standard       Pensions and annuities       5a       b       Taxable amount       4b         Married filing separately, \$13.850       C       If you elect to use the lump-sum election method, check here (see instructions)       6b         Married filing jointly or Qualifying usuving spouse, \$27.700       Additional income from Schedule D if required. If not required, check here       7       3,465.         Standard of Deduction for       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       233,726.         Start a dr Deduction for       Standard deduction or itemized deductions (from Schedule A)       11       233,726.         Start a dr Deduction for       Subtract line 10 from line 9. This is your adjusted gross income       12       27,700.         Maried filing jointly or Qua	,	g	Wages from Form 8919, line 6 .								. 1g	I	
instructions.       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       1z       243, 121.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxalle interest       2b       3, 388.         if required.       3a       Qualified dividends       3a       515.       b       Ordinary dividends       3b       515.         4a       b       Taxable amount       4b       5b       5b       5b         Deduction for-       6a       5a       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Separately, S13,850       If you elect to use the lump-sum election method, check here (see instructions)       10       6b         Married filing jointy or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3, 465.         827,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       233, 726.         10       Addustonal income from Schedule 1, line 26       11       233, 726.         11       233, 726.       11       233, 726.       12       27, 700. <td></td> <td></td> <td>Other earned income (see instructi</td> <td>ions)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1h</td> <td>1</td> <td>0.</td>			Other earned income (see instructi	ions)							. 1h	1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest        2b       3,388.         if required.       3a       Qualified dividends        3a       515.       b       Ordinary dividends        3b       515.         Standard Deduction for-       5a       Pensions and annuities        5a       b       Taxable amount        4b         Standard Deduction for-       6a       Social security benefits        6a       b       Taxable amount           Standard Deduction for-       6a       Social security benefits        6a       b       Taxable amount           Married filing jointly or       Capital gain or (loss). Attach Schedule D if required. If not required, check here		i	Nontaxable combat pay election (s	see ins	tructions)			<b>_</b> 1i					
if required.       3a       Qualified dividends       3a       515.       b       Ordinary dividends       3b       515.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Single or Married filing separately, 513,850       6a       Social security benefits       6a       b       Taxable amount       5b         6       Social security benefits       6a       b       Taxable amount       5b       6b         9       Capital gain or (loss). Attach Schedule D if required. If not required, check here       10       7       3, 465.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       233, 726.       10         10       Adjustments to income from Schedule 1, line 26       11       233, 726.       10       11       233, 726.         10       Standard deduction or itemized deductions (from Schedule A)       11       233, 726.       12       27, 700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       27, 700.       14		z	Add lines 1a through 1h								. 1z		243,121.
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for- Single or Married filing separately, \$13,850       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3, 465.         8       -16, 763.       7       3, 465.         9       Additional income from Schedule 1, line 10       7       3, 465.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       233, 726.         10       11       Subtract line 10 from line 9. This is your adjusted gross income       11       233, 726.         11       233, 726.       12       27, 700.       12       27, 700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       27, 700.	Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		3,388.
Standard Deduction for-       5a       5a       b       Taxable amount       5b         • Single or Married filing separately, \$13,850       6a       5a       b       Taxable amount       6b         • Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3,465.         • Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3,465.         • Married filing jointly or Qualifying surving spouse, \$27,700       8       Additional income from Schedule 1, line 10       8       -16,763.         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       233,726.         • Y20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         • If you checked any box under Standard Deduction or itemized deduction from Form 8995 or Form 8995-A       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • 4dd lines 12 and 13       14       27,700.       14       27,700.	if required.	3a	Qualified dividends	3a		515.	b C	Ordinary divider	nds .		. 3b		515.
Deduction for-       Sa       Sa       Definition of a construction of construction of a construction of constructio		4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b		
<ul> <li>Single or Married filing separately, \$13,850</li> <li>Married filing jointly or Qualifying spouse, \$27,700</li> <li>Head of household, \$20,800</li> <li>If you checked any box under Standard Deduction, 14</li> <li>Add lines 12 and 13</li> </ul>		5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b		
separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3,465.         Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       8       -16,763.         9       233,726.       9       233,726.       9       233,726.         10       11       233,726.       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       233,726.         12       27,700.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14	<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b		
\$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       3,465.         Married filing jointly or Qualifying surviving spouse, \$27,700       8       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       233,726.         10       Adjustments to income from Schedule 1, line 26       10       11       233,726.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       233,726.         12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         4dd lines 12 and 13       14       27,700.		с	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)		[			
jointy or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-16,763.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9233,726.9233,726.9233,726.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.14	\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if required	d. If not requ	iired	, check here		[	7		3,465.
Qualifying surving spouse, \$27,7009233,726.10Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income10Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1012Standard deduction or itemized deductions (from Schedule A)1227,700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314	jointly or	8	Additional income from Schedule	1, line <sup>-</sup>	10						. 8		-16,763.
\$27,700       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       233,726.         • If you checked any box under Standard Deduction, 14       Add lines 12 and 13       13       14       27,700.		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is y	our <b>total inc</b>	come	e			. 9		233,726.
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11233,726.1212Standard deduction or itemized deductions (from Schedule A)1227,700.1314Add lines 12 and 131427,700.	\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10		
I 2       Standard deduction or nemized deductions (norm scriedule A)       I 2       27,700.         I 3       Qualified business income deduction from Form 8995 or Form 8995-A       I 3       I 3         Deduction,       I 4       Add lines 12 and 13       I 4       27,700.	household,	11	Subtract line 10 from line 9. This is	s your <b>a</b>	adjusted	gross incor	ne				. 11		233,726.
any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.		12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	2	27,700.
Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deducti	ion fror	n Form 89	995 or Form	899	5-A			. 13	;	
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 206, 026.	Deduction,	14	Add lines 12 and 13								. 14	•	27,700.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -	0 This is y	ourt	taxable incom	e.		. 15	<b>j</b>	206,026.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	36,200.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	36,200.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	4,000.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	32,200.
	23	Other taxes, including self-e						23	141.
	24	Add lines 22 and 23. This is						24	32,341.
Payments	25	Federal income tax withheld							· · · ·
,	а	Form(s) W-2				<b>25a</b> 49	,188.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	590.		
	d	Add lines 25a through 25c						25d	49,778.
If you have a	26	2023 estimated tax payment	s and amount a	oplied from 20	22 return .			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	49,778.
Refund	34	If line 33 is more than line 24						34	17,437.
	35a	Amount of line 34 you want				, .	. 🗆	35a	17,437.
Direct deposit?	b	Routing number 0 5 1			<b>c</b> Type:		Savings		
See instructions.	d	Account number 4 3 5					0		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		-	
Third Party	Do	you want to allow another	,						
Designee			•				omplete b	elow.	🗙 No
U	De	signee's		Phone			onal identifi	cation	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			ploto. Doolaration o					• •	, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					PRINCIPAL T	ECH SECURITY			,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion	If the	IRS ser	nt your spouse an
Keep a copy for your records.								ection PIN, enter it here	
your records.					HOME MAKEI	(see ir	isi.)		
		one no. (602) 418-270		Email address	ARJUNGOVINDA	RAJU@GMAIL.C			<u> </u>
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	03/04/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone	eno. (	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	5 EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO			Form <b>1040</b> (2023)

BAA

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ARJUN GOVINDARAJU & SANDHYA RANI RATHNAIAH SETTY 764-21-8761 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -16,763. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: а Net operating loss 8a 8b b Cancellation of debt 8c С Foreign earned income exclusion from Form 2555 d 8d 8e е 8f f 8g g 8h h i Prizes and awards 8i 8i i 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 . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q α Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t Wages earned while incarcerated . . . . . . . . . . . . . 8u u z Other income. List type and amount: 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -16,763.

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

Schedule 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				+		
2	officials. Attach Form 2106	-Dasis	s go	vennn	ent	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
<del>-</del> 5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
/ 8	Penalty on early withdrawal of savings					18	
9a						19a	
b	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):						
20						20	
21	Student loan interest deduction					21	
22	Reserved for future use					22	
23	Archer MSA deduction	• •	• •	• •	·	23	
24	Other adjustments:						
а		24a					
b	Deductible expenses related to income reported on line 8I from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d	Reforestation amortization and expenses	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
g		24g					
ĥ	Attorney fees and court costs for actions involving certain unlawful						
		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					
i	Housing deduction from Form 2555	24i					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	,					
		24k					
z	Other adjustments. List type and amount:						
~		24z					
25	Total other adjustments. Add lines 24a through 24z					25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>					23	
.0	Form 1040, 1040-SR, or 1040-NR, line 10					26	
		• •	• •	• •	•	-	1 (Form 10

SCHEI	DULE	2
(Form	1040)	

Department of the Treasury

Internal Revenue Service

## **Additional Taxes**

OMB No. 1545-0074

20

Attachment

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

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

Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ARJUN GOVINDARAJU & SANDHYA RANI RATHNAIAH SETTY 764-21-8761 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . . . . . 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . . 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. Attach Form 4137 5 . . . . . . . . . . . . . . . . Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 . . . . . . . . . . . . . . . . 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . . 10 10 Additional Medicare Tax. Attach Form 8959 11 11 141. 12 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 Recapture of low-income housing credit. Attach Form 8611 . . . . . . . . . . . . 16 16 (continued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
_		17b	-		
	Additional tax on HSA distributions. Attach Form 8889	17c	-		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach				
	Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17a			
h	Income you received from a nonqualified deferred compensation	17g			
	plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred				
	compensation plan described in section 457A	17i	-		
j	Section 72(m)(5) excess benefits tax	17j	-		
k	Golden parachute payments	17k	-		
I	Tax on accumulation distribution of trusts	171	-		
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form		-		
	8697 or 8866	17n			
ο	Tax on non-effectively connected income for any part of the				
	year you were a nonresident alien from Form 1040-NR	170	-		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17g			
z.	Any other taxes. List type and amount:	•			
	, , , , , , , , , , , , , , , , , , ,	17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe				
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21		141.
	BAA	REV 02/23/24 PRO	Schedu	ule 2 (Form 104	10) 2023

SCHEDULE	В
(Form 1040)	

Department of the Treasury

## **Interest and Ordinary Dividends**

OMB No. 1545-0074 2

Attachment

Attach	to	Form	1040	or	1040-SR.
Auton	~~		10-10	<b>U</b>	

Internal Revenue Se		Go to www.irs.gov/ScheduleB for instructions and the latest information.		Attachme Sequence	nt No. <b>0</b> 8	8
Name(s) shown on r	return		Your	social securi		
ARJUN GOVI	NDAR	AJU & SANDHYA RANI RATHNAIAH SETTY	764	1-21-876	1	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amo	ount	
-		buyer used the property as a personal residence, see the instructions and list this				
Interest		interest first. Also, show that buyer's social security number and address:				
(See instructions and the		PENTAGON FEDERAL CREDIT UNION				41.
Instructions for		FIDELITY BROKERAGE SERVICES LLC				63.
Form 1040,		Robinhood Securities LLC				73.
line 2b.)		BANK OF AMERICA, N.A.				11.
Note: If you received a						
Form 1099-INT,			1			
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.						
	2	Add the amounts on line 1	2		3.3	88.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
	Ŭ	Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4		3,3	88.
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer: FIDELITY BROKERAGE SERVICES LLC			4	69.
-		Robinhood Securities LLC				46.
Ordinary						
Dividends						
(See instructions						
and the Instructions for						
Form 1040,			_			
line 3b.)			5			
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	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		5	15.
dividends shown on that form.	-	If line 6 is over \$1,500, you must complete Part III.	0		5	13.
Part III		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary d			d a fo	oreign
Foreign	accou	nt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign	trust	•		
Accounts					Yes	No
and Trusts	7a	At any time during 2023, did you have a financial interest in or signature authority of	over a	financial		
Caution: If	74	account (such as a bank account, securities account, or brokerage account) locat				
required, failure to	C	country? See instructions		•	×	
file FinCEN Form 114 may result in		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank	and	Financial		
substantial		Accounts (FBAR), to report that financial interest or signature authority? See Find	CEN F	Form 114		
penalties. Additionally, you		and its instructions for filing requirements and exceptions to those requirements .				×
may be required	b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-	-ies) v	vhere the		
to file Form 8938, Statement of		financial account(s) is (are) located:				
Specified Foreign						

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 .

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/23/24 PRO

8

Financial Assets.

See instructions.

Schedule B (Form 1040) 2023

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. . . Х

#### 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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

ARJUN GOVINDARAJU & SANDHYA RANI RATHNAIAH SETTY

764-21-8761

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.		<b>(d)</b> Proceeds	<b>(e)</b> Cost	<b>(g)</b> Adjustments to gain or loss from	(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, Part I, line 2, column (g)	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 <b>Box A</b> checked	1,116,095.	1,105,685.	630.	11,040.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 <b>4</b>	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		estates, and tr	rusts from <b>5</b>	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions				
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				11,040.

#### 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	from	(h) Gain or (loss) Subtract column (e) from column (d) and
who	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		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 <b>Box D</b> checked	4,525.	12,100.			-7,575.
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	11				
12	Net long-term gain or (loss) from partnerships, S corporat	12				
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	14	( )			
15	Net long-term capital gain or (loss). Combine lines 8a on the back	15	-7,575.			

Part	II Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 3,465.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ 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:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	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 02/23/24 PRO

Schedule D (Form 1040) 2023

Form **8949** 

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

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



OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification number

ARJUN GOVINDARAJU & SANDHYA RANI RATHNAIAH SETTY 764-21-8761

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

<b>1</b> (a) Description of property	(b) (c) Date acquired		<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	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.		<b>(h)</b> Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).	
Robinhood Securities LLC	01/01/23	12/31/23	1,089,014.	1,086,139.	W	630.	3,505.	
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	27,081.	19,546.			7,535.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	1,116,095.	1,105,685.		630.	11,040.	

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
------------------	-----------------------------

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side ARJUN GOVINDARAJU & SANDHYA RANI RATHNAIAH SETTY Social security number or taxpayer identification number 764-21-8761

Page 2

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

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

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

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

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

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

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

<b>1</b> (a) Description of property	(b) (c) Date sold or		Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	Adjustment, i If you enter an enter a co See the sep	<b>(h)</b> 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.	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	4,525.	12,100.			-7 <b>,</b> 575.
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 inclusion in the inclusion of the interval in the inclusion of the interval in the interval interval in the interval interval in the interval interval in the interval in	lude on your le 9 (if Box E	4,525.	12,100.			-7,575.

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.

			Supplemen							OMB No	. 1545-0074
(Form	1040)	040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							20	23	
	Department of the Treasury         Attach to Form 1040, 1040-SR, 1040-NR, or 1041.           Internal Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachm	ient	
	Revenue Service		Go to www.irs.gov/ScheduleE	for instr	uctions an	d the la	atest in	formation.	<u> </u>		ce No. <b>13</b>
. ,	shown on return				ΠV					<b>al security ı</b> 1 <b>–</b> 8761	number
Part			SANDHYA RANI RATHNAIA S From Rental Real Estate						/64-2	1-8/01	
Fait	Note: If vo	ou are in th	ne business of renting personal pro	pertv. use		<b>C</b> . See	e instru	ctions. If vou a	re an indi	vidual. repo	ort farm
	rental inco	ome or los	s from <b>Form 4835</b> on page 2, line 4	10.							
			nts in 2023 that would require y								
B If			ou file required Form(s) 1099?							. <b></b> Ye	s 🗌 No
1a	Physical addr	ress of ea	ach property (street, city, state,	ZIP cod	e)						
Α	#4 SHREED	HAMA,	OPPO JINGLE HORAMAVU	BENGA	LURU IN	1 560	044				
В											
С							1				
1b	Type of Prope (from list below		For each rental real estate pro				Fa	ir Rental		al Use	QJV
	· · · · · · · · · · · · · · · · · · ·	N)	above, report the number of fa personal use days. Check the					Days	Da	-	
 	3		if you meet the requirements t	to file as	a	A B		365		0	
C			qualified joint venture. See ins	structions	s.	C					
	of Property:										
	Single Family R	esidence	e 3 Vacation/Short-Term R	lental	5 Land		7	Self-Rental			
	Multi-Family Re		4 Commercial		6 Roya	lties	8	Other (descri	ibe)		
								Propertie			
Incom	e:					Α		В			С
3		4		3			00.				•
4	Royalties rece	ived		4							
Expen											
5	Advertising .			5							
6		-	structions)	6							
7			nce	7		2,4	70.				
8				8							
9				9							
10	-		sional fees	10							
11 12	•		to banks, etc. (see instructions	) <u>11</u> ) <u>12</u>		Ζ,Ι	00.				
13	Other interest	•	to banks, etc. (see instructions)	13							
14				14		3.4	90.				
15				15			.00.				
16				16							
17	Utilities			17		2,9	950.				
18	Depreciation e	xpense c	pr depletion	18		3,2	53.				
19	Other (list)			19							
20	Total expense	s. Add lin	nes 5 through 19	20		17,9	63.				
21			ne 3 (rents) and/or 4 (royalties).								
			structions to find out if you mu	st 21	_	-16 <b>,</b> 7	63				
22			estate loss after limitation, if an			±0,/					
~~			ructions)	y, <b>22</b>	(	16,70	53.1	(	)	(	)
23a		-	ported on line 3 for all rental pro				23a		,200.	1	)
b			ported on line 4 for all royalty pr	-			23b				
с			ported on line 12 for all properti				23c				
d		•	ported on line 18 for all properti				23d		,253.		
е		•	ported on line 20 for all properti				23e	17	,963.		
24			amounts shown on line 21. Do I							(	
25			ses from line 21 and rental real es							(	16,763.)
26			e and royalty income or (loss								
			I IV, and line 40 on page 2 do ), line 5. Otherwise, include this						n · <b>26</b>	-	-16,763.
For Pa			otice, see the separate instructio		NE			-16,763			orm 1040) 2023

Schedule E (Form 1040) 2023

### SCHEDULE 8812 (Form 1040)

Department of the Treasury

## **Credits for Qualifying Children** and Other Dependents

OMB No. 1545-0074

Attach to	Form	1040.	1040-SR.	or 1040-NR.
Attuon to		10-10,	1040 011,	01 1040 1011

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

20 3 Attachment Sequence No. 47

Internal I	Revenue Service Go to www.irs.gov/Schedule8812 for instructions and the latest information.		Se	quence No. 41
Name(s)	shown on return	Your	social se	ecurity number
ARJUN	N GOVINDARAJU & SANDHYA RANI RATHNAIAH SETTY	764	-21-8	761
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	233,726.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
с	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	233,726.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \$		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. $J$		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?		12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		13	36,200.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>	nal ch	ild tax	credit
	on Form 1040, 1040, SP, or 1040, NP, line 28, Complete your Form 1040, 1040, SP, or 1040, N	D the	ough li	no 27

on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 REV 02/23/24 PRO BAA

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
<b>18</b> a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
• •	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19		
20	Multiply the amount on line 19 by $15\%$ (0.15) and enter the result $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	■ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		
Part		e of l	Puerto Rico
21		.3 01 1	
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	-	
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24	1040 and		
	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 02/23/24 PRO Sci	edule 8	8812 (Form 1040) 2023

Form <b>8867</b>	Paid Preparer's
Form <b>UUU</b>	Earned Income Credit (EIC
(Rev. November 2023)	Child Tax Credit (CTC) (includ Credit for Other Dependents (OL

# Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information OMB No. 1545-0074 For tax year

Attachment

20	22	
20	23	

70

Internal Revenue Service	Go to www.irs.gov/Formooo/ for instructions and the latest information.					
Taxpayer name(s) shown or	Taxpayer identificatio	n number				
ARJUN GOVINDAF	RAJU & SANDH	YA RANI RATHNAI	AH SETTY	764-21-876	1	
Preparer's name				Preparer tax identifica	ation number	
SYAM PRIYA RAN	1 SAGAR GUPI	A TALLAM		P02082703		

## Part I Due Diligence Requirements

Department of the Treasury

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	<ul><li>Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.</li><li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to</li></ul>			
	determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If " <b>Yes</b> ,"			
_	answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)		X	
a L	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure			
	the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the			
·	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?			

For Paperwork Reduction Act Notice, see separate instructions.

REV 02/23/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC</b>	Yes	No	N/A
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	<b>Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part			Part \	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?			
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses on s) and/c	n the re or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under

- 1. A copy of this Form 8867.
- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

# If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 02/23/24 PRO

Form 8867 (Rev. 11-2023)

	2050
Form	0333

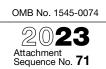
Department of the Treasury

Internal Revenue Service

## **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.



Name(s) shown on return

764-21-8761

Your social security number

ARJU	IN GOVINDARAJU & SANDHYA RANI RATHNAIAH SETTY		764-	21-87	61
Par	Additional Medicare Tax on Medicare Wages		•		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	265,621.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	265,621.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	15,621.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).	Enter	here and go to		
	Part II			7	141.
Part					
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0				
	go to Part III			13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA)	Con	pensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		-		
	(see instructions)	14			
15	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line	e 16 k	ov 0.9% (0.009).		
	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lir	ne 11	(Form 1040-SS		
	filers, see instructions), and go to Part V			18	141.
Part					
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	4,442.		
20	Enter the amount from line 1	20	265,621.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	3,852.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addi	tional			
	withholding on Medicare wages			22	590.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation	from	Form W-2, box		
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu	ide th	is amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (				
	see instructions)	<u> </u>	<u> </u>	24	590.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA		REV 02/23/24 PRO		Form <b>8959</b> (2023)



ARJUN

SANDHYA RANI

43010 PARIS GAP SQ



GOVINDARAJU

RATHNAIAH SETTY



43010 PARIS GAP	ъŲ				
ASHBURN		VA 20148			
SSN - You GOV	Ί	764218761	Vendor ID 1555	Х	XXXX –
SSN - Spouse RAT	Ή	814408700			
Fed Adj Gross Income (FAGI)	1.	233726.	Withholding (VA) - You	19A.	13138.
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	233726.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	13138.
Total VA Adj Gross Income (VAG	l) 9.	233726.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	1550.
Standard Deduction	11.	16000.	Overpayment Credited to Next Year	29.	
Exemptions	12.	3720.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.	8000.	VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptic	ons) 14.	27720.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	206006.	Sales and Use Tax	33.	
Amount of Tax	16.	11588.	Amount You Owe Will Pay by Credit/Debit Card N		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card N Your Refund	1	1550.
VAGI - Spouse	17A.		Ponk Pouting #	S	051000017
Net Amount of Tax	18.	11588.	Bank Routing #	435048	
L			Bank Account #	433048	900020

\_\_\_LAR \_\_\_DLAR \_\_\_DTD \_\_\_LTD \$\_\_\_\_\_

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764218761





I Filing Status, Age	& License	Information	Additional Filing Information
Filing Status		2	Locality 107
Federal Head of I	Household		Uninsured & Authorize DMAS
DOB - You		10291985	Name or Filing Status Change
VA Driver's Licen	se ID - You	A28175627	Address Change
VA Driver's Licen	se - Iss. Date	e-You 02042022	VA Return Not Filed Last Year
Spouse Name (F	iling Status 3	Only)	Dependent on Another's Return
		02201007	Farmer / Fisherman / Merchant Seaman
DOB - Spouse		03201987	Amended
VA Driver's Licen			Reason Code
VA Driver's Licen	se - Iss. Date		Overseas on Due Date
Exemptions (A) You	1	Exemptions (B) 65 & Over - You	Federal EIC & Amount
Spouse	1	65 & Over - Spouse	Deceased Indicator
Dependents	2	Blind - You	Form 760C or 760F
Total (A)	4	Blind - Spouse	No Sales & Use Tax Due Indicator X
		Total (B)	Obtain Electronic 1099G
		Contact Information	ID Theft PIN

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You		Date		Phone - You		6024	182703
Signature - Spouse		Date		Phone - Spouse			
Signature - Prepare	er <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date	030424	Phone - Preparer		6789	659522
	nt may discuss my/our return with my/our pi	reparer.	GLOBA	Preparer Information L TAXES LLC	7	P02	082703
Include	e by May 1, 2024 Page 1, Page 2 and all ting 760CG documents. 3/24 PRO		-	OONEY CT NSWICK	NJ	08816	Page 2 of 2

2023 Schedule ADJ/CG

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764218761



•								
Additions Interest on oblig		other state)	1.				Low-Income Credit or VA EIC ( Total Exemptions	<b>con't)</b> 11.
Other Additions Conformity Add			2A.				# of Personal Exemptions	12.
	2B.						Total Exemptions Amount or \$0	13.
	2C.						Federal EIC	14.
Total Additions			3.				20% of Line 14	15.
Subtractions							Greater of Line 13 or Line 15	16a.
Income (US obl	igations /	/ securities)	4.				15% of Line 14	16b.
Disability Incom	e (wages	s) - You	5A.				Credit	17.
Disability Incom	ie (wages	s) - Spouse	5B.				Addition to Tax, Penalty & Inter	
Other Subtractic Conformity Sub			6A.				Addition to Tax	18.
6B.		Code	•••				Penalty	19.
							·	19.
6C.		Code					Late Filing Penalty	
6D.		Code					Extension Penalty	
Total Subtractio	ns		7.				Interest	20.
Deductions	8A.	104			8000.		Total Adjustments	21.
	8B.							
	8C.							
Total Deduction	S		9.		8000.			
Claiming More Ad	justment	s - Schedule ADJS						
Low-Income Ci Family	redit or	VA EIC Name		SSN		VAGI		
You								
Spouse								
Dependent								
Dependent								
Total Family VA	GI				10.			

0.

## **2023 Schedule INC/CG** 764218761

Report all W-2s, 1099s & VK-1s with VA Withholding

ARJUN GOVINDARAJU

SANDHYA RANI RATHNAIAH SETTY



Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					Г
764218761	W	13138.	813443155	30131675522F001	243121.

Total VA Withholding	SSN	VA Withholding
You	764218761	13138.
Spouse		
Total # of W-2s,1099s & VK-1s	01	

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# Virginia Individual Income Tax e-File Signature Authorization

## DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. **IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submi	ssion Identification Number (SID)			
Your Name		B Your Social Security Number		
ARJUN GOVINDARAJU		764-21-8761		
Spouse's Name		A Spouse's Social Security Number		
SANDHYA RANI RATHNAIAH SETTY		814-40-8700		
Part I Tax	Return Information	A Spouse	B Yourself	
1. Federal	Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		233726.	
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)			233726.	
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)			206006.	
4. Virginia	ncome Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		11588.	
5. Withhold	ing (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		13138.	
6. Amount	you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)			
7. Refund (	Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		1550.	
Part II Dec	laration of Taxpayer and Signature Authorization			
Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.				
Taxpayer's e-File PIN: check one box only				
I authorize the ERO named below to enter my e-File PIN 1 8 7 6 1 as my signature on my 2023 e-filed Virginia individual income tax return.				
Do not enter all zeros GLOBAL TAXES LLC				
ERO Firm Name				
	I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your Signature Date				
Spouse's e-File PIN: check one box only				
I authorize the ERO named below to enter my e-File PIN 0 8 7 0 0 as my signature on my 2023 e-filed Virginia individual income tax return.				
GLOB	AL TAXES LLC			
ERO Firm Name I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.				
Spouse's Signature Date				
Part III Cer	tification 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				
Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.				
ERO's Signatur	e Date03-0	4-24		
1555				