

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|---------------------------------------|--|
| Taxpayer's name VAMSI KRISHNA SOMA | Social security number 655-83-1015 |
| Spouse's name PUSHPAVATHI SOMA | Spouse's social security number 775-31-9751 |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|---|---|----------|
| 1 Adjusted gross income | 1 | 422,103. |
| 2 Total tax | 2 | 76,897. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 91,432. |
| 4 Amount you want refunded to you | 4 | 14,535. |
| 5 Amount you owe | 5 | |

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 3 | 1 | 0 | 1 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 1 | 9 | 7 | 5 | 1 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

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 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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

Personal information section including names (VAMSI KRISHNA, PUSHPAVATHI), addresses (2744 TEJAS LANE, TRACY, CA), and social security numbers.

Filing Status section with checkboxes for Single, Married filing jointly, Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section asking if a digital asset was received or sold during 2023.

Standard Deduction section with checkboxes for claiming as a dependent or spouse itemizer.

Age/Blindness section with checkboxes for age and blindness status for both filer and spouse.

Table for Dependents with columns for name, social security number, relationship, and child tax credit status.

Income section table with rows 1a through 1i, listing various income sources and their amounts.

Table for Tax-Exempt Interest, Dividends, and IRA distributions (rows 2a through 6a).

Table for Capital Gain, Total Income, Adjusted Gross Income, and Standard Deduction (rows 7 through 15).

Table with 2 columns: Line number and Amount. Rows 16-24: Tax and Credits. Total tax: 76,897.

Table with 2 columns: Line number and Amount. Rows 25-33: Payments. Total payments: 91,432.

Table with 2 columns: Line number and Amount. Rows 34-36: Refund. Amount of refund: 14,535.

Table with 2 columns: Line number and Amount. Rows 37-38: Amount You Owe. Total amount owed: 37.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No' to allow another person to discuss the return with the IRS.

Sign Here section. Includes signature lines for taxpayer and spouse, with fields for date and occupation.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, and EIN.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -7,350. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -7,350. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

**SCHEDULE 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
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number
655-83-1015

Part I 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 | |

Part II Other Taxes

| | | | |
|-----------|---|-----------|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 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 <input type="checkbox"/> | 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 | 1,737. |
| 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 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | 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 | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| 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 | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | 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 total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |
| | | | 1,737. |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number
655-83-1015

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | 113. |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 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 | 5,333. |
| b | Energy efficient home improvement credit from Form 5695, line 32 | 5b | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Reserved for future use | 6e | |
| 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 | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| 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-SR, or 1040-NR, line 20 | 8 | 5,446. |

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | | | |
|---|--|----|---------|----|---------|---------|
| | 1 Medical and dental expenses (see instructions) | 1 | | | | |
| | 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | | | | |
| | 3 Multiply line 2 by 7.5% (0.075) | 3 | | | | |
| | 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 | | |
| Taxes You Paid | 5 State and local taxes. | | | | | |
| | a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 38,964. | | | |
| | b State and local real estate taxes (see instructions) | 5b | 10,276. | | | |
| | c State and local personal property taxes | 5c | 430. | | | |
| | d Add lines 5a through 5c | 5d | 49,670. | | | |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. | | | |
| | 6 Other taxes. List type and amount: _____ | 6 | | | | |
| 7 Add lines 5e and 6 | | | | 7 | 10,000. | |
| Interest You Paid | 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 26,490. | | | |
| | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____ | 8b | | | | |
| | c Points not reported to you on Form 1098. See instructions for special rules | 8c | | | | |
| | d Reserved for future use | 8d | | | | |
| | e Add lines 8a through 8c | 8e | 26,490. | | | |
| 9 Investment interest. Attach Form 4952 if required. See instructions | 9 | | | | | |
| 10 Add lines 8e and 9 | | | | 10 | 26,490. | |
| Gifts to Charity | 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 300. | | | |
| | 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | | | | |
| | 13 Carryover from prior year | 13 | | | | |
| | 14 Add lines 11 through 13 | | | | 14 | 300. |
| Casualty and Theft Losses | 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | | | 15 | |
| Other Itemized Deductions | 16 Other—from list in instructions. List type and amount: _____ | | | | 16 | |
| Total Itemized Deductions | 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | | | 17 | 36,790. |
| | 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | | | | |

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

**Part I
Interest**

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

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

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

ROBINHOOD SECURITIES LLC
DISCOVER BANK
U S BANK NA
DIGITAL FEDERAL CREDIT UNION
ICICI BANK
ICICI BANK

| | | Amount |
|----------|--|--------|
| 1 | | 2. |
| | | 4,461. |
| | | 244. |
| | | 66. |
| | | 547. |
| | | 485. |

2 Add the amounts on line 1 **2** 5,805.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4** 5,805.

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

**Part II
Ordinary Dividends**

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

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

5 List name of payer: APEX CLEARING
ROBINHOOD SECURITIES LLC
MORGAN STANLEY SMITH BARNEY, LLC
FIDELITY BROKERAGE SERVICES LLC

| | | Amount |
|----------|--|-----------------|
| 5 | | 27. |
| | | 141. |
| | | 1,228. |
| | | 791. |
| 6 | Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b | 6 2,187. |

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

**Part III
Foreign Accounts and Trusts**

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

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

7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions Yes No
 If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements Yes No
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____
8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions Yes No

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

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

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

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

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

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 22,009. | 18,297. | | 3,712. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 137,604. | 132,581. | 26. | 5,049. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 8,761. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

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

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

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 53,036. | 96,534. | | -43,498. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 36,628. | 34,097. | | 2,531. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 20. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -40,947. |

Part III Summary

| | | |
|---|-----------|------------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | -32,186. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | (3,000.) |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|--|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | FIDELITY | 01/01/23 | 12/01/23 | 22,009. | 18,297. | | | 3,712. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | | 22,009. | 18,297. | | | 3,712. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | FIDELITY | 01/01/23 | 12/01/23 | 137,604. | 132,581. | W | 26. | 5,049. |
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| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 137,604. | 132,581. | | 26. | 5,049. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Social security number or taxpayer identification number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | FIDELITY | 01/01/21 | 12/01/23 | 36,628. | 34,097. | | | 2,531. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . . | | | | 36,628. | 34,097. | | | 2,531. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A PUPPALAGUDA RAJENDRANAGAR HYDERABAD TELANGANA IN 500030

B
C

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

Type of Property:

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

| Income: | Properties: | | |
|---|----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 4,500. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 800. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 5,019. | | |
| 14 Repairs | 14 1,100. | | |
| 15 Supplies | 15 | | |
| 16 Taxes | 16 100. | | |
| 17 Utilities | 17 | | |
| 18 Depreciation expense or depletion | 18 4,831. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 11,850. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -7,350. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (7,350.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 4,500. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 4,831. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 11,850. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (7,350.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -7,350. | | |

Foreign Tax Credit
 (Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. COPY 1
 Go to www.irs.gov/Form1116 for instructions and the latest information.

Name VAMSI KRISHNA & PUSHPAVATHI SOMA Identifying number as shown on page 1 of your tax return 655-83-1015

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** Section 951A category income **c** Passive category income **e** Section 901(j) income **g** Lump-sum distributions
b Foreign branch category income **d** General category income **f** Certain income re-sourced by treaty

h Resident of (name of country) USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| i | Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| | India | | | | |
| 1a | Gross income from sources within country shown above and of the type checked above (see instructions): <u>From 1099s</u> | | | | |
| | | 547. | | | 1a 547. |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction (see instructions) | 2,156. | | | |
| b | Other deductions (attach statement) | | | | |
| c | Add lines 3a and 3b | 2,156. | | | |
| d | Gross foreign source income (see instructions) | 547. | | | |
| e | Gross income from all sources (see instructions) | 470,384. | | | |
| f | Divide line 3d by line 3e (see instructions) | 0.0012 | | | |
| g | Multiply line 3c by line 3f | 3. | | | |
| 4 | Pro rata share of interest expense (see instructions): | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | 3. | | | 6 3. |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 544. |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | |
|----------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---------------|
| | | In foreign currency | | | | In U.S. dollars | | | |
| | | Taxes withheld at source on: | | | | Taxes withheld at source on: | | | |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties | (s) Interest |
| A | 03/31/2023 | | | | | | 168. | | 168. |
| B | | | | | | | | | |
| C | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | 8 168. |

Part III Figuring the Credit

| | | | | |
|-----------|--|-----------|-----------|----------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 168 . | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 | Add lines 9 and 10 | 11 | 168 . | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | () | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 168 . |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions | 15 | 544 . | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 544 . | |
| 18 | Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 384,060 . | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | 0.0014 |
| 20 | Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | 20 | | 80,606 . |
| | Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 113 . |
| 22 | Increase in limitation (section 960(c)) (see instructions) | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | 113 . |
| 24 | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions | 24 | | 113 . |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | |
|-----------|--|-----------|--|-------|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | 32 | | |
| 33 | Enter the smaller of line 20 or line 32 | 33 | | 113 . |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12 | 34 | | |
| 35 | Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 113 . |

**SCHEDULE B
(Form 1116)**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 20____, or other tax year beginning____, 20____, and ending____, 20____.

See separate instructions.

Attach to Form 1116.

Go to www.irs.gov/Form1116 for instructions and the latest information.

COPY 1

OMB No. 1545-0121

Name

VAMSI KRISHNA & PUSHPAVATHI SOMA

Identifying number as shown on page 1 of your tax return
655-83-1015

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a Reserved for future use
 - b Foreign branch category income
 - c Passive category income
 - d General category income
 - e Section 901(j) income
 - f Certain income re-sourced by treaty
 - g Lump-sum distributions
- h If box e is checked, enter the country code for the sanctioned country. See instructions
- i If box f is checked, enter the country code for the treaty country. See instructions

| Foreign Tax Carryover Reconciliation | (i) 10th Preceding Tax Year | (ii) 9th Preceding Tax Year | (iii) 8th Preceding Tax Year | (iv) 7th Preceding Tax Year | (v) 6th Preceding Tax Year | (vi) 5th Preceding Tax Year | (vii) Subtotal (add columns (i) through (vi)) |
|---|--------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------|---|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 Adjustments to line 1 (enter description—see instructions): | | | | | | | |
| a Carryback adjustment (see instructions) | | | | | | | |
| b Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| c | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| d | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| e | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| f | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| g | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 Foreign tax carryover generated in current tax year | | | | | | | |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | | |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | -0- | 0. | 0. | 0. | 0. | 0. | 0. |

| Foreign Tax Carryover Reconciliation (<i>continued</i>) | | (viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1) | (ix) 4th Preceding Tax Year | (x) 3rd Preceding Tax Year | (xi) 2nd Preceding Tax Year | (xii) 1st Preceding Tax Year | (xiii) Current Tax Year | (xiv) Totals (add columns (viii) through (xiii)) |
|---|--|---|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------|--|
| 1 | Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 2 | Adjustments to line 1 (enter description—see instructions): | | | | | | | |
| a | Carryback adjustment (see instructions) | | | | | 0. | | 0. |
| b | Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | | 0. |
| c | | 0. | 0. | 0. | 0. | 0. | | 0. |
| d | | 0. | 0. | 0. | 0. | 0. | | 0. |
| e | | 0. | 0. | 0. | 0. | 0. | | 0. |
| f | | 0. | 0. | 0. | 0. | 0. | | 0. |
| g | | 0. | 0. | 0. | 0. | 0. | | 0. |
| 3 | Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10. | 0. | 0. | 0. | 0. | 0. | | 0. |
| 4 | Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 5 | Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 | Foreign tax carryover generated in current tax year | | | | | | 55. | 55. |
| 7 | Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | 0. | 0. |
| 8 | Foreign tax carryover to the following tax year. Combine lines 3 through 7. | 0. | 0. | 0. | 0. | 0. | 55. | 55. |

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

Part I Child Tax Credit and Credit for Other Dependents

| | | | | |
|---|---|-----------|----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 422,103. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | 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 | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 422,103. | |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 0 | |
| 5 | Multiply line 4 by \$2,000 | 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 | 6 | 2 | |
| 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 | Multiply line 6 by \$500 | 7 | 1,000. | |
| 8 | Add lines 5 and 7 | 8 | 1,000. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 23,000. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 1,150. | |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | 0. | |
| <input checked="" type="checkbox"/> 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. | | | | |
| <input type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | | |
| 13 | Enter the amount from Credit Limit Worksheet A | 13 | | |
| 14 | Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents | 14 | 0. | |

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.

Part II-A Additional Child Tax Credit for All Filers

Caution: 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 | | | <input type="checkbox"/> |
| 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 | |
| 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 | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | | |
| 17 | Enter the smaller of line 16a or line 16b | | 17 | |
| 18a | Earned income (see instructions) | 18a | | |
| b | Nontaxable combat pay (see instructions) | 18b | | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> 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 Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> 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. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto 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. | 21 | | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | |
| 24 | 1040 and 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. } | 24 | | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | | 26 | |

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 | | 0 . |
|-----------|--|-----------|--|-----|

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
775-31-9751

PUSHPAVATHI SOMA

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|----|--|----|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | | <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter | 3 | |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter | 6 | |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 0. |
| 9 | Employer contributions made to your HSAs for 2023 | 9 | |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 0. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|--|-----|------|
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) | 14a | 382. |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | 382. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 382. |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|----|--|----|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | |

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your taxpayer identification number

655-83-1015

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron |
|---|--|--------------------------------|--------------------------|------------------------------------|--------------------------|
| A | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| B | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| C | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Part II Determine Your Adjusted Qualified Business Income

| | A | B | C |
|---|----|---|---|
| 2 Qualified business income from the trade, business, or aggregation. See instructions | 2 | | |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 3 | | |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation | 4 | | |
| 5 Multiply line 4 by 50% (0.50) | 5 | | |
| 6 Multiply line 4 by 25% (0.25) | 6 | | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | 7 | | |
| 8 Multiply line 7 by 2.5% (0.025) | 8 | | |
| 9 Add lines 6 and 8 | 9 | | |
| 10 Enter the greater of line 5 or line 9 | 10 | | |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 | 11 | | |
| 12 Phased-in reduction. Enter the amount from line 26, if any | 12 | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | 13 | | |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | 14 | | |
| 15 Qualified business income component. Subtract line 14 from line 13 | 15 | | |
| 16 Total qualified business income component. Add all amounts reported on line 15 | 16 | | |

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

| | | A | B | C |
|----|---|----|---|---|
| 17 | Enter the amounts from line 3 | 17 | | |
| 18 | Enter the amounts from line 10 | 18 | | |
| 19 | Subtract line 18 from line 17 | 19 | | |
| 20 | Taxable income before qualified business income deduction | 20 | | |
| 21 | Threshold. Enter \$182,100 (\$364,200 if married filing jointly) | 21 | | |
| 22 | Subtract line 21 from line 20 | 22 | | |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) | 23 | | |
| 24 | Phase-in percentage. Divide line 22 by line 23 | 24 | % | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 | 25 | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 | | |

Part IV Determine Your Qualified Business Income Deduction

| | | | | | |
|----|---|----|----------|-----|----------|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 | 27 | | | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions | 28 | 5. | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years | 29 | () | | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- | 30 | 5. | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) | 31 | 1. | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 | 32 | | | 1. |
| 33 | Taxable income before qualified business income deduction | 33 | 385,313. | | |
| 34 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 34 | 2,106. | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | | 383,207. |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | | | 76,641. |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | 37 | | | 1. |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 | 38 | | | |
| 39 | Total qualified business income deduction. Add lines 37 and 38 | 39 | | | 1. |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- | 40 | (| 0.) | |

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

Part I Additional Medicare Tax on Medicare Wages

| | | | | |
|----------|--|----------|----------|----------|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 443,020. | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | |
| 3 | Wages from Form 8919, line 6 | 3 | | |
| 4 | Add lines 1 through 3 | 4 | 443,020. | |
| 5 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 5 | 250,000. | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 193,020. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 1,737. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|-----------|--|-----------|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- | 8 | | |
| 9 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 9 | | |
| 10 | Enter the amount from line 4 | 10 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|-----------|--|-----------|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | |
| 15 | Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | | |

Part IV Total Additional Medicare Tax

| | | | | |
|-----------|--|-----------|--|--------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 | | 1,737. |
|-----------|--|-----------|--|--------|

Part V Withholding Reconciliation

| | | | | |
|-----------|---|-----------|----------|--------|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 8,581. | |
| 20 | Enter the amount from line 1 | 20 | 443,020. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 6,424. | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 2,157. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) | 24 | | 2,157. |

**Net Investment Income Tax—
 Individuals, Estates, and Trusts**

Attach to your tax return.
 Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return: **VAMSI KRISHNA & PUSHPAVATHI SOMA**
 Your social security number or EIN: **655-83-1015**

Part I Investment Income Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

| | | | | |
|-----------|---|-------------------|-----------|---------|
| 1 | Taxable interest (see instructions) | | 1 | 5,805. |
| 2 | Ordinary dividends (see instructions) | | 2 | 2,187. |
| 3 | Annuities (see instructions) | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) | 4a -7,350. | 4c | -7,350. |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | 4b | | |
| c | Combine lines 4a and 4b | | | |
| 5a | Net gain or loss from disposition of property (see instructions) | 5a -3,000. | 5d | -3,000. |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | 5b | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | 5c | | |
| d | Combine lines 5a through 5c | | | |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | -2,358. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | |
|-----------|---|-----------|-----------|--|
| 9a | Investment interest expenses (see instructions) | 9a | 9d | |
| b | State, local, and foreign income tax (see instructions) | 9b | | |
| c | Miscellaneous investment expenses (see instructions) | 9c | | |
| d | Add lines 9a, 9b, and 9c | | | |
| 10 | Additional modifications (see instructions) | | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | 11 | |

Part III Tax Computation

| | | | | |
|----------------------------|---|--------------------|-----------|----|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- | | 12 | 0. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 13 422,103. | 16 | 0. |
| 14 | Threshold based on filing status (see instructions) | 14 250,000. | | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 172,103. | | |
| 16 | Enter the smaller of line 12 or line 15 | | | |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | 0. |
| Estates and Trusts: | | | | |
| 18a | Net investment income (line 12 above) | 18a | 20 | |
| b | Deductions for distributions of net investment income and charitable deductions (see instructions) | 18b | | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | 18c | | |
| 19a | Adjusted gross income (see instructions) | 19a | 21 | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | 19b | | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | 19c | | |
| 20 | Enter the smaller of line 18c or line 19c | | | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | | |

Residential Energy Credits

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form5695 for instructions and the latest information.

2023
Attachment
Sequence No. **75**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655 | 83 | 1015

Part I Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2022**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

| | | | | |
|-------------------|----------|--------------|-------|----------|
| 2744 TEJAS LANE | | TRACY | CA | 95377 |
| Number and street | Unit no. | City or town | State | ZIP code |

| | | | |
|-----------|---|-----------|--|
| 1 | Qualified solar electric property costs | 1 | |
| 2 | Qualified solar water heating property costs | 2 | 17,775. |
| 3 | Qualified small wind energy property costs | 3 | |
| 4 | Qualified geothermal heat pump property costs | 4 | |
| 5a | Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology | 5a | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If you checked the "Yes" box, enter the qualified battery technology costs | 5b | |
| 6a | Add lines 1 through 5b | 6a | 17,775. |
| b | Multiply line 6a by 30% (0.30) | 6b | 5,333. |
| 7a | Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11. | 7a | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | Enter the complete address of the main home where you installed the fuel cell property. Number and street _____ Unit no. _____ City or town _____ State _____ ZIP code _____ | | |
| 8 | Qualified fuel cell property costs | 8 | |
| 9 | Multiply line 8 by 30% (0.30) | 9 | |
| 10 | Kilowatt capacity of property on line 8 above x \$1,000 | 10 | |
| 11 | Enter the smaller of line 9 or line 10 | 11 | |
| 12 | Credit carryforward from 2022. Enter the amount, if any, from your 2022 Form 5695, line 16 | 12 | |
| 13 | Add lines 6b, 11, and 12 | 13 | 5,333. |
| 14 | Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.) | 14 | 80,493. |
| 15 | Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a | 15 | 5,333. |
| 16 | Credit carryforward to 2024. If line 15 is less than line 13, subtract line 15 from line 13 | 16 | |

Part II Energy Efficient Home Improvement Credit

Section A—Qualified Energy Efficiency Improvements

| | | | | | | | |
|--|-------------------|--|--------------|----------|----------|--|--|
| <p>17a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)</p> | 17a | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>b Are you the original user of the qualified energy efficiency improvements?</p> | 17b | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>c Are the components reasonably expected to remain in use for at least 5 years? If you checked the “No” box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.</p> | 17c | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>d Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.)</p> | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; border-bottom: 1px solid black;">Number and street</td> <td style="width:10%; border-bottom: 1px solid black;">Unit no.</td> <td style="width:20%; border-bottom: 1px solid black;">City or town</td> <td style="width:10%; border-bottom: 1px solid black;">State</td> <td style="width:25%; border-bottom: 1px solid black;">ZIP code</td> </tr> </table> | Number and street | Unit no. | City or town | State | ZIP code | | |
| Number and street | Unit no. | City or town | State | ZIP code | | | |
| <p>e Were any of these improvements related to the construction of this main home? If you checked the “Yes” box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p> | 17e | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>18 Insulation or air sealing material or system.</p> | | | | | | | |
| <p>a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)</p> | 18a | | | | | | |
| <p>b Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200</p> | 18b | | | | | | |
| <p>19 Exterior doors that meet the applicable Energy Star requirements.</p> | | | | | | | |
| <p>a Enter the cost of the most expensive door you bought</p> | 19a | | | | | | |
| <p>b Multiply line 19a by 30% (0.30). Do not enter more than \$250</p> | 19b | | | | | | |
| <p>c Enter the cost of all other qualifying exterior doors</p> | 19c | | | | | | |
| <p>d Multiply line 19c by 30% (0.30)</p> | 19d | | | | | | |
| <p>e Add lines 19b and 19d. Do not enter more than \$500</p> | 19e | | | | | | |
| <p>20 Windows and skylights that meet the Energy Star certification requirements.</p> | | | | | | | |
| <p>a Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)</p> | 20a | | | | | | |
| <p>b Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600</p> | 20b | | | | | | |

Section B—Residential Energy Property Expenditures

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|--|--------------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>21a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?</p> | 21a | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>b Was the qualified energy property originally placed into service by you? If you checked the “No” box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.</p> | 21b | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>c Enter the complete address of each home where you installed qualified energy property.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; border-bottom: 1px solid black;">Number and street</td> <td style="width:10%; border-bottom: 1px solid black;">Unit no.</td> <td style="width:20%; border-bottom: 1px solid black;">City or town</td> <td style="width:10%; border-bottom: 1px solid black;">State</td> <td style="width:25%; border-bottom: 1px solid black;">ZIP code</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | Number and street | Unit no. | City or town | State | ZIP code | | | | | | | | | | | | | | | | | | | | | | |
| Number and street | Unit no. | City or town | State | ZIP code | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>a Enter the cost of central air conditioners</p> | 22a | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>b Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600</p> | 22b | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>23a Enter the cost of natural gas, propane, or oil water heaters</p> | 23a | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>b Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600</p> | 23b | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>24a Enter the cost of natural gas, propane, or oil furnace or hot water boilers</p> | 24a | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>b Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600</p> | 24b | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section B—Residential Energy Property Expenditures *(continued)*

| | | | | |
|------------|--|------------|--|---|
| 25a | Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders | 25a | | |
| b | Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600 | | | 25b |
| 26 | Home energy audits. | | | |
| a | Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27. | | | 26a <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | Enter the cost of the home energy audits | 26b | | |
| c | Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150 | | | 26c |
| 27 | Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c | 27 | | |
| 28 | Enter the smaller of line 27 or \$1,200 | | | 28 |
| 29 | Heat pumps and heat pump water heaters; biomass stoves and biomass boilers. | | | |
| a | Enter the cost of electric or natural gas heat pumps | 29a | | |
| b | Enter the cost of electric or natural gas heat pump water heaters | 29b | | |
| c | Enter the cost of biomass stoves and biomass boilers | 29c | | |
| d | Add lines 29a, 29b, and 29c | 29d | | |
| e | Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000 | | | 29e |
| 30 | Add lines 28 and 29e | | | 30 |
| 31 | Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.) | | | 31 |
| 32 | Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b | | | 32 |

Additional Information From 2023 Federal Tax Return**Schedule B: Interest and Dividend Income -- Smart Worksheet****Additional Interest Income (5)****Box 1 interest****Itemization Statement**

| Description | Amount |
|--------------|---------------|
| 4623/82 | 56.38 |
| 40242/82 | 490.76 |
| Total | 547.14 |

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include VAMSI KRISHNA SOMA, PUSHPAVATHI SOMA, 655-83-1015, and 775-31-9751.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Lines 1, 2, and 3 with amounts 422103, blank, and 11040.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 3 1 0 1 5 as my signature on my 2023 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's/RDP's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 1 9 7 5 1 as my signature on my 2023 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 2, 2, 2, 4, 9, 6, 6, 1, 9, 8, 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date

2023 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

655-83-1015 SOMA 775-31-9751
VAMSIKRISHN SOMA
PUSHPAVATHI SOMA

23

2744 TEJAS LANE
TRACY CA 95377

04-24-1977 06-07-1982

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.
See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. 6

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$144 = \$ 288

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

| | Dependent 1 | Dependent 2 | Dependent 3 |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------|
| First Name | <input type="radio"/> PRANAV KUMA | <input type="radio"/> SUDHEEP KRI | <input type="radio"/> |
| Last Name | <input type="radio"/> SOMA | <input type="radio"/> SOMA | <input type="radio"/> |
| SSN. See instructions. | <input type="radio"/> 956903128 | <input type="radio"/> 956903130 | <input type="radio"/> |
| Dependent's relationship to you | <input type="radio"/> SON | <input type="radio"/> SON | <input type="radio"/> |

Total dependent exemptions ● 10 X \$446 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$5,363
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . . ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

REV 02/02/24 PRO

Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|---|----------------------------------|----|------------------------------------|----------------------------------|
| Special Credits | 45 | To claim more than two credits, see instructions. Attach Schedule P (540) | <input type="radio"/> | 45 | <input type="text"/> | <input type="text" value=".00"/> |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 46 | <input type="text"/> | <input type="text" value=".00"/> |
| | 47 | Add line 40 through line 46. These are your total credits | <input checked="" type="radio"/> | 47 | <input type="text"/> | <input type="text" value=".00"/> |
| | 48 | Subtract line 47 from line 35. If less than zero, enter -0- | <input checked="" type="radio"/> | 48 | <input type="text" value="27894"/> | <input type="text" value=".00"/> |

| | | | | | | |
|--------------------|----|---|-----------------------|----|------------------------------------|----------------------------------|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input type="radio"/> | 61 | <input type="text"/> | <input type="text" value=".00"/> |
| | 62 | Mental Health Services Tax. See instructions | <input type="radio"/> | 62 | <input type="text"/> | <input type="text" value=".00"/> |
| | 63 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 63 | <input type="text"/> | <input type="text" value=".00"/> |
| | 64 | Add line 48, line 61, line 62, and line 63. This is your total tax. | <input type="radio"/> | 64 | <input type="text" value="27894"/> | <input type="text" value=".00"/> |

| | | | | | | |
|-----------------|----|---|----------------------------------|----|------------------------------------|----------------------------------|
| Payments | 71 | California income tax withheld. See instructions | <input type="radio"/> | 71 | <input type="text" value="38934"/> | <input type="text" value=".00"/> |
| | 72 | 2023 California estimated tax and other payments. See instructions | <input type="radio"/> | 72 | <input type="text"/> | <input type="text" value=".00"/> |
| | 73 | Withholding (Form 592-B and/or Form 593). See instructions | <input type="radio"/> | 73 | <input type="text"/> | <input type="text" value=".00"/> |
| | 74 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 74 | <input type="text"/> | <input type="text" value=".00"/> |
| | 75 | Earned Income Tax Credit (EITC). See instructions | <input type="radio"/> | 75 | <input type="text"/> | <input type="text" value=".00"/> |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 76 | <input type="text"/> | <input type="text" value=".00"/> |
| | 77 | Foster Youth Tax Credit (FYTC). See instructions | <input type="radio"/> | 77 | <input type="text"/> | <input type="text" value=".00"/> |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | <input type="text" value="38934"/> | <input type="text" value=".00"/> |

| | | | | | | |
|----------------|--|---|-----------------------|----|--------------------------------|----------------------------------|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | <input type="radio"/> | 91 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA. | | | | | |

| | | | | | | |
|--------------------|---|---|-----------------------|-------------------------------------|----------------------|----------------------------------|
| ISR Penalty | 92 | If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. | <input type="radio"/> | <input checked="" type="checkbox"/> | | |
| | If you did not check the box, see instructions. | | | | | |
| | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 92 | <input type="text"/> | <input type="text" value=".00"/> |

| | | | | | | |
|-----------------------------|----|---|----------------------------------|----|------------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | <input type="text" value="38934"/> | <input type="text" value=".00"/> |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | <input type="text"/> | <input type="text" value=".00"/> |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | <input type="text" value="38934"/> | <input type="text" value=".00"/> |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. | <input checked="" type="radio"/> | 96 | <input type="text"/> | <input type="text" value=".00"/> |
| | 97 | Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. | <input checked="" type="radio"/> | 97 | <input type="text" value="11040"/> | <input type="text" value=".00"/> |

Your name:

Your SSN or ITIN:

| | | | |
|-----------------------------|---|------------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 98 Amount of line 97 you want applied to your 2024 estimated tax ● 98 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 | <input type="text" value="11040"/> | <input type="text" value=".00"/> |
| | 100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 | <input type="text"/> | <input type="text" value=".00"/> |

| | | Code | Amount |
|---|--|----------------------------------|----------------------------------|
| Contributions | California Seniors Special Fund. See instructions ● | 400 | <input type="text" value=".00"/> |
| | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● | 401 | <input type="text" value=".00"/> |
| | Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● | 403 | <input type="text" value=".00"/> |
| | California Breast Cancer Research Voluntary Tax Contribution Fund ● | 405 | <input type="text" value=".00"/> |
| | California Firefighters' Memorial Voluntary Tax Contribution Fund ● | 406 | <input type="text" value=".00"/> |
| | Emergency Food for Families Voluntary Tax Contribution Fund ● | 407 | <input type="text" value=".00"/> |
| | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ● | 408 | <input type="text" value=".00"/> |
| | California Sea Otter Voluntary Tax Contribution Fund ● | 410 | <input type="text" value=".00"/> |
| | California Cancer Research Voluntary Tax Contribution Fund ● | 413 | <input type="text" value=".00"/> |
| | School Supplies for Homeless Children Voluntary Tax Contribution Fund ● | 422 | <input type="text" value=".00"/> |
| | State Parks Protection Fund/Parks Pass Purchase ● | 423 | <input type="text" value=".00"/> |
| | Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● | 424 | <input type="text" value=".00"/> |
| | Keep Arts in Schools Voluntary Tax Contribution Fund ● | 425 | <input type="text" value=".00"/> |
| | California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● | 438 | <input type="text" value=".00"/> |
| | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● | 439 | <input type="text" value=".00"/> |
| | Rape Kit Backlog Voluntary Tax Contribution Fund ● | 440 | <input type="text" value=".00"/> |
| | Suicide Prevention Voluntary Tax Contribution Fund ● | 444 | <input type="text" value=".00"/> |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● | 445 | <input type="text" value=".00"/> | |
| 110 Add amounts in code 400 through code 445. This is your total contribution ● 110 | | <input type="text" value=".00"/> | |

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Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Account number ● 116 Direct deposit amount .00
 Checking Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Account number ● 117 Direct deposit amount .00
 Checking Savings

Voter Info.
For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● Yes No

Your name: Your SSN or ITIN:

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: Date: Spouse's/RDP's signature (if a joint tax return, both must sign):

Your email address. Enter only one email address.
 Preferred phone number:

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed): PTIN:

Firm's address: Firm's FEIN:

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name: Telephone Number:

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2023 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: **VAMSI KRISHNA & PUSHPAVATHI SOMA** SSN or ITIN: **655831015**

| Part I Income Adjustment Schedule | | A Federal Amounts <small>(taxable amounts from your federal tax return)</small> | B Subtractions <small>See instructions</small> | C Additions <small>See instructions</small> |
|--|--|---|--|---|
| Section A – Income from federal Form 1040 or 1040-SR | | | | |
| 1 a | Total amount from federal Form(s) W-2, box 1. See instructions | <input checked="" type="radio"/> 4 244 61 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b | Household employee wages not reported on federal Form(s) W-2 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c | Tip income not reported on line 1a | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| d | Medicaid waiver payments not reported on federal Form(s) W-2. See instructions | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e | Taxable dependent care benefits from federal Form 2441, line 26 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f | Employer-provided adoption benefits from federal Form 8839, line 29 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g | Wages from federal Form 8919, line 6. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h | Other earned income. See instructions | <input checked="" type="radio"/> 0 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| i | Nontaxable combat pay election. See instructions. | | | <input checked="" type="radio"/> |
| z | Add line 1a through line 1i. | <input checked="" type="radio"/> 4 244 61 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 2 | Taxable interest. a <input checked="" type="radio"/> | 2b <input checked="" type="radio"/> 5 805 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 | Ordinary dividends. See instructions. a <input checked="" type="radio"/> 2 106 | 3b <input checked="" type="radio"/> 2 187 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 | IRA distributions. See instructions. a <input checked="" type="radio"/> | 4b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 | Pensions and annuities. See instructions. a <input checked="" type="radio"/> | 5b <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 | Social security benefits. a <input checked="" type="radio"/> | 6b <input checked="" type="radio"/> | | |
| 7 | Capital gain or (loss). See instructions | <input checked="" type="radio"/> - 3 000 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Section B – Additional Income from federal Schedule 1 (Form 1040) | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |
| 2 a | Alimony received. See instructions. | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 3 | Business income or (loss). See instructions. | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 4 | Other gains or (losses) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | <input checked="" type="radio"/> - 7 350 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 | Farm income or (loss) | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 | Unemployment compensation | <input checked="" type="radio"/> | <input checked="" type="radio"/> | |

| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|--|---|---|--|
| 8 Other income: | | | |
| a Federal net operating loss 8a | <input type="radio"/> () | | <input type="radio"/> |
| b Gambling 8b | <input type="radio"/> | <input type="radio"/> | |
| c Cancellation of debt 8c | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> () | | <input type="radio"/> |
| e Income from federal Form 8853 8e | <input type="radio"/> | | <input type="radio"/> |
| f Income from federal Form 8889 8f | <input type="radio"/> | <input type="radio"/> | |
| g Alaska Permanent Fund dividends 8g | <input type="radio"/> | | |
| h Jury duty pay 8h | <input type="radio"/> | | |
| i Prizes and awards 8i | <input type="radio"/> | | |
| j Activity not engaged in for profit income 8j | <input type="radio"/> | | |
| k Stock options 8k | <input type="radio"/> | | <input type="radio"/> |
| l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . 8l | <input type="radio"/> | | |
| m Olympic and Paralympic medals and USOC prize money 8m | <input type="radio"/> | | |
| n IRC Section 951(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | |
| o IRC Section 951A(a) inclusion 8o | <input type="radio"/> | <input type="radio"/> | |
| p IRC Section 461(l) excess business loss adjustment 8p | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q Taxable distributions from an ABLE account . . 8q | <input type="radio"/> | | |
| r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r | <input type="radio"/> | | |
| s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d. . 8s | <input type="radio"/> () | | |
| t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t | <input type="radio"/> | | |
| u Wages earned while incarcerated. 8u | <input type="radio"/> | | |
| z Other income. List type and amount. <input type="radio"/> _____ 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| Section B – Additional Income Continued | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|---|---|--|
| 9 a Total other income. Add lines 8a through 8z. . 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 Disaster loss deduction from form FTB 3805V. . 9b1 | | <input type="radio"/> | |
| b2 NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | |
| b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3 | | <input type="radio"/> | |
| 10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10 | <input type="radio"/> 422103 | <input type="radio"/> | <input type="radio"/> |

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

| | | | |
|---|-----------------------|-----------------------|-----------------------|
| 11 Educator expenses 11 | <input type="radio"/> | <input type="radio"/> | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 Health savings account deduction 13 | <input type="radio"/> | <input type="radio"/> | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input type="radio"/> | | <input type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions. 15 | <input type="radio"/> | <input type="radio"/> | |
| 16 Self-employed SEP, SIMPLE, and qualified plans. . 16 | <input type="radio"/> | | |
| 17 Self-employed health insurance deduction. See instructions. 17 | <input type="radio"/> | <input type="radio"/> | |
| 18 Penalty on early withdrawal of savings 18 | <input type="radio"/> | | |
| 19 a Alimony paid. 19a | <input type="radio"/> | | <input type="radio"/> |
| b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____ | | | |
| 20 IRA deduction 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 Student loan interest deduction 21 | <input type="radio"/> | | <input type="radio"/> |
| 22 Reserved for future use 22 | | | |
| 23 Archer MSA deduction. 23 | <input type="radio"/> | | |

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| Section C – Adjustments to Income Continued | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|--|---|--|
| 24 | Other adjustments: | | | |
| a | Jury duty pay 24a | <input type="radio"/> | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c | <input type="radio"/> | <input type="radio"/> | |
| d | Reforestation amortization and expenses. 24d | <input type="radio"/> | <input type="radio"/> | |
| e | Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e | <input type="radio"/> | | |
| f | Contributions to IRC Section 501(c)(18)(D) pension plans 24f | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g | Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input type="radio"/> | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i | <input type="radio"/> | <input type="radio"/> | |
| j | Housing deduction from federal Form 2555 24j | <input type="radio"/> | <input type="radio"/> | |
| k | Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input type="radio"/> | | |
| z | Other adjustments. List type and amount. <input type="radio"/> _____ 24z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25 | Total other adjustments. Add line 24a through line 24z 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26 | Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27 | Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27 | <input type="radio"/> | 422103 <input type="radio"/> | <input type="radio"/> |

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

| | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|---|
| Medical and Dental Expenses See instructions. | | | |
| 1 Medical and dental expenses <input checked="" type="radio"/> _____ 1 | | | |
| 2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>422103</u> 2 | | | |
| 3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>31658</u> 3 | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4 | | | <input checked="" type="radio"/> 0 |
| Taxes You Paid | | | |
| 5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> <u>38964</u> <input checked="" type="radio"/> 38964 | | | |
| b State and local real estate taxes5b <input checked="" type="radio"/> <u>10276</u> | | | |
| c State and local personal property taxes5c <input checked="" type="radio"/> <u>430</u> | | | |
| d Add line 5a through line 5c.5d <input checked="" type="radio"/> <u>49670</u> | | | |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e <input checked="" type="radio"/> <u>10000</u> <input checked="" type="radio"/> 38964 <input checked="" type="radio"/> 39670 | | | |
| 6 Other taxes. List type <input checked="" type="radio"/> _____ 6 | | | |
| 7 Add line 5e and line 6. 7 <input checked="" type="radio"/> <u>10000</u> <input checked="" type="radio"/> 38964 <input checked="" type="radio"/> 39670 | | | |
| Interest You Paid | | | |
| 8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/> <u>26490</u> | | | <input checked="" type="radio"/> |
| b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| d Reserved for future use8d | | | |
| e Add line 8a through line 8c.8e <input checked="" type="radio"/> <u>26490</u> <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 9 Investment interest. 9 <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |
| 10 Add line 8e and line 9. 10 <input checked="" type="radio"/> <u>26490</u> <input checked="" type="radio"/> | | | <input checked="" type="radio"/> |

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| Part II Adjustments to Federal Itemized Deductions Continued | A Federal Amounts (from federal Schedule A (Form 1040)) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|--|
| Gifts to Charity | | | |
| 11 Gifts by cash or check. 11 | <input checked="" type="radio"/> 300 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 12 Other than by cash or check. 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Carryover from prior year. 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 Add line 11 through line 13 14 | <input checked="" type="radio"/> 300 | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Casualty and Theft Losses | | | |
| 15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Other Itemized Deductions | | | |
| 16 Other—from list in federal instructions. 16 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17 | <input checked="" type="radio"/> 36790 | <input checked="" type="radio"/> 38964 | <input checked="" type="radio"/> 39670 |

18 Total. Combine line 17 column A less column B plus column C **18** 37496

Job Expenses and Certain Miscellaneous Deductions

| | | | |
|---|--|------|-------|
| 19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions <input checked="" type="radio"/> 19 | | | |
| 20 Tax preparation fees <input checked="" type="radio"/> 20 | | | |
| 21 Other expenses: investment, safe deposit box, etc. List type. <input checked="" type="radio"/> 21 | | 0 | |
| 22 Add line 19 through line 21 <input checked="" type="radio"/> 22 | | 0 | |
| 23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 422103 | | | |
| 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. <input checked="" type="radio"/> 24 | | 8442 | |
| 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. <input checked="" type="radio"/> 25 | | | 0 |
| 26 Total Itemized Deductions. Add line 18 and line 25 <input checked="" type="radio"/> 26 | | | 37496 |
| 27 Other adjustments. See instructions. Specify. <input checked="" type="radio"/> 27 | | | |
| 28 Combine line 26 and line 27. <input checked="" type="radio"/> 28 | | | 37496 |

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

| | |
|---|-----------|
| Single or married/RDP filing separately | \$237,035 |
| Head of household | \$355,558 |
| Married/RDP filing jointly or qualifying surviving spouse/RDP | \$474,075 |

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. **29** 37496

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

| | |
|---|----------|
| Single or married/RDP filing separately. See instructions | \$5,363 |
| Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . | \$10,726 |

Transfer the amount on line 30 to Form 540, line 18. **30** 37496

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

Your first name and middle initial VAMSI KRISHNA Last name SOMA Your social security number 655 83 1015

If joint return, spouse's first name and middle initial PUSHPAVATHI Last name SOMA Spouse's social security number 775 31 9751

Home address (number and street). If you have a P.O. box, see instructions. 2744 TEJAS LANE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. TRACY State CA ZIP code 95377 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows include PRANAV KUMAR SOMA and SUDHEEP KRISHNA SOMA.

Income section table with columns for line numbers (1a-1i, 1z) and amounts. Total amount from Form(s) W-2, box 1 is 424,461.

Table for Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table for Capital gain or (loss), Additional income from Schedule 1, line 10, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, line 26, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

| | | | | |
|------------------------|-----------|--|-----------|---------|
| Tax and Credits | 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 80,606. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 80,606. |
| | 19 | Child tax credit or credit for other dependents from Schedule 8812 | 19 | |
| | 20 | Amount from Schedule 3, line 8 | 20 | 5,446. |
| | 21 | Add lines 19 and 20 | 21 | 5,446. |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 75,160. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 1,737. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 76,897. |

| | | | | |
|-----------------|-----------|---|------------|---------|
| Payments | 25 | Federal income tax withheld from: | | |
| | a | Form(s) W-2 | 25a | 89,275. |
| | b | Form(s) 1099 | 25b | |
| | c | Other forms (see instructions) | 25c | 2,157. |
| | d | Add lines 25a through 25c | 25d | 91,432. |
| | 26 | 2023 estimated tax payments and amount applied from 2022 return | 26 | |
| | 27 | Earned income credit (EIC) <input type="checkbox"/> NO | 27 | |
| | 28 | Additional child tax credit from Schedule 8812 | 28 | |
| | 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| | 30 | Reserved for future use | 30 | |
| | 31 | Amount from Schedule 3, line 15 | 31 | |
| | 32 | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 91,432. |

| | | | | |
|--------------------------------------|------------|---|------------|---------|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 14,535. |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 14,535. |
| Direct deposit? See instructions. | b | Routing number 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d | Account number 4 0 1 2 5 3 0 4 | | |
| | 36 | Amount of line 34 you want applied to your 2024 estimated tax | 36 | |

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

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

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

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

| | | | |
|---|---------------------------------|----------------------------------|---|
| Your signature | Date | Your occupation SR QE MANAGER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation TEACHER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (408) 594-5071 | Email address VSOMA77@GMAIL.COM | | |

Paid Preparer Use Only

| | | | | |
|--|---|------|--------------------------|---|
| Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI | Date | PTIN P02470833 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 | | Phone no. (678) 965-9522 | Firm's EIN 88-2145487 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

Part I Additional Income

| | | | | |
|-----------|---|---------------|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 5 | -7,350. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLÉ account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -7,350. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| c | Date of original divorce or separation agreement (see instructions): _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount: _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |

**SCHEDULE 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
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number
655-83-1015

Part I 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 | |

Part II Other Taxes

| | | | |
|-----------|---|-----------|--------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 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 <input type="checkbox"/> | 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 | 1,737. |
| 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 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | |
|-----------|---|------------|-----------|
| 17 | Other additional taxes: | | |
| a | Recapture of other credits. List type, form number, and amount: _____ | 17a | |
| b | Recapture of federal mortgage subsidy, if you sold your home see instructions | 17b | |
| c | Additional tax on HSA distributions. Attach Form 8889 | 17c | |
| d | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 | 17d | |
| e | 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 | 17i | |
| j | Section 72(m)(5) excess benefits tax | 17j | |
| k | Golden parachute payments | 17k | |
| l | Tax on accumulation distribution of trusts | 17l | |
| 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 | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | |
| p | 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 total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | 21 |
| | | | 1,737. |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number
655-83-1015

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | 113. |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 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 | 5,333. |
| b | Energy efficient home improvement credit from Form 5695, line 32 | 5b | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Reserved for future use | 6e | |
| 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 | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| 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-SR, or 1040-NR, line 20 | 8 | 5,446. |

(continued on page 2)

Part II Other Payments and Refundable Credits

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

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | | | |
|---|--|----|---------|----|---------|---------|
| | 1 Medical and dental expenses (see instructions) | 1 | | | | |
| | 2 Enter amount from Form 1040 or 1040-SR, line 11 | 2 | | | | |
| | 3 Multiply line 2 by 7.5% (0.075) | 3 | | | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | | 4 | | |
| Taxes You Paid | 5 State and local taxes. | | | | | |
| | a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 38,964. | | | |
| | b State and local real estate taxes (see instructions) | 5b | 10,276. | | | |
| | c State and local personal property taxes | 5c | 430. | | | |
| | d Add lines 5a through 5c | 5d | 49,670. | | | |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000. | | | |
| | 6 Other taxes. List type and amount: _____ | 6 | | | | |
| 7 Add lines 5e and 6 | | | | 7 | 10,000. | |
| Interest You Paid | 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | | | |
| | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 26,490. | | | |
| | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____ | 8b | | | | |
| | c Points not reported to you on Form 1098. See instructions for special rules | 8c | | | | |
| | d Reserved for future use | 8d | | | | |
| | e Add lines 8a through 8c | 8e | 26,490. | | | |
| 9 Investment interest. Attach Form 4952 if required. See instructions | 9 | | | | | |
| 10 Add lines 8e and 9 | | | | 10 | 26,490. | |
| Gifts to Charity | 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 300. | | | |
| | 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | | | | |
| | 13 Carryover from prior year | 13 | | | | |
| | 14 Add lines 11 through 13 | | | | 14 | 300. |
| Casualty and Theft Losses | 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | | | 15 | |
| Other Itemized Deductions | 16 Other—from list in instructions. List type and amount: _____ | | | | 16 | |
| Total Itemized Deductions | 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | | | 17 | 36,790. |
| | 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | | | | |

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

**Part I
Interest**

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

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

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

ROBINHOOD SECURITIES LLC
DISCOVER BANK
U S BANK NA
DIGITAL FEDERAL CREDIT UNION
ICICI BANK
ICICI BANK

| | | Amount |
|----------|--|--------|
| 1 | | 2. |
| | | 4,461. |
| | | 244. |
| | | 66. |
| | | 547. |
| | | 485. |

2 Add the amounts on line 1 **2** 5,805.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b **4** 5,805.

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

**Part II
Ordinary Dividends**

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

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

5 List name of payer: APEX CLEARING
ROBINHOOD SECURITIES LLC
MORGAN STANLEY SMITH BARNEY, LLC
FIDELITY BROKERAGE SERVICES LLC

| | | Amount |
|----------|--|-----------------|
| 5 | | 27. |
| | | 141. |
| | | 1,228. |
| | | 791. |
| 6 | Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b | 6 2,187. |

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

**Part III
Foreign Accounts and Trusts**

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

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

7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions Yes No
 If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements Yes No
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____
8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions Yes No

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

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

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

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

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

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 22,009. | 18,297. | | 3,712. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 137,604. | 132,581. | 26. | 5,049. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 8,761. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

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

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

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 53,036. | 96,534. | | -43,498. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 36,628. | 34,097. | | 2,531. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 20. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -40,947. |

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

Schedule D (Form 1040) 2023

Part III Summary

| | | | |
|-----------|--|-----------|------------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | -32,186. |
| | <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } | 21 | (3,000.) |
| | 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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|--|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | FIDELITY | 01/01/23 | 12/01/23 | 22,009. | 18,297. | | | 3,712. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | | 22,009. | 18,297. | | | 3,712. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

| | |
|---|---|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VAMSI KRISHNA & PUSHPAVATHI SOMA | Social security number or taxpayer identification number 655-83-1015 |
|---|---|

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|--|--|---|--|--|---|---|-----------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | APEX CLEARING | 01/01/22 | 12/31/23 | 6. | 3. | | | 3. |
| | ROBINHOOD SECURITIES LLC | 01/01/22 | 12/31/23 | 2,210. | 2,048. | | | 162. |
| | ROBINHOOD CRYPTO LLC | 01/01/22 | 12/31/23 | 3,011. | 1,038. | | | 1,973. |
| | FIDELITY | 01/01/21 | 12/01/23 | 47,809. | 27,828. | | | 19,981. |
| | EQUITY SHARES | 10/13/21 | 12/31/23 | 0. | 65,617. | | | -65,617. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked). | | | | 53,036. | 96,534. | | | -43,498. |

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.

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | FIDELITY | 01/01/23 | 12/01/23 | 137,604. | 132,581. | W | 26. | 5,049. |
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| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | 137,604. | 132,581. | | 26. | 5,049. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

Social security number or taxpayer identification number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions. | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|---|--|--|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | FIDELITY | 01/01/21 | 12/01/23 | 36,628. | 34,097. | | | 2,531. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . . | | | | 36,628. | 34,097. | | | 2,531. |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A PUPPALAGUDA RAJENDRANAGAR HYDERABAD TELANGANA IN 500030

B
C

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

Type of Property:

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

| Income: | Properties: | | |
|---|----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 4,500. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 800. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 5,019. | | |
| 14 Repairs | 14 1,100. | | |
| 15 Supplies | 15 | | |
| 16 Taxes | 16 100. | | |
| 17 Utilities | 17 | | |
| 18 Depreciation expense or depletion | 18 4,831. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 11,850. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -7,350. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (7,350.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 4,500. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 4,831. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 11,850. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (7,350.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -7,350. | | |

Foreign Tax Credit
 (Individual, Estate, or Trust)

Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T. COPY 1
 Go to www.irs.gov/Form1116 for instructions and the latest information.

Name VAMSI KRISHNA & PUSHPAVATHI SOMA Identifying number as shown on page 1 of your tax return 655-83-1015

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a** Section 951A category income **c** Passive category income **e** Section 901(j) income **g** Lump-sum distributions
b Foreign branch category income **d** General category income **f** Certain income re-sourced by treaty

h Resident of (name of country) USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

| i | Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|--|--|------------------------------------|---|---|-----------------------------------|
| | | A | B | C | |
| | India | | | | |
| 1a | Gross income from sources within country shown above and of the type checked above (see instructions): <u>From 1099s</u> | | | | |
| | | 547. | | | 1a 547. |
| b | Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source. See instructions <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions.): | | | | | |
| 2 | Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 | Pro rata share of other deductions not definitely related: | | | | |
| a | Certain itemized deductions or standard deduction (see instructions) | 2,156. | | | |
| b | Other deductions (attach statement) | | | | |
| c | Add lines 3a and 3b | 2,156. | | | |
| d | Gross foreign source income (see instructions) | 547. | | | |
| e | Gross income from all sources (see instructions) | 470,384. | | | |
| f | Divide line 3d by line 3e (see instructions) | 0.0012 | | | |
| g | Multiply line 3c by line 3f | 3. | | | |
| 4 | Pro rata share of interest expense (see instructions): | | | | |
| a | Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b | Other interest expense | | | | |
| 5 | Losses from foreign sources | | | | |
| 6 | Add lines 2, 3g, 4a, 4b, and 5 | 3. | | | 6 3. |
| 7 | Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 544. |

Part II Foreign Taxes Paid or Accrued (see instructions)

| Country | Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued | | | | | | | | |
|----------|--|-------------------------------|---------------|-------------------------|---|------------------------------|---------------|-------------------------|---|---|
| | | In foreign currency | | | | In U.S. dollars | | | | |
| | | Taxes withheld at source on: | | | (p) Other foreign taxes paid or accrued | Taxes withheld at source on: | | | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |
| | | (l) Date paid or accrued | (m) Dividends | (n) Rents and royalties | | (o) Interest | (q) Dividends | (r) Rents and royalties | | |
| A | 03/31/2023 | | | | | | | 168. | 168. | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| 8 | Add lines A through C, column (u). Enter the total here and on line 9, page 2 | | | | | | | | 8 168. | |

Part III Figuring the Credit

| | | | | |
|-----------|--|-----------|-----------|----------|
| 9 | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I | 9 | 168 . | |
| 10 | Enter the sum of any carryover of foreign taxes (from Schedule B, line 3, column (xiv)) plus any carrybacks to the current tax year. If you enter an amount on line 10 and you don't need to attach Schedule B, check here (see instructions) <input type="checkbox"/> (If your income was section 951A category income (box a above Part I), leave line 10 blank.) | 10 | | |
| 11 | Add lines 9 and 10 | 11 | 168 . | |
| 12 | Reduction in foreign taxes (see instructions) | 12 | () | |
| 13 | Taxes reclassified under high tax kickout (see instructions) | 13 | | |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit | 14 | | 168 . |
| 15 | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See instructions | 15 | 544 . | |
| 16 | Adjustments to line 15 (see instructions) | 16 | | |
| 17 | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 24. However, if you are filing more than one Form 1116, you must complete line 20.) | 17 | 544 . | |
| 18 | Individuals: Enter the amount from line 15 of your Form 1040, 1040-SR, or 1040-NR. Estates and trusts: Enter your taxable income without the deduction for your exemption | 18 | 384,060 . | |
| | Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. | | | |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" | 19 | | 0.0014 |
| 20 | Individuals: Enter the total of Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, Part II, lines 2, 3, 4, and 6. Foreign estates and trusts should enter the amount from Form 1040-NR, line 16. See instructions | 20 | | 80,606 . |
| | Caution: If you are completing line 20 for separate category g (lump-sum distributions), or, if you file Form 8978, Partner's Additional Reporting Year Tax, see instructions. | | | |
| 21 | Multiply line 20 by line 19 (maximum amount of credit) | 21 | | 113 . |
| 22 | Increase in limitation (section 960(c)) (see instructions) | 22 | | |
| 23 | Add lines 21 and 22 | 23 | | 113 . |
| 24 | Enter the smaller of line 14 or line 23. If this is the only Form 1116 you are filing, skip lines 25 through 32 and enter this amount on line 33. Otherwise, complete the appropriate line in Part IV. See instructions | 24 | | 113 . |

Part IV Summary of Credits From Separate Parts III (see instructions)

| | | | | |
|-----------|--|-----------|--|-------|
| 25 | Credit for taxes on section 951A category income | 25 | | |
| 26 | Credit for taxes on foreign branch category income | 26 | | |
| 27 | Credit for taxes on passive category income | 27 | | |
| 28 | Credit for taxes on general category income | 28 | | |
| 29 | Credit for taxes on section 901(j) income | 29 | | |
| 30 | Credit for taxes on certain income re-sourced by treaty | 30 | | |
| 31 | Credit for taxes on lump-sum distributions | 31 | | |
| 32 | Add lines 25 through 31 | 32 | | |
| 33 | Enter the smaller of line 20 or line 32 | 33 | | 113 . |
| 34 | Reduction of credit for international boycott operations. See instructions for line 12 | 34 | | |
| 35 | Subtract line 34 from line 33. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040), line 1; Form 1041, Schedule G, line 2a; or Form 990-T, Part III, line 1a | 35 | | 113 . |

**SCHEDULE B
(Form 1116)**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

Foreign Tax Carryover Reconciliation Schedule

For calendar year 20____, or other tax year beginning____, 20____, and ending____, 20____.

See separate instructions.

Attach to Form 1116.

Go to www.irs.gov/Form1116 for instructions and the latest information.

COPY 1

OMB No. 1545-0121

Name

VAMSI KRISHNA & PUSHPAVATHI SOMA

Identifying number as shown on page 1 of your tax return
655-83-1015

Use a separate Schedule B (Form 1116) for each applicable category of income listed below. See instructions. Check only one box on each schedule.

Check the box for the same separate category code as that shown on the Form 1116 to which this Schedule B is attached.

- a Reserved for future use c Passive category income e Section 901(j) income g Lump-sum distributions
- b Foreign branch category income d General category income f Certain income re-sourced by treaty
- h If box e is checked, enter the country code for the sanctioned country. See instructions _____
- i If box f is checked, enter the country code for the treaty country. See instructions _____

| Foreign Tax Carryover Reconciliation | (i) 10th Preceding Tax Year | (ii) 9th Preceding Tax Year | (iii) 8th Preceding Tax Year | (iv) 7th Preceding Tax Year | (v) 6th Preceding Tax Year | (vi) 5th Preceding Tax Year | (vii) Subtotal (add columns (i) through (vi)) |
|---|--------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|--------------------------------|---|
| 1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 Adjustments to line 1 (enter description—see instructions): | | | | | | | |
| a Carryback adjustment (see instructions) | | | | | | | |
| b Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| c | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| d | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| e | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| f | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| g | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 Foreign tax carryover generated in current tax year | | | | | | | |
| 7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | | |
| 8 Foreign tax carryover to the following tax year. Combine lines 3 through 7. | -0- | 0. | 0. | 0. | 0. | 0. | 0. |

| Foreign Tax Carryover Reconciliation (<i>continued</i>) | | (viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1) | (ix) 4th Preceding Tax Year | (x) 3rd Preceding Tax Year | (xi) 2nd Preceding Tax Year | (xii) 1st Preceding Tax Year | (xiii) Current Tax Year | (xiv) Totals (add columns (viii) through (xiii)) |
|---|--|--|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------|---|
| 1 | Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule B (see instructions)) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 2 | Adjustments to line 1 (enter description—see instructions): | | | | | | | |
| a | Carryback adjustment (see instructions) | | | | | 0. | | 0. |
| b | Adjustments for section 905(c) redeterminations (see instructions) | 0. | 0. | 0. | 0. | 0. | | 0. |
| c | | 0. | 0. | 0. | 0. | 0. | | 0. |
| d | | 0. | 0. | 0. | 0. | 0. | | 0. |
| e | | 0. | 0. | 0. | 0. | 0. | | 0. |
| f | | 0. | 0. | 0. | 0. | 0. | | 0. |
| g | | 0. | 0. | 0. | 0. | 0. | | 0. |
| 3 | Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1116, Part III, line 10. | 0. | 0. | 0. | 0. | 0. | | 0. |
| 4 | Foreign tax carryover used in current tax year (enter as a negative number) | 0. | 0. | 0. | 0. | 0. | | 0. |
| 5 | Foreign tax carryover expired unused in current tax year (enter as a negative number) | 0. | | | | | | 0. |
| 6 | Foreign tax carryover generated in current tax year | | | | | | 55. | 55. |
| 7 | Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number) | | | | | | 0. | 0. |
| 8 | Foreign tax carryover to the following tax year. Combine lines 3 through 7. | 0. | 0. | 0. | 0. | 0. | 55. | 55. |

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

VAMSI KRISHNA & PUSHPAVATHI SOMA

655-83-1015

Part I Child Tax Credit and Credit for Other Dependents

| | | | | |
|-----------|---|-----------|----------|----------|
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | | 1 | 422,103. |
| 2a | Enter income from Puerto Rico that you excluded | 2a | | |
| b | 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 | | |
| d | Add lines 2a through 2c | 2d | 0. | |
| 3 | Add lines 1 and 2d | 3 | 422,103. | |
| 4 | Number of qualifying children under age 17 with the required social security number | 4 | 0 | |
| 5 | Multiply line 4 by \$2,000 | 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 | 6 | 2 | |
| | 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 | Multiply line 6 by \$500 | 7 | 1,000. | |
| 8 | Add lines 5 and 7 | 8 | 1,000. | |
| 9 | Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } | 9 | 400,000. | |
| 10 | Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | 10 | 23,000. | |
| 11 | Multiply line 10 by 5% (0.05) | 11 | 1,150. | |
| 12 | Is the amount on line 8 more than the amount on line 11? | 12 | 0. | |
| | <input checked="" type="checkbox"/> 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. | | | |
| | <input type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result. | | | |
| 13 | Enter the amount from Credit Limit Worksheet A | 13 | | |
| 14 | Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents | 14 | 0. | |

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.

Part II-A Additional Child Tax Credit for All Filers

Caution: 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 <input type="checkbox"/> | | |
| 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 | |
| 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 | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | 18a | |
| b | Nontaxable combat pay (see instructions) | 18b | |
| 19 | Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> 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 Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> 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. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | 20 | |

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto 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. | 21 | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 | 22 | |
| 23 | Add lines 21 and 22 | 23 | |
| 24 | 1040 and 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. } | 24 | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0- | 25 | |
| 26 | Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27. | 26 | |

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 | 0 . |
|-----------|--|-----------|-----|

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
775-31-9751

PUSHPAVATHI SOMA

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|----|--|----|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | | <input type="checkbox"/> Self-only <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | 0. |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter | 3 | |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter | 6 | |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions | 7 | 0. |
| 8 | Add lines 6 and 7 | 8 | 0. |
| 9 | Employer contributions made to your HSAs for 2023 | 9 | |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 0. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|--|-----|------|
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) | 14a | 382. |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | 382. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 382. |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f | 16 | 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|----|--|----|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d | 21 | |

Qualified Business Income Deduction

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your taxpayer identification number

655-83-1015

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

| 1 | (a) Trade, business, or aggregation name | (b) Check if specified service | (c) Check if aggregation | (d) Taxpayer identification number | (e) Check if patron |
|---|--|--------------------------------|--------------------------|------------------------------------|--------------------------|
| A | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| B | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| C | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Part II Determine Your Adjusted Qualified Business Income

| | A | B | C |
|---|----|---|---|
| 2 Qualified business income from the trade, business, or aggregation. See instructions | 2 | | |
| 3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 | 3 | | |
| 4 Allocable share of W-2 wages from the trade, business, or aggregation | 4 | | |
| 5 Multiply line 4 by 50% (0.50) | 5 | | |
| 6 Multiply line 4 by 25% (0.25) | 6 | | |
| 7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property | 7 | | |
| 8 Multiply line 7 by 2.5% (0.025) | 8 | | |
| 9 Add lines 6 and 8 | 9 | | |
| 10 Enter the greater of line 5 or line 9 | 10 | | |
| 11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10 | 11 | | |
| 12 Phased-in reduction. Enter the amount from line 26, if any | 12 | | |
| 13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 | 13 | | |
| 14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions | 14 | | |
| 15 Qualified business income component. Subtract line 14 from line 13 | 15 | | |
| 16 Total qualified business income component. Add all amounts reported on line 15 | 16 | | |

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

| | | A | B | C |
|----|---|----|---|---|
| 17 | Enter the amounts from line 3 | 17 | | |
| 18 | Enter the amounts from line 10 | 18 | | |
| 19 | Subtract line 18 from line 17 | 19 | | |
| 20 | Taxable income before qualified business income deduction | 20 | | |
| 21 | Threshold. Enter \$182,100 (\$364,200 if married filing jointly) | 21 | | |
| 22 | Subtract line 21 from line 20 | 22 | | |
| 23 | Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) | 23 | | |
| 24 | Phase-in percentage. Divide line 22 by line 23 | 24 | % | |
| 25 | Total phase-in reduction. Multiply line 19 by line 24 | 25 | | |
| 26 | Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business | 26 | | |

Part IV Determine Your Qualified Business Income Deduction

| | | | | | |
|----|---|----|----------|----------|--|
| 27 | Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 | 27 | | | |
| 28 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions | 28 | 5. | | |
| 29 | Qualified REIT dividends and PTP (loss) carryforward from prior years | 29 | () | | |
| 30 | Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- | 30 | 5. | | |
| 31 | REIT and PTP component. Multiply line 30 by 20% (0.20) | 31 | 1. | | |
| 32 | Qualified business income deduction before the income limitation. Add lines 27 and 31 | 32 | | 1. | |
| 33 | Taxable income before qualified business income deduction | 33 | 385,313. | | |
| 34 | Enter your net capital gain, if any, increased by any qualified dividends (see instructions) | 34 | 2,106. | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | 383,207. | |
| 36 | Income limitation. Multiply line 35 by 20% (0.20) | 36 | | 76,641. | |
| 37 | Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 | 37 | | 1. | |
| 38 | DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 | 38 | | | |
| 39 | Total qualified business income deduction. Add lines 37 and 38 | 39 | | 1. | |
| 40 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- | 40 | (0.) | | |

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655-83-1015

Part I Additional Medicare Tax on Medicare Wages

| | | | | | |
|----------|---|----------|----------|--|----------|
| 1 | Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 443,020. | | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | | |
| 3 | Wages from Form 8919, line 6 | 3 | | | |
| 4 | Add lines 1 through 3 | 4 | 443,020. | | |
| 5 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly \$250,000 | | | | |
| | Married filing separately \$125,000 | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 5 | 250,000. | | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | | 193,020. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | | 1,737. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | | |
|-----------|--|-----------|--|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- | 8 | | | |
| 9 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly \$250,000 | | | | |
| | Married filing separately \$125,000 | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 9 | | | |
| 10 | Enter the amount from line 4 | 10 | | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | | |
| 13 | Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III | 13 | | | |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | | |
|-----------|--|-----------|--|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | | |
| 15 | Enter the following amount for your filing status: | | | | |
| | Married filing jointly \$250,000 | | | | |
| | Married filing separately \$125,000 | | | | |
| | Single, Head of household, or Qualifying surviving spouse \$200,000 | 15 | | | |
| 16 | Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | | |
| 17 | Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV | 17 | | | |

Part IV Total Additional Medicare Tax

| | | | | | |
|-----------|--|-----------|--|--|--------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 | | | 1,737. |
|-----------|--|-----------|--|--|--------|

Part V Withholding Reconciliation

| | | | | | |
|-----------|---|-----------|----------|--|--------|
| 19 | Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 8,581. | | |
| 20 | Enter the amount from line 1 | 20 | 443,020. | | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 6,424. | | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | | 2,157. |
| 23 | Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | | |
| 24 | Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions) | 24 | | | 2,157. |

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number or EIN

655-83-1015

- Part I Investment Income** Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

| | | | | |
|-----------|---|---------|-----------|---------|
| 1 | Taxable interest (see instructions) | | 1 | 5,805. |
| 2 | Ordinary dividends (see instructions) | | 2 | 2,187. |
| 3 | Annuities (see instructions) | | 3 | |
| 4a | Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions) | -7,350. | | |
| b | Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) | | | |
| c | Combine lines 4a and 4b | | 4c | -7,350. |
| 5a | Net gain or loss from disposition of property (see instructions) | -3,000. | | |
| b | Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) | | | |
| c | Adjustment from disposition of partnership interest or S corporation stock (see instructions) | | | |
| d | Combine lines 5a through 5c | | 5d | -3,000. |
| 6 | Adjustments to investment income for certain CFCs and PFICs (see instructions) | | 6 | |
| 7 | Other modifications to investment income (see instructions) | | 7 | |
| 8 | Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 | | 8 | -2,358. |

Part II Investment Expenses Allocable to Investment Income and Modifications

| | | | | |
|-----------|---|--|-----------|--|
| 9a | Investment interest expenses (see instructions) | | | |
| b | State, local, and foreign income tax (see instructions) | | | |
| c | Miscellaneous investment expenses (see instructions) | | | |
| d | Add lines 9a, 9b, and 9c | | 9d | |
| 10 | Additional modifications (see instructions) | | 10 | |
| 11 | Total deductions and modifications. Add lines 9d and 10 | | 11 | |

Part III Tax Computation

| | | | | |
|----------------------------|---|----------|-----------|----|
| 12 | Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0- | | 12 | 0. |
| Individuals: | | | | |
| 13 | Modified adjusted gross income (see instructions) | 422,103. | | |
| 14 | Threshold based on filing status (see instructions) | 250,000. | | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 172,103. | | |
| 16 | Enter the smaller of line 12 or line 15 | | 16 | 0. |
| 17 | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 17 | 0. |
| Estates and Trusts: | | | | |
| 18a | Net investment income (line 12 above) | | | |
| b | Deductions for distributions of net investment income and charitable deductions (see instructions) | | | |
| c | Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0- | | | |
| 19a | Adjusted gross income (see instructions) | | | |
| b | Highest tax bracket for estates and trusts for the year (see instructions) | | | |
| c | Subtract line 19b from line 19a. If zero or less, enter -0- | | | |
| 20 | Enter the smaller of line 18c or line 19c | | 20 | |
| 21 | Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions) | | 21 | |

Residential Energy Credits

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form5695 for instructions and the latest information.

2023
Attachment
Sequence No. **75**

Name(s) shown on return

VAMSI KRISHNA & PUSHPAVATHI SOMA

Your social security number

655 | 83 | 1015

Part I Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2022**.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

| | | | | |
|-------------------|----------|--------------|-------|----------|
| 2744 TEJAS LANE | | TRACY | CA | 95377 |
| Number and street | Unit no. | City or town | State | ZIP code |

| | | | |
|-----------|---|-----------|--|
| 1 | Qualified solar electric property costs | 1 | |
| 2 | Qualified solar water heating property costs | 2 | 17,775. |
| 3 | Qualified small wind energy property costs | 3 | |
| 4 | Qualified geothermal heat pump property costs | 4 | |
| 5a | Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified battery storage technology | 5a | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If you checked the "Yes" box, enter the qualified battery technology costs | 5b | |
| 6a | Add lines 1 through 5b | 6a | 17,775. |
| b | Multiply line 6a by 30% (0.30) | 6b | 5,333. |
| 7a | Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11. | 7a | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | Enter the complete address of the main home where you installed the fuel cell property. | | |
| | Number and street | Unit no. | City or town |
| | | | State |
| | | | ZIP code |
| 8 | Qualified fuel cell property costs | 8 | |
| 9 | Multiply line 8 by 30% (0.30) | 9 | |
| 10 | Kilowatt capacity of property on line 8 above x \$1,000 | 10 | |
| 11 | Enter the smaller of line 9 or line 10 | 11 | |
| 12 | Credit carryforward from 2022. Enter the amount, if any, from your 2022 Form 5695, line 16 | 12 | |
| 13 | Add lines 6b, 11, and 12 | 13 | 5,333. |
| 14 | Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit Worksheet. (See instructions.) | 14 | 80,493. |
| 15 | Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5a | 15 | 5,333. |
| 16 | Credit carryforward to 2024. If line 15 is less than line 13, subtract line 15 from line 13 | 16 | |

Part II Energy Efficient Home Improvement Credit

Section A—Qualified Energy Efficiency Improvements

| | | | | | | | |
|---|-------------------|--|--------------|----------|----------|--|--|
| <p>17a Are the qualified energy efficiency improvements installed in or on your main home located in the United States? (See instructions.)</p> | 17a | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>b Are you the original user of the qualified energy efficiency improvements?</p> | 17b | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>c Are the components reasonably expected to remain in use for at least 5 years? If you checked the “No” box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A.</p> | 17c | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>d Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.)</p> | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width:35%;">Number and street</td> <td style="border-bottom: 1px solid black; width:15%;">Unit no.</td> <td style="border-bottom: 1px solid black; width:20%;">City or town</td> <td style="border-bottom: 1px solid black; width:10%;">State</td> <td style="border-bottom: 1px solid black; width:20%;">ZIP code</td> </tr> </table> | Number and street | Unit no. | City or town | State | ZIP code | | |
| Number and street | Unit no. | City or town | State | ZIP code | | | |
| <p>e Were any of these improvements related to the construction of this main home? If you checked the “Yes” box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p> | 17e | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>18 Insulation or air sealing material or system.</p> | | | | | | | |
| <p>a Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.)</p> | 18a | | | | | | |
| <p>b Multiply line 18a by 30% (0.30). Enter the results. Do not enter more than \$1,200</p> | 18b | | | | | | |
| <p>19 Exterior doors that meet the applicable Energy Star requirements.</p> | | | | | | | |
| <p>a Enter the cost of the most expensive door you bought</p> | 19a | | | | | | |
| <p>b Multiply line 19a by 30% (0.30). Do not enter more than \$250</p> | 19b | | | | | | |
| <p>c Enter the cost of all other qualifying exterior doors</p> | 19c | | | | | | |
| <p>d Multiply line 19c by 30% (0.30)</p> | 19d | | | | | | |
| <p>e Add lines 19b and 19d. Do not enter more than \$500</p> | 19e | | | | | | |
| <p>20 Windows and skylights that meet the Energy Star certification requirements.</p> | | | | | | | |
| <p>a Enter the cost of exterior windows and skylights that meet the Energy Star certification requirements. (See instructions.)</p> | 20a | | | | | | |
| <p>b Multiply line 20a by 30% (0.30). Enter the results. Do not enter more than \$600</p> | 20b | | | | | | |

Section B—Residential Energy Property Expenditures

| | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------|--|--------------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>21a Did you incur costs for qualified energy property installed on or in connection with a home located in the United States?</p> | 21a | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | |
| <p>b Was the qualified energy property originally placed into service by you? If you checked the “No” box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26.</p> | 21b | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | |
| <p>c Enter the complete address of each home where you installed qualified energy property.</p> | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width:35%;">Number and street</td> <td style="border-bottom: 1px solid black; width:15%;">Unit no.</td> <td style="border-bottom: 1px solid black; width:20%;">City or town</td> <td style="border-bottom: 1px solid black; width:10%;">State</td> <td style="border-bottom: 1px solid black; width:20%;">ZIP code</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | Number and street | Unit no. | City or town | State | ZIP code | | | | | | | | | | | | | | | | | |
| Number and street | Unit no. | City or town | State | ZIP code | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| <p>22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.)</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>a Enter the cost of central air conditioners</p> | 22a | | | | | | | | | | | | | | | | | | | | | |
| <p>b Multiply line 22a by 30% (0.30). Enter the results. Do not enter more than \$600</p> | 22b | | | | | | | | | | | | | | | | | | | | | |
| <p>23a Enter the cost of natural gas, propane, or oil water heaters</p> | 23a | | | | | | | | | | | | | | | | | | | | | |
| <p>b Multiply line 23a by 30% (0.30). Enter the results. Do not enter more than \$600</p> | 23b | | | | | | | | | | | | | | | | | | | | | |
| <p>24a Enter the cost of natural gas, propane, or oil furnace or hot water boilers</p> | 24a | | | | | | | | | | | | | | | | | | | | | |
| <p>b Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600</p> | 24b | | | | | | | | | | | | | | | | | | | | | |

Section B—Residential Energy Property Expenditures *(continued)*

| | | | | |
|------------|--|------------|--|---|
| 25a | Enter the cost of improvements or replacement of panelboards, subpanelboards, branch circuits, or feeders | 25a | | |
| b | Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600 | | | 25b |
| 26 | Home energy audits. | | | |
| a | Did you incur costs for a home energy audit that included an inspection of your main home located in the United States and a written report prepared by a certified home energy auditor? (See instructions.) If you checked the "No" box, you cannot claim the home energy audit credit. Stop. Go to line 27. | | | 26a <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | Enter the cost of the home energy audits | 26b | | |
| c | Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150 | | | 26c |
| 27 | Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c | 27 | | |
| 28 | Enter the smaller of line 27 or \$1,200 | | | 28 |
| 29 | Heat pumps and heat pump water heaters; biomass stoves and biomass boilers. | | | |
| a | Enter the cost of electric or natural gas heat pumps | 29a | | |
| b | Enter the cost of electric or natural gas heat pump water heaters | 29b | | |
| c | Enter the cost of biomass stoves and biomass boilers | 29c | | |
| d | Add lines 29a, 29b, and 29c | 29d | | |
| e | Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000 | | | 29e |
| 30 | Add lines 28 and 29e | | | 30 |
| 31 | Limitation based on tax liability. Enter the amount from the Energy Efficient Home Improvement Credit Limit Worksheet. (See instructions.) | | | 31 |
| 32 | Energy efficient home improvement credit. Enter the smaller of line 30 or line 31. Also include this amount on Schedule 3 (Form 1040), line 5b | | | 32 |

Additional Information From 2023 Federal Tax Return**Schedule B: Interest and Dividend Income -- Smart Worksheet****Additional Interest Income (5)****Box 1 interest****Itemization Statement**

| Description | Amount |
|--------------|---------------|
| 4623/82 | 56.38 |
| 40242/82 | 490.76 |
| Total | 547.14 |