# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jan	ı. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See se	eparate instructions.
Your first name	and mi	ddle initial	Last na	ame				-	ocial security number
PAVAN KU				ALAPALLY					13 5655
-		s first name and middle initial	Last na						e's social security number
								'	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Presid	ential Election Campaign
13085 MC	RRIS	S RD					2206	Check	here if you, or your
	20000	ce. If you have a foreign address, also co	mplete s	spaces below.	State	е	ZIP code		e if filing jointly, want \$3
ALPHARET	TA				GA		30004	_	o this fund. Checking a low will not change
Foreign country	/ name			Foreign province/state/o	county	,	Foreign postal code		x or refund.
									You Spouse
Filing Status	X	Single				Head of ho	ousehold (HOH)		
Check only		Married filing jointly (even if only o	ne had	income)					
one box.		Married filing separately (MFS)				Qualifying	surviving spouse	e (QSS)	
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u ched	cked the HOH	or QSS box, en	ter the ch	nild's name if the
	qu	alifying person is a child but not you	ur depe	ndent:					
 Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	pavm	ent for prope	tv or services): c	or (b) sell.	
Assets		ange, or otherwise dispose of a dig							☐ Yes
Standard	Som	eone can claim: You as a de	pender	t Your spouse	e as a	dependent			
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien				
Age/Blindness		Were born before January 2, 1	050 [	Are blind <b>Co</b> e		□ Was ber	n hefere Jenueni	2 1050	
			909 [	T	ouse:		n before January		lifies for (see instructions):
Dependents		rst name Last name		(2) Social security number	'	(3) Relationsh to you	Child tax		Credit for other dependents
If more than four	4.7.1	Last name		10.110	$\dashv$	to you			
dependents,									
see instructions	s						+ = =		
and check here	1								
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)				. 1	a 57,515.
IIICOIIIE	b	Household employee wages not re						. 1	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a						. 1	
attach Forms	d	Medicaid waiver payments not rep			nstruc	ctions)		. 1	
W-2G and	е		able dependent care benefits from Form 2441, line 26						e
1099-R if tax was withheld.	f	Employer-provided adoption bene						. 1	
If you did not	g	Wages from Form 8919, line 6						. 1	g
get a Form	h	Other earned income (see instruct	ions)					. 1	
W-2, see instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i			
	z	Add lines 1a through 1h						. 1	z 57,515.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	xable interest		. 2	b
if required.	3a	Qualified dividends	3a	50.	<b>b</b> Or	dinary divider	nds	. 3	<b>b</b> 59.
	4a	IRA distributions	4a		<b>b</b> Ta	xable amount		. 4	b
Standard Deduction for—	5a	Pensions and annuities	5a		<b>b</b> Ta	xable amount		. 5	b
Single or	6a	Social security benefits	6a		<b>b</b> Ta	xable amount		. 6	0
Married filing separately,	С	If you elect to use the lump-sum e	election	method, check here	(see ir	nstructions)			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D i	if required. If not requ	uired,	check here			0.
Married filing jointly or	8	Additional income from Schedule	1, line 1	0				. [	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total inc	come			. 9	72,322.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26				. 1	1,042.
Head of household,	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted gross incon	ne			. 1	
\$20,800 If you checked <sub>T</sub>	12	Standard deduction or itemized	deduct	tions (from Schedule	A)			. 1	13,850.
any box under Standard	13	Qualified business income deduct	ion fron	n Form 8995 or Form	1 8995	i-A		. <u>  1</u> :	
Deduction,	14	Add lines 12 and 13						. 1	
see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	ss, enter -0 This is y	our <b>ta</b>	axable incom	е	. 1:	<b>5</b> 57 <b>,</b> 430.

Sign Here	Und	ler penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to tef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
	Des	ignee's Phone Personal identifien no. Personal identifien number (PIN)	rication	
Designee	ins	tructions		⊠ No
Third Party		you want to allow another person to discuss this return with the IRS? See		
Amount You Owe	37 38	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	1,375.
Amount	36	Amount of line 34 you want applied to your 2024 estimated tax		
See manuchons.	a	Account number   X   X   X   X   X   X   X   X   X		
Direct deposit? See instructions.	b	Routing number X X X X X X X X X X X X C Type: Checking Savings		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	8,668.
	32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32	700.
	31	Amount from Schedule 3, line 15		
	29 30	Reserved for future use	1	
	28 29	Additional child tax credit from Schedule 8812	7	
qualifying child, attach Sch. ElC. )	27	Earned income credit (EIC)		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
	d	Add lines 25a through 25c	25d	7,968.
	C	Other forms (see instructions)		7
	b	Form(s) 1099		
	а	Form(s) W-2		
Payments	25	Federal income tax withheld from:		
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	10,022.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,084.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	7,938.
	21	Add lines 19 and 20	21	
	20	Amount from Schedule 3, line 8	20	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	, , , , , , , , , , , , , , , , , , , ,
	18	Add lines 16 and 17	18	7,938.
Credits	17	Amount from Schedule 2, line 3	17	,,,,,,,,,
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	7,938.

Firm's name

Firm's address

Use Only

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Phone no. (678) 965-9522

Firm's EIN

### **SCHEDULE 1** (Form 1040)

10

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01** 

Your social security number

PAVA	N KUMAR DEVALAPALLY		044-13-56	555
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		. 3	14,748.
4	Other gains or (losses). Attach Form 4797		. 4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation			
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
C	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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	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	00 (		
	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	0+		
	Wages earned while incarcerated	8t		
u	Other income. List type and amount:	8u		
Z	other moonie. List type and amount.	8z		
9	Total other income. Add lines 8a through 8z		9	
_	TOTAL OUTO, HOUTHOUTAND HITOU OR HITOUGH OF THE TELL THE TELL THE			

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

10

14,748.

Page 2 Schedule 1 (Form 1040) 2023

Par	Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	1,042.
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	Jury duty pay (see instructions)	-	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
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)		
İ	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
Z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	1,042.
	BAA REV 02/16/24 PRO	Schedu	lle 1 (Form 1040) 2023

### SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Taxes**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

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

Your social security number
044-13-5655

TYZV	AN KOMAK DEVALAFALLI	10 0	033
Pai	ti Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	2,084.
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
		oontin	und on nago 21

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

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

# Part 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	17h			
	see instructions	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	17g			
h	Income you received from a nonqualified deferred compensation 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	<b>17</b> i			
j	Section 72(m)(5) excess benefits tax	<b>17</b> j			
k	Golden parachute payments	17k			
Ī	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			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
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	17q			
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 <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	es. E	nter here and	21	2 001
	Cit Citi 1040 of 1040 of t, line 20, of 1 offit 1040-1911, line 200.			<b>Z</b> I	2,084.

### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03** 

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number PAVAN KUMAR DEVALAPALLY 044-13-5655 Part Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Form 2441	Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Reserved for future use			
f	Clean vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
I	Amount on Form 8978, line 14. See instructions 6I			
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m			
Z	Other nonrefundable credits. List type and amount:			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-1040-NR, line 20	SR, or	8	

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

(continued on page 2) Schedule 3 (Form 1040) 2023 Schedule 3 (Form 1040) 2023 Page **2** 

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962	9		700.
10	Amount paid with request for extension to file (see instructions)	10		
11	Excess social security and tier 1 RRTA tax withheld	11		
12	Credit for federal tax on fuels. Attach Form 4136	12	_	
13	Other payments or refundable credits:			
а	Form 2439			
b	Credit for repayment of amounts included in income from earlier years			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)			
d	Deferred amount of net 965 tax liability (see instructions) 13d	7		
Z	Other payments or refundable credits. List type and amount:			
14	Total other payments or refundable credits. Add lines 13a through 13z	14		
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15		700

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Schedule 3 (Form 1040) 2023

### **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)
	AN KUMAR DEVALAPALL				_	-13-5655
Α	·	on, including product or service (s	ee instr	ructions)		er code from instructions
	IT SERVICES				_	4 1 2 1 4
С	Business name. If no separate				0.50	oloyer ID number (EIN) (see instr.)
	ARK IT SERVICES LI				9 2	0 3 2 0 3 9 3
E	Business address (including si	uite or room no.) 13085 M	ORRI	S RD, Apt. 2206		
	City, town or post office, state		TTA,	GA 30004		
F				Other (specify)		
G				2023? If "No," see instructions for		
Н						
I	Did you make any payments in	n 2023 that would require you to t	file Forn	n(s) 1099? See instructions		Tes X No
J	If "Yes," did you or will you file	e required Form(s) 1099?				Yes No
Par	Income				7	
1 2	Form W-2 and the "Statutory		checked	f this income was reported to you od	. 1	51,200.
3					. 3	51,200.
4		42)			. 4	
5		rom line 3			. 5	51,200.
6	Other income, including federa	al and state gasoline or fuel tax ci	redit or	refund (see instructions)	. 6	
7	Gross income. Add lines 5 ar				. 7	51,200.
Part	<b>Expenses.</b> Enter ex	penses for business use of y	our ho	ome <b>only</b> on line 30.		
8	Advertising	8	18	Office expense (see instructions)	. 18	
9	Car and truck expenses (see instructions)	9	19 20	Pension and profit-sharing plans Rent or lease (see instructions):	. 19	
10	Commissions and fees .	10	а	Vehicles, machinery, and equipmer	t <b>20a</b>	
11	Contract labor (see instructions)	11	b	Other business property		
12	Depletion	12	21	Repairs and maintenance		
13	Depreciation and section 179		22	Supplies (not included in Part III)		
	expense deduction (not		23	Taxes and licenses		
	included in Part III) (see instructions)	13	24	Travel and meals:		
4.4	2		а	Travel	. 24a	
14	Employee benefit programs (other than on line 19) .	14	b	Deductible meals (see instructions		
15	Insurance (other than health)	15	25	Utilities	· —	
16	Interest (see instructions):	10	26	Wages (less employment credits)		
а	Mortgage (paid to banks, etc.)	16a	27a	Other expenses (from line 48) .		36,452.
b	Other	16b	- Z/a	, , ,		30,432.
17	Legal and professional services	17	– b	Energy efficient commercial bldg deduction (attach Form 7205).	s . <b>27b</b>	
28		ises for business use of home. Ad	ld lines		. 28	36,452.
29	Tentative profit or (loss). Subti			-	. 29	14,748.
						11,710.
30	unless using the simplified me			enses elsewhere. Attach Form 882 ur home:	9	
	and (b) the part of your home			. Use the Simplified	-	
		ructions to figure the amount to e	nter on		. 30	
31	Net profit or (loss). Subtract					
	• If a profit, enter on both Sch	nedule 1 (Form 1040), line 3, and e instructions.) Estates and trusts		, , ,	31	14,748.
	• If a loss, you must go to lin	•	, ວາເເວາ ເ	51111 10-11, 11110 0.	_ 31	1 11/10.
32		e 32. Dox that describes your investmer	nt in this	s activity. See instructions		
02	• If you checked 32a, enter th	e loss on both <b>Schedule 1 (Form</b> box on line 1, see the line 31 instru	1040),	line 3, and on Schedule	32a 32b	_
	• If you checked 32b, you mu	st attach Form 6198. Your loss m	nav be l	imited.		at risk.

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	le C (Form 1040) 2023		Page <b>2</b>
Part	Cost of Goods Sold (see instructions)		
33	Method(s) used to value closing inventory:  a   Cost  b   Lower of cost or market  c   Other (attach ex	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	. 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		
37	Cost of labor. Do not include any amounts paid to yourself		
38	Materials and supplies		
39	Other costs		
40	Add lines 35 through 39		
41	Inventory at end of year		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	expenses on find out if you	i line 9 and i must file
43 44	When did you place your vehicle in service for business purposes? (month/day/year)  Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle	for:	
а	Business b Commuting (see instructions) c Other		
45	Was your vehicle available for personal use during off-duty hours?	Tes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	Yes	☐ No
47a	Do you have evidence to support your deduction?	Tes	☐ No
b	If "Yes," is the evidence written?	🗌 Yes	☐ No
Part	<b>Other Expenses.</b> List below business expenses not included on lines 8–26, line 27b,	or line 30.	
BA	NK OFFICE OPERATION EXPENSES		36,452.
		i .	

48

36,452.

48

Total other expenses. Enter here and on line 27a

### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

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

OMB No. 1545-0074

Attachmen

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

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.

Sequence No. 12

Your social security number

PAVAN KUMAR DEVALAPALLY 044-13-5655 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. 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 (h) Gain or (loss) Adjustments Subtract column (e) lines below. (d) (e) **Proceeds** Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, line 2, column (g) (sales price) (or other basis) combine the result whole dollars. with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 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 (h) Gain or (loss) lines below. (d) (e) Adjustments Subtract column (e) to gain or loss from Proceeds Cost from column (d) and This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II. (sales price) combine the result whole dollars. with column (g) line 2, column (q) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . . . 639. 639. Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

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

### Part III Summary 16 16 Combine lines 7 and 15 and enter the result 0. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 both gains? 17 Yes. Go to line 18. ■ No. Skip lines 18 through 21, and go to line 22. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 amount, if any, from line 7 of that worksheet . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet 19 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? 20 Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16: or 21 0.) • (\$3,000), or if married filing separately, (\$1,500) 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? X 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.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2** 

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  $PAVAN \ KUMAR \ DEVALAPALLY$ 

Social security number or taxpayer identification number 044-13-5655

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

(a)  Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e) in the separate instructions.	If you enter an enter a c See the ser	if any, to gain or loss amount in column (g), code in column (f). corate instructions.  (g)  Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
ROBHINHOOD SECURITIES LLC	01/01/23	12/31/22	639.	639.			0.
	4						
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above above is checked).	I here and inc is checked), <b>lir</b> <b>F</b> above is chec	lude on your ne 9 (if Box E	639.	639.			0.

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.

Form **8949** (2023)

### **SCHEDULE SE** (Form 1040)

**Self-Employment Tax** 

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

OMB No. 1545-0074 Attachment Sequence No. 17

Department of the Treasury Internal Revenue Service

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR) with self-employment income PAVAN KUMAR DEVALAPALLY 044-13-5655

Social security number of person

Part Self-Employment Tax Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income. If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions. 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), 1a If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ 1b Skip line 2 if you use the nonfarm optional method in Part II. See instructions. Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order 2 14,748 14,748. 3 3 13,620. If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . 4h Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue. 4c 13,620. Enter your church employee income from Form W-2. See instructions for 5a 5a b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-. 5b 6 6 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or 7 160,200 the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) 8a and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8a 57,515. Unreported tips subject to social security tax from Form 4137, line 10 . . . 8b b С Wages subject to social security tax from Form 8919, line 10 . . . . . . 57,515. d 8d Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 9 102,685. 9 10 10 1,689. 11 11 395. Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or 12 12 2,084. Deduction for one-half of self-employment tax.

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

Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),

Schedule SE (Form 1040) 2023

13

1,042

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

50110ddio 5E (1 51111 1040) E0E6		i age 🚄
Part II Optional Methods To Figure Net Earnings (see instructions)		
Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than		
\$9,840, <b>or (b)</b> your net farm profits² were less than \$7,103.		
14 Maximum income for optional methods	14	6,560
15 Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income¹ (not less than zero) <b>or</b> \$6,560. Also, include		
this amount on line 4b above	15	
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your net nonfarm profits <sup>3</sup> were less than \$7,103 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> <b>and (b)</b> you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.		
<b>16</b> Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on		
line 16. Also, include this amount on line 4b above	17	
<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.	65), bo	x 14, code A.
From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount <sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), you would have entered on line 1b had you not used the optional method.	5), box	14, code C.

BAA

REV 02/16/24 PRO Schedule SE (Form 1040) 2023

## **Premium Tax Credit (PTC)**

OMB No. 1545-0074

Your social security number

Department of the Treasury Internal Revenue Service Name shown on your return

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8962 for instructions and the latest information. Attachment Sequence No. **73** 

PAV	PAVAN KUMAR DEVALAPALLY 044-13-5655										
A.	A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box										
Part I Annual and Monthly Contribution Amount											
1	Tax family size. Enter your tax family size. See instructions										
2a	Modified AG	Modified AGI. Enter your modified AGI. See instructions									
b	Enter the to	Enter the total of your dependents' modified AGI. See instructions									
3	Household i	ncome. Add the amo	ounts on lines 2a and 2	2b. See instr	uctions				3	71,280.	
4	Federal pov	erty line. Enter the fe	ederal poverty line ame	ount from Ta	ble 1-1, 1	-2, or 1-3. Se					
	appropriate	box for the federal p	overty table used. a	Alaska	<b>b</b> 🗌 H	awaii c 🛚	Other 4	3 states and DC	4	13,590.	
5	Household i	ncome as a percenta	ge of federal poverty li	ne (see instru	uctions)				5	401 %	
6		r future use									
7	Applicable fi	gure. Using your line	5 percentage, locate y	our "applicat	ole figure"	on the table i	n the instr	ructions	7	0.0850	
8a											
		o nearest whole dollar a		6,059.				le dollar amount	8b	505.	
Par			Claim and Reco								
9	•		s with another taxpaye	-							
40			f Policy Amounts, or Part					No. Continue to	line i	U.	
10			e if you can use line 1° ompute your annual P		•			No Continue t	o line	es 12-23. Compute	
		tinue to line 24.	ompate your annuar r	TO. THEIT SK	ip iii les 12	20				continue to line 24.	
		(a) Annual enrollment	(b) Annual applicable	(c) Anı	nual 🕭	(d) Annual m	naximum	(e) Annual premium	tav	(f) Annual advance	
Annual		premiums (Form(s)	SLCSP premium (Form(s) 1095-A,	contribution	promium accietance					(f) Annual advance ayment of PTC (Form(s)	
C	alculation	1095-A, line 33A)	line 33B)	(line 8	Ba)	zero or less,		(smaller of (a) or (d	d))	1095-A, line 33C)	
11	Annual Totals			4							
		(a) Monthly enrollment	(b) Monthly applicable	(c) Moi		(d) Monthly r	naximum			(f) Monthly advance	
Monthly Calculation		premiums (Form(s)	SLCSP premium	contribution amount (amount from line 8b		premium assistance		(e) Monthly premium tax credit allowed (smaller of (a) or (d))		ayment of PTC (Form(s)	
		1095-A, lines 21–32,	095-A, lines 21–32, (Form(s) 1095-A, lines column A) 21–32, column B)		or alternative marriage (S		rom (b); if enter -0-)			1095-A, lines 21–32, column C)	
		Columnia	21 32, column b)	monthly cal	culation)	2010 01 1033,	critci o j			column oj	
12	January		1						_		
13	February				4				_		
14	March								_		
15	April								-		
16	May										
17	June										
18 19	July August								_		
20	September										
21	October								_		
22	November	1,007.	895.		505.		390.	390		40.	
23	December	1,007.	895.	505			390. 390			40.	
24			he amount from line 1	1(e) or add li	In adaption of	through 23(e)	And a		24	780.	
25									80.		
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and										
20	on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24,										
	leave this line blank and continue to line 27										
Part III Repayment of Excess Advance Payment of the Premium Tax Credit											
27			If line 25 is greater than	n line 24, sub	tract line 2	4 from line 25	. Enter the	e difference here	27		
28	Repayment	limitation (see instru	ctions)						28		
29	Excess adv	ance premium tax o	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2								

Page 2 Form 8962 (2023)

Part Comp	Allocation of lete the following informat	Policy Amoun	ts policy amount allocation	s. See instructio	ons for allocation details	-			
Alloc	ation 1								
30	(a) Policy Number (Form 1095-A, lin		2) <b>(b)</b> SSN of other taxpayer		(c) Allocation start n	nonth	(d) Allocation stop month		
	Allocation percentage applied to monthly amounts	<b>(e)</b> Pre	(e) Premium Percentage		SP Percentage	(g) Advance Payment of the PTC Percentage			
ΔΙΙος	ation 2					_			
31	(a) Policy Number (For	m 1095-A, line 2)	095-A, line 2) <b>(b)</b> SSN of other taxpa		(c) Allocation start n	nonth	onth (d) Allocation stop month		
	Allocation percentage applied to monthly amounts	<b>(e)</b> Pre	mium Percentage	(f) SLC	SSP Percentage	(g) Adv	vance Payment of the PTC Percentage		
Alloo	ation 3								
32	(a) Policy Number (For	m 1095-A, line 2)	095-A, line 2) (b) SSN of other taxpa		(c) Allocation start n	nonth (d) Allocation stop month			
	Allocation percentage applied to monthly amounts	<b>(e)</b> Pre	(e) Premium Percentage		SP Percentage	(g) Advance Payment of the PTC Percentage			
A II	-11 4								
	ation 4	1005 A line 0\	(h) CCN of other town		(a) Allegation start m		(al) Allocation atom months		
33	(a) Policy Number (Form 1095-A, I		(b) SSN of other taxp	bayer	(c) Allocation start n	nonth	(d) Allocation stop month		
	Allocation percentage applied to monthly amounts	<b>(e)</b> Pre	mium Percentage	(f) SLC	SP Percentage	(g) Adv	Advance Payment of the PTC Percentage		
34	Have you completed all policy amount allocations?  Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.  No. See the instructions to report additional policy amount allocations.								
Part			Year of Marriage						
	mplete line(s) 35 and/or 36	and compute the	amounts for lines 12-23	3, see the instru		75	see the instructions for line 9.		
35	Alternative entries for your SSN	a) Alternative fan	nily size <b>(b)</b> Alternativ contribution a		e) Alternative start mon	th (d	Alternative stop month		
36	Alternative entries for your spouse's SSN	a) Alternative fan	illy size (b) Alternativ contribution a		c) Alternative start mon	th (d	Alternative stop month		
			<b>BA</b> R	EV 02/16/24 PR		,	Form <b>8962</b> (2023)		