## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)    PRAYERN PUTUROINA   802-11-2122   Source's name   Social security number   802-11-2122					
Spouse's some  Spouse's social security number  Spouse's social security number  Spouse's social security number  Spouse's social security number  Synamic Models only on lines 1 through 5.  Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	Submi	ssion Identification Number (SID)			
Spouse's social security number \$74-73-976  Part   Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)  Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Taxpaye	r's name	Social securit	y number	
SORMINA KUDIRES   Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	PRAV	VEEN PUTTUBOINA	802-11-	-2122	
Enter whole dollars only on lines 1 through 5.  Note: Form 1940-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income	Spouse's	s name	Spouse's soci	al security nun	nber
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	SOWN	MYA KUDIRE	574-73-	-8766	
Note: Form 1040-SS fliers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1	Part	Tax Return Information — Tax Year Ending December 31, 2023 (En	ter year you a	e authorizii	ng.)
1 119,208. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 14,068. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7, 317. 5 Amount you owe 7 Eart II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Index penalties of perjury, Ideoter 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. If urther declare that the amounts in Part I above are the amounts from the income tax return (original or amended). I am now authorizing, all consent to allow my intermediate service provider, transmitter, or electronic return original or supplicable, I authorize the U.S. Treasing and its designator (ENO) 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 ny delay in processing the return or refund, and (c) the date of any refund. If spipicable, I authorize the U.S. Treasing and its designator is not yearly in the entry to this account. This payment of my defeat a taxes over don't her therm and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for supplying the control of the electronic payment of the proper the electronic from the proper in the payment of the electronic payment of the electronic payment of the proper interval (estimated that a. I also authorize the financial institution account institutions and 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 payment of the payment of the electronic institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to	Enter v	whole dollars only on lines 1 through 5.			
2   6,751. 3   Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3   14,068. 4   Amount you want refunded to you . 4   7,317. 5   Amount you owe . 4   7,317. 5   Amount you want refunded to you . 4   7,317. 5   Amount you owe . 4   7,317. 5   Amount you want refunded to you make the substitution of the transmission, (by the reason for region in the tax preparation stream of the tax preparation tof	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
4 Amount you want refunded to you  5 Amount you owe  5 Amount you want refunded to you  5 Amount you owe  5 Amount you want refunded to you  6 Amount you  7 Amount you  8 Amount you  9 Amount  9 Amount	1	Adjusted gross income		<b>  1</b>   1	19,208.
Amount you want refunded to you  5 Amount you wee  7,317.  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perluy, 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 the sure you get and keep a copy of your return)  Which are the penalties of perluy, 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 the sent or return or 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 research or receipt or research for receipt or research for receipt or research for receipt or research for the IRS (a) and schowledgement of receipt or research in the tax preparation stem of ready of the framework of the research of receipt or research in the tax preparation stem of ready of the search of receipt or research in the tax preparation search was not received in the tax preparation search was not received in the search of the research of the payment for the return or refund, and (c) the date of any return. If applicable, I authorize the 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) anumbrication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) apayment, I must confidential information necessary to answer inquiries and resolve issues related to the payment. I there acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing.  I authorize GLOBAL TAXES LLC to enter or generate my PIN and pour return is filed using the Practitioner PIN method. The ERO	2	Total tax		2	6,751.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Honder penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, 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 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 (b) the date of any refund. If applicable, lauthorize the U.S. Treasury and its designated financial payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into toe that the entry to this account. This authorization is to remain in full force and effect until 1 notify 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 authorizate in financial institutions involved in the procase gof 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.  □ I will enter my PINs as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's PIN: check one box only  □ I will enter my PIN as my signature on the income tax return (original or amended) I am n	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,068.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of the penalties of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of the penaltic of perjury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing. I want to refer the complete in the penaltic of the penaltic or else the provincing of the penaltic or penaltic penaltic penaltic or penaltic penal	4	Amount you want refunded to you		4	7,317.
Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or 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 retire of the transmission, (b) the reson 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 and Apent to intrinsical institution account indiced 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 account. This authorizate in its or remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate authorization to To revoke (cancel a payment, 1 must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later that 2 such escape and the intermediation are accounted to the processing of the electronic payment of laxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the resonal identification number PPN) below is my signature for the income tax return (original or amended) I am now authorizing.  Taxpayer's PIN: check one box only  I will enter my PIN as my signature for the income tax return (original or amended) I am now authorizing. Therefore digits, but don't enter all zeros  FRO firm name signature on the income tax return (original or amended) I am now authorizing.  Therefore a payment of the income tax return (original or amended) I am now authorizing.  Therefore a payment is provided to th	5	Amount you owe			
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I authorize GLOBAL TAXES LLC to enter or generate my PIN ERRO firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ Date ▶  Spouse's PIN: check one box only   Date PRO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶ Date ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  2 2 2 4 9 6 0 8 2 7 1  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	return ( to send for any Agent to paymer authorize paymer business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transly my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for a delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial translation of the financial institution account in the financial translation in the second of the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reasoned to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the alidentification number (PIN) below is my signature for the income tax return (original or amended)	smitter, or electro- rejection of the tra- U.S. Treasury are ndicated in the ta- ution to debit the atte the authorizal equests must be the processing of payment. I furti-	nic return origansmission, (k) and its designat x preparation entry to this a titon. To revolution. To revolute the electronic her acknowles	ginator (ERO)  the reason  ted Financial  software for  ccount. This  ke (cancel) a  later than 2  payment of  dge that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN ERRO firm name signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ Date ▶  Spouse's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate my PIN 3 8 7 6 6 as my Enter five digits, but don't enter all zeros  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶ Date ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  2 2 2 4 9 6 0 8 2 7 1  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.					
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if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶		signature on the income tax return (original or amended) I am now authorizing.	40.	. t onto: all zor	
Spouse's PIN: check one box only		if you are entering your own PIN and your return is filed using the Practitioner PIN me			
Spouse's PIN: check one box only    Authorize   GLOBAL TAXES   LLC   LERO firm name   Signature on the income tax return (original or amended)   1 am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended)   1 am now authorizing.   Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Spouse's signature   Date   Practitioner PIN Method Returns Only—continue below   Part III   Certification and Authentication — Practitioner PIN Method Only   ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.   2 2 2 4 9 6 0 8 2 7 1   Don't enter all zeros   Don't enter all zer	Your s	ignature ▶ Date ▶			
Spouse's signature   GLOBAL TAXES LLC   to enter or generate my PIN   3   8   7   6   6   as my signature on the income tax return (original or amended) I am now authorizing.   I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Spouse's signature   Date   Practitioner PIN Method Returns Only—continue below					
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if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's signature ▶ Date ▶  Practitioner PIN Method Returns Only—continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶	X	ERO firm name	Ent	er five digits, b	ut
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶		if you are entering your own PIN and your return is filed using the Practitioner PIN me			
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶	Spous	e's signature ▶ Date ▶			
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Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶	Part I	Certification and Authentication — Practitioner PIN Method Only			
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•	authoriz	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul	omitting this retu	rn in accorda	nće with the
•	ERO's	signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions		ERO Must Retain This Form — See Instructions			

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

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



<b>£104</b> (		artment of the Treasury-Internal Revenue Servi		ırn  20	23	OMB No. 1545-	0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 202	3, ending			, 20		See se	oarate i	instructions.	_
Your first name	e and m	iddle initial	Last nar	ne						Your so	cial sec	curity number	-
PRAVEEN			PUTT	UBOINA						802	11	2122	
	spouse's	s first name and middle initial	Last nar									security numb	eı
SOWMYA			KUDI	RE						574	73	8766	
	(numbe	er and street). If you have a P.O. box, see					A	Apt. no.			_	ection Campaig	
131 SIE	NA D	B							- 1			ou, or your	•
		ice. If you have a foreign address, also co	mplete sp	paces below.	Sta	ate	ZIP c	ode		spouse	if filing	jointly, want \$3	
Saint P	eter	S			M	o	633	76		•		nd. Checking a not change	i
Foreign countr			F	oreign province/				n postal c		your tax		•	
										•	Yo	ou 🗌 Spous	se
Filing Status	s [	Single				Head of ho	ouseh	old (HOI	 ⊣)				_
-		Married filing jointly (even if only o	ne had ir	ncome)				`	,				
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	surviv	ing spo	use (C	QSS)			
one box.	If v	you checked the MFS box, enter the	name o	f your spouse.	If you ch	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	, ialifying person is a child but not you	ır depen	dent:	,								
B: ::::	Λ± α.	mustime during 2002 did your (a) rea	oive (ee		d ar aar	mont for proper	d		\. o. (	h) aall			_
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi									□ Ye	es 🗵 No	
		neone can claim: You as a de				a dependent	i): (O	JC IIISti u	Ctions	3.)		23 110	-
Standard Deduction	_	Spouse itemizes on a separate retur	•			•							
Deduction	<u> </u>	Spouse iternizes on a separate retur	ii or you	were a duar-st	atus allei	1							_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spouse	: Was bori	n befo	ore Janu	ary 2,	1959	ls	s blind	_
Dependent	<b>:s</b> (see	instructions):		(2) Social se		(3) Relationshi	ip (4	-				(see instructions	-
If more	(1) F	First name Last name		numbe	r	to you		Child t		edit	Credit fo	or other depender	ıts
than four	SAI	NVI PUTTUBOINA		574-87-		Daughter		X					
dependents, see instruction	s AII	RA PUTTUBOINA		295-27-	1020	Daughter			×				_
and check	, —												_
here L													_
Income	1a	Total amount from Form(s) W-2, b	,	,						1a		153 <b>,</b> 753.	
Attach Form(s)	b	Household employee wages not re			2					1b			_
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)											_
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)											_
1099-R if tax	е	Taxable dependent care benefits f								1e			_
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, lir	ne 29 .					1f			_
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g			_
W-2, see	h	Other earned income (see instruct	,				· ·			1h		0.	_
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>						150 750	
	<u>z</u>	Add lines 1a through 1h			· · ·					1z		153 <b>,</b> 753.	-
Attach Sch. B	2a	· —	2a			Taxable interest				2b		1.0	_
if required.	<u>3a</u> _		3a	6.	⊣ ~``	Ordinary divider				3b		16.	
Standard	4a		4a			Taxable amount				4b			_
Deduction for—	5a		5a		_	Taxable amount				5b			_
Single or Married filing	6a	,	6a		_	Faxable amount			٠ ـ	6b			_
separately,	C	If you elect to use the lump-sum e		•	`	,				J   -			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							. L	7		24 561	_
jointly or Qualifying	8	Additional income from Schedule	•							8	-	-34 <b>,</b> 561.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-						9		119,208.	
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26								10		446.5	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-						11		119,208.	
If you checked	12	Standard deduction or itemized								12		27 <b>,</b> 700.	<u>.                                    </u>
any box under Standard	13	Qualified business income deduct								13			
Deduction, see instructions.	14			· · · · · ·						14		27 <b>,</b> 700.	
coo monuciono.	15	Subtract line 1/1 from line 11. If zer	o or loce	ontor () Thi	0 10 1/011	tavable incom	^			15	1	91 508	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	10,751.
Credits	17	Amount from Schedule 2, lin	17						
	18	Add lines 16 and 17						18	10,751.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	4,000.
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,751.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	6,751.
<b>Payments</b>	25	Federal income tax withheld	l from:						
_	а	Form(s) W-2				<b>25a</b> 14	1,068		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,068.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .	30						
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	14,068.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	7,317.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	7,317.
Direct deposit?	b	Routing number 0 8 1				Checking	Savings		
See instructions.	d	Account number 3 5 5	0 0 8 0	7 1 4	7 2				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		structions				. 🗌 Yes. C	omplete	below.	<b>⋈</b> No
		signee's		Phone			onal iden	tification	
<u></u>		me	hat I hava avamina	no.			ber (PIN)	the best	of my lenguage and
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com							
Here	Vo	ur signature		Date	Your occupation		If +1	ne IRS se	nt you an Identity
	10	ui signature		Date	Tour occupation				PIN, enter it here
Joint return?					SOFTWARE E	NGINEER	(se	e inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.						NCINEED		ntity Prot e inst.)	ection PIN, enter it here
			7	Empil address	SOFTWARE E		(00		
		one no. (314) 338-105 eparer's name	Preparer's signat	Email address	PRAVUIT@GM	Date	PTIN		Check if:
Paid		•	'		רווסתו האודאיי			2772	Self-employed
Preparer								32703	
Use Only		m's name GLOBAL TA		WOLLTON N.T. 0001.6					(678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	INSWICK N	η ηαατρ		Fire	n's EIN	84-3171965

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR PRAVEEN PUTTUBOINA & SOWMYA KUDIRE

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
802-11	-2122

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-34 <b>,</b> 561.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (	_)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z			
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente 1040, 1040-SR, or 1040-NR, line 8			-34,561.

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	·	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<b>-</b>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
05					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

# SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09** 

	of proprietor						security number (SSN) -73-8766
A	MYA KUDIRE  Principal business or profession	n incl	uding product or conject (co	a inctri	uctions)		er code from instructions
^		, IIICI	daing product or service (se	C IIISIII	actions)		
С	SOFTWARE SERVICES  Business name. If no separate	hucin	oss namo logvo blank				5 1 9 2 0 0
C	·	DUSIII	ess name, leave blank.				<b>Dioyer ID number (EIN)</b> (see instr. 1 0 6 3 4 6 9
_	SANAIRSOFT LLC		**** 121 CTEN	17 DE		0 0	1 0 0 3 4 0 9
E	Business address (including s City, town or post office, state				S, MO 63376		
_							
F	Accounting method: (1)				Other (specify)		
G							
Н	-		-		n(s) 1099? See instructions		
`							
Pari		requi	ed Follin(s) 1099!	• •			<u>  165   140</u>
1 2	Gross receipts or sales. See in Form W-2 and the "Statutory	emplo	yee" box on that form was c	hecked	this income was reported to you or	1	
3	Subtract line 2 from line 1 .					3	
4	Cost of goods sold (from line	42) .				4	
5	Gross profit. Subtract line 4 f	rom lin	ie 3			5	
6	Other income, including feder	al and	state gasoline or fuel tax cre	edit or r	refund (see instructions)	6	
7	Gross income. Add lines 5 ar	nd 6 .	<u> </u>		<u> </u>	7	
Part	<b>Expenses.</b> Enter ex	pense	es for business use of yo	our ho	me <b>only</b> on line 30.		
8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses			19	Pension and profit-sharing plans	19	
	(see instructions)	9	2,234.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		а	Vehicles, machinery, and equipmen		
11	Contract labor (see instructions)	11		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)		4.050
	included in Part III) (see			23	Taxes and licenses	23	4,258.
	instructions)	13		24	Travel and meals:	0.4	-
14	Employee benefit programs	44		a	Travel		
45	(other than on line 19) .	14		) b	Deductible meals (see instructions		3,100. 4,440.
15	Insurance (other than health)	15		25	Utilities	26	4,440.
16	Interest (see instructions): Mortgage (paid to banks, etc.)	16a	7,953.	26	Wages (less employment credits) Other expenses (from line 48).		12,576.
a b	Other	16b	1,955.	27a	, ,		12,370.
17	Legal and professional services	17		b	Energy efficient commercial bldgs deduction (attach Form 7205) .		
28	· · · · · · · · · · · · · · · · · · ·		r husiness use of home. Add	l lines 8	B through 27b		34,561.
29							-34,561.
30	. ,	of your ethod.	home. Do not report these See instructions.	e expe	nses elsewhere. Attach Form 8829		
		ruction	s to figure the amount to en		ine 30	30	
31	Net profit or (loss). Subtract	line 30	from line 29.		,		
	• If a profit, enter on both <b>Sch</b> checked the box on line 1, see	e instru	, ,		, , ,	31	-34,561.
	• If a loss, you must go to lin				J		
32	If you have a loss, check the b	ox tha	it describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3.	box or	n line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on	32a 32b	<ul><li>All investment is at risk.</li><li>Some investment is not at risk.</li></ul>
	<ul> <li>If you checked 32b, you mu</li> </ul>	<b>st</b> atta	.cn Form 6198. Your loss ma	ay be lii	mited.		al Hon.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
33	value closing inventory: <b>a</b> $\square$ Cost <b>b</b> $\square$ Lower of cost or market <b>c</b> $\square$ Other (atta		planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	y?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
40	Cost of woods cold. Cubtweet line 41 from line 40. Enter the wearth have and an line 4	40		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year) 05/06/2023			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2024, ente	ehicle	e for:	
а	Business 3,410 b Commuting (see instructions) c C	ther		1 <b>,</b> 167
45	Was your vehicle available for personal use during off-duty hours?		X Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	X No
47a	Do you have evidence to support your deduction?		Tes	⊠ No
	If "Yes," is the evidence written?		Tes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
BAC	CK OFFICE OPERATION EXPENSES			12,400.
SEI	RVICES FEE			176.
48	Total other expenses. Enter here and on line 27a	48		12,576.

#### **SCHEDULE 8812** (Form 1040)

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 47

Your social security number

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

802-11-2122 PRAVEEN PUTTUBOINA & SOWMYA KUDIRE Child Tax Credit and Credit for Other Dependents 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . 1 119,208. Enter income from Puerto Rico that you excluded . . . . . . 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b 0. c Enter the amount from line 15 of your Form 4563 . . . . 2c Add lines 2a through 2c . . . . . . . . . . . . . . . . . . 2d3 3 119,208. 4 Number of qualifying children under age 17 with the required social security number 2 5 4,000. 5 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 . . . . . . . . . . . . Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 8 Add lines 5 and 7 . . . . . . . . . . . . 8 4,000. 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. 10 0. 11 11 0. 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. 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 10,751. Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents 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 additional child tax credit 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.

BAA

Schedule 8812 (Form 1040) 2023

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 line	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 <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. 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	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.		
Dank	Otherwise, go to line 21.	f D	t. Dies
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	SOTP	uerto Rico
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 .		
23	Add lines 21 and 22	-	
	1040 and	-	
24	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: 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	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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 20 23 Attachment

Sequence No. 70

Taxpayer identification number

PRAY	VEEN PUTTUBOINA & SOWMYA KUDIRE	802-11-2122	2		
repare	's name	Preparer tax identifica	ation numb	oer	
	M PRIYA RAM SAGAR GUPTA TALLAM	P02082703			
Part					
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the returbenefit(s) claimed (check all that apply). $\square$ EIC $\square$ CTC/ACT		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided b	y the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CT worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedu 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules to claimed?	ule 8812 (Form , or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you meet the following.	ust do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer' determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	s responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and 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 information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	ent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent info	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states the amount(s) of the credit(s)	, a copy of any prepare Form rovided by the tus or to figure	×		
	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 e credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	0 ,	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	year?	X		
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 correct Schedule C (Form 1040)?	complete and			

67 (Rev. 11-2023)			Page 2
Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
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? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
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?			
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)?			
Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
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	No	N/A
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?	×		
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?			
		Part \	//
Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qui	alified	Yes	No
Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	x year	Yes	No 🗆
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/o	the ret or HOH	urn or filing
<ul> <li>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;</li> </ul>	list for a	ny 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.			
<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	ility for	the
<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was
5. A record of any additional information you relied upon, including questions you asked and the tax	payer's	respon	ses, to
determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amou	int(s) or	tne cre	edit(S).
If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information).	h failur		. ,
If you have not complied with all due diligence requirements, you may have to pay a penalty for each	h failur ).		. ,
	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go 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? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10,)  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?  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)?  Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)  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?  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?  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?  V Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC) Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the que tuition and related expenses for the claimed AOTC?  V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filling statu and to higher than half of the cost of keeping up a home for the year for a qualifying person?  Eligibility Certification  You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filling status in do the reduction of the taxpa	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part 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? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)  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?  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)?  III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim or ODC, go to Part IV.)  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?  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?  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?  V Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?  Did United Tax and the tax payer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?  Eligibility Certification  You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or the t	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)  Have you determined that the taxpayer is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)  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?  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)?  Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, A or ODC, go to Part IV.)  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?  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?  Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divored or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?  V Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V)  Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part V)  Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part V)  Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part V)  Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part V)  Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part V)  Light Certification  You will have com

### Form **8582**

Department of the Treasury

Internal Revenue Service

### **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Name(s) shown on return PRAVEEN PUTTUBOINA & SOWMYA KUDIRE 802-11-2122 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) . . . . 1b c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . **d** Combine lines 1a, 1b, and 1c . . . . . . . . . . . . . . . . . . 1d **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) . . . . 2b 0.) **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c ( -53,824. 2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -53,824. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 . . . . . . 4 4 5 Enter \$150,000. If married filing separately, see instructions . . . . . . 6 Enter modified adjusted gross income, but not less than zero. See instructions 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions . . . . . . . . . . 9 0. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 11 0. Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c)

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2** 

Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	<b>and 2c.</b> S	ee instruc	tions.			. age =	
_			Currer	nt year		Prior ye	ears	Overall gain or loss			
	Name of activity	(a	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
SANAIRSO	FT LLC		0.		0.	53,	824.			53,824.	
	on Part I, lines 2a, 2b, and 2c		0.		0.		824.				
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.			I	
	Name of activity	an to	rm or schedule and line number be reported on the instructions) (a)		) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
Total						1.00	)				
Part VII	Allocation of Unallowed L	oss	<b>ses.</b> See instr	uction	S.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio		(c	) Unallowed loss	
SANAIRSC	FT LLC		C Ln 3	1		53,824.	1.0	1.00000000		53,824.	
Total						53,824.		1.00		53,824.	
Part VIII	Allowed Losses. See instr	ucti	ons.								
	Name of activity	ivity Form or and line to be rep (see inst		nber ed on (a)		_OSS	oss (b) Unallowed loss		(	(c) Allowed loss	
SANAIRSC	FT LLC		C Ln 31	L	ī	53,824.		53,824.		0.	
Total					ĺ	53,824.		53,824.		0.	

### Additional Information From 2023 Federal Tax Return

# Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

#### **Itemization Statement**

Description	Amount
GAS (\$190P.M*12M)	2,280.
ELECTRICITY (\$130P.M*12M)	1,560.
INTERNET (\$50P.M*12M)	600.
Total	4,440.