Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
SAI SRIKANTH NUTHALAPATI	112-63-7787
Spouse's name	Spouse's social security number
SAI PUJITHA VENNAM	340-23-1246
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	1 267,101.
2 Total tax	2 47,300.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 27,004.
4 Amount you want refunded to you	4
5 Amount you owe	5 20,603.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)

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

Taxpayer's PIN: check one box only

$\mathbf{\wedge}$	I authorize		IAAES	ERO firm name	to enter or generate my Fin	Er
$\mathbf{\nabla}$	l authorize	CTORAT	TAVEC	TTC	to enter or generate my PIN	3

3	7	7	8	7	
Ent	er fiv i't er	ve dig nter a	gits, all ze	but ros	as

6

as mv

4

Enter five digits, but don't enter all zeros

3 1 2 my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►		ate										
Practitioner PIN Method Returns Only—continue below												
Part III Certification	and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. Enter yo	ur six-digit EFIN followed by your five-digit self-selected PIN.	2	2				-	0 all ze	 	7	1	

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

ERO's signature ►	Date ►
	tain This Form — See Instructions rm to the IRS Unless Requested To Do So
Experies of Definition Activities and the second	

Date

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or sta	ple in this space.
For the year Jan	. 1-Dec	a. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate i	nstructions.
Your first name	and mi	iddle initial	Last r	t name						Your so	cial sec	urity number
SAI SRIK	ANTE	Н	NUT	HALAPA	ΥT					112	63	7787
		s first name and middle initial	Last r								· ·	security number
SAI PUJI	THA		NAM						340	23	1246	
		er and street). If you have a P.O. box, see						A	pt. no.		• •	ction Campaign
1309 gra	SS H	HOLLOW PL								Check	here if yo	ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3
CELINA						TΣ	K	750	09			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code		k or refu	
											Yo	ou 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only	X] Married filing jointly (even if only o	ne hac	l income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ring spouse	(QSS)		
	-	ou checked the MFS box, enter the		-	pouse. If you	u che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's nar	ne if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); oi	r (b) sell,		
Assets		ange, or otherwise dispose of a dig						-			🗌 Ye	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	a You:	Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4) Check the b	oox if qual	ifies for (s	see instructions):
If more	(1) Fi	(1) First name Last name			number	to you			Child tax o	redit	Credit for	r other dependents
than four												
dependents, see instructions												
and check	, 											
here												
Income	1 a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1 a	ı	273,123.
Attach Form(s)	b	Household employee wages not re	•		.,							
W-2 here. Also	С	Tip income not reported on line 1a	•		,							
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	uctions)	• •		. 10		
1099-R if tax	е	Taxable dependent care benefits f		·	,			• •		. 1e		
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •	· · ·	. 10		
W-2, see	h	Other earned income (see instruct	,			• •		· ·		. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i			-		273,123.
		Add lines 1a through 1h	 0-		· · ·	 ьт	· · · ·	· ·	· · ·	. 1z		273,123.
Attach Sch. B if required.	2a 2a		2a 3a		185.		axable interest			. 2b . 3b		185.
·	<u>3a</u> 4a		3a 4a		1001		Ordinary divider axable amount			. 30		100.
Standard	ч а 5а		та 5а				axable amount					29,784.
 Deduction for — Single or 	6a		6a				axable amount			. 6t		
Married filing	c	If you elect to use the lump-sum e		method								
separately, \$13,850	7	Capital gain or (loss). Attach Scher						• •		7		3,187.
 Married filing jointly or 	8	Additional income from Schedule								. 8	-	-39,178.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		267,101.
surviving spouse, \$27,700	10	Adjustments to income from Sche					•••••			. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		267,101.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deduct					95-A			. 13		
Standard Deduction,	14									. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	е.		. 15	5	239,401.
												1010

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

Form 1040 (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	43,970.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	43,970.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	43,970.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	3,330.
	24	Add lines 22 and 23. This is					[24	47,300.
Payments	25	Federal income tax withheld							
,	а	Form(s) W-2				25a 24	,019.		
	b	Form(s) 1099					,985.		
	с	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c	<i>.</i>					25d	27,004.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return .		[26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•		-		[33	27,004.
Refund	34	If line 33 is more than line 24						34	
	35a	Amount of line 34 you want				•	. 🗆 🔽	35a	
Direct deposit?	b	Routing number X X X	XXXXX	XX	c Type:	Checking	Savings		
See instructions.	d	Account number X X X			X X X X X	XX			
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	20,603.
	38	Estimated tax penalty (see ir	nstructions) .			38	307.		
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			
Designee		structions					omplete be	low.	🗙 No
		signee's		Phone			onal identifica	ation	
<u></u>	nai			no.			per (PIN)	h 4 -	- f l l
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here	Vo	ur signature		Date	Your occupation		lf the IF	29 cor	nt you an Identity
	10			Date					N, enter it here
Joint return?					DATA MODE	LER	(see ins	st.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			it your spouse an
Keep a copy for your records.							Identity (see ins		ection PIN, enter it here
,		(210) 000 050		F 1 11	SOFTWARE 1		`		
		one no. (312) 889-059	7 Preparer's signat	Email address	SRIKANTH99	9V@GMAIL.CC			Check if:
Paid		eparer's name				Date	PTIN	,	_
Preparer		M PRIYA RAM SAGAR GUPTA	SYAM PRIY	a kam SA(JAK GUP'I'A	03/23/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAX			T 0001 C		Phone		678)965-9522
			Y CT E BRU	NSWICK N			Firm's	EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SAI SRIKANTH NUTHALAPATI & SAI PUJITHA VENNAM 112-63-7787 Part Additional Income 1 1 0. 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 -22,748. 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E -16,430. 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: а Net operating loss 8a 8b b Cancellation of debt 8c С Foreign earned income exclusion from Form 2555 d 8d 8e е 8f f 8g g 8h h i Prizes and awards 8i 8i i 8k Т Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q α Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t a nongovernmental section 457 plan 8t Wages earned while incarcerated 8u u Other income. List type and amount: Ζ 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -39,178.

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

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses 24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g		
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
i	Attorney fees and court costs you paid in connection with an award		
	from the IRS for information you provided that helped the IRS detect		
	tax law violations	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	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	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEE	DULE	2
(Form	1040)	

Department of the Treasury

Additional Taxes

OMB No. 1545-0074

3

20

Attachment

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

	Go to www.irs.gov/Form1040 for instructions and the latest information.							
		social security number						
		63-7787						
Pa	rt 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						
Par	t 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. AttachForm 89196							
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 \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots	8 2,978.						
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	11 352.						
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						

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				_
17	Other additional taxes:				_
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home	4 71			
_		17b	-		
	Additional tax on HSA distributions. Attach Form 8889	17c	-		
a	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	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 tax on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	0 0 0 0 0 0	
	BAA	REV 03/07/24 PRO		3,330 ule 2 (Form 1040) 202	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20**7**2

	nent of the Treasury					041; partnerships must generally file		Attachment
	Revenue Service	G	io to n	ww.irs.gov/ScheduleC for	rinstru	uctions and the latest information.		Sequence No. 09
	of proprietor							curity number (SSN)
	SRIKANTH N						112-63	
Α	Principal busines		B Enter code from instructions					
	SOFTWARE E	5 1	8210					
С	Business name.	If no separate	busine	ess name, leave blank.			D Employe	er ID number (EIN) (see instr.)
E	Business addres	ss (including su	uite or	room no.) 1309 GRA			I	
	City, town or po							
F	Accounting met		< Cas	h (2) 🗌 Accrual (3)	Other (specify)		
G						2023? If "No," see instructions for I		
н	-							
I	•					n(s) 1099? See instructions		
J			e requir	red Form(s) 1099?				🗌 Yes 🗌 No
Part	Income							
1						this income was reported to you or	1 1	
2	Returns and allo	wances					. 2	
3	Subtract line 2 f	rom line 1 .					. 3	
4	Cost of goods s	old (from line	42) .				. 4	
5	Gross profit. Su	ubtract line 4 f	rom lin	e3			. 5	
6	Other income, ir	ncluding federa	al and	state gasoline or fuel tax cre	edit or ı	refund (see instructions)	. 6	
7							. 7	
Part	II Expense	es. Enter exp	pense	s for business use of yo	our ho	ome only on line 30.		
8	Advertising		8		18	Office expense (see instructions)	. 18	
9	Car and truck	c expenses			19	Pension and profit-sharing plans	. 19	
	(see instructions	s)	9	4,881.	20	Rent or lease (see instructions):		
10	Commissions ar	nd fees .	10		a	Vehicles, machinery, and equipmen	t 20a	
11	Contract labor (se		11		b	Other business property		
12	Depletion		12		21	Repairs and maintenance		1,970.
13	Depreciation and expense dedu	i section 179 iction (not			22	Supplies (not included in Part III)		
	included in Pa				23	Taxes and licenses	. 23	
	instructions) .		13		24	Travel and meals:		
14	Employee bene				а	Travel		2,450.
	(other than on li		14		b	Deductible meals (see instructions		2,400.
15	Insurance (other	,	15		25	Utilities	. 25	4,940.
16	Interest (see inst			6 4 6 5	26	Wages (less employment credits)	26	
a	Mortgage (paid to		16a	6,107.	27a	Other expenses (from line 48) .	. 27a	
b			16b		b	Energy efficient commercial bldgs		
17	Legal and profess		17			deduction (attach Form 7205) .		
28	•					8 through 27b		22,748.
29		· · /		e 28 from line 7			. 29	-22,748.
30	unless using the	simplified me	thod. S	See instructions.	·	enses elsewhere. Attach Form 882s	9	
				the total square footage of	(a) you		-	
	and (b) the part Method Worksh			or business: s to figure the amount to en	ter on I	Use the Simplified	. 30	
31	Net profit or (lo			-				
				1 (Form 1040), line 3, and outcions.) Estates and trusts,			31	-22,748.
	• If a loss, you n	-					· · · · ·	
32	-	-		t describes your investment	in this	activity. See instructions.		
	• If you checked SE, line 2. (If you Form 1041, line	I 32a, enter the u checked the 3.	e loss (box on	on both Schedule 1 (Form	1040), tions.)	line 3, and on Schedule Estates and trusts, enter on	32b 🗌	All investment is at risk. Some investment is not at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 03/07/24 PRO

Schedu	e C (Form 1040) 2023			Page 2
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	ach e	kolanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car of are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year) $05/02/2022$ Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your	vehicl		1 451
а	Business 7, 452 b Commuting (see instructions) c	Other		1,471
45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗙 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
b	If "Yes," is the evidence written?		🗌 Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8–26, line	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SAI SRIKANTH NUTHALAPATI & SAI PUJITHA VENNAM

112-63-7787

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

4

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e 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	4,645.	4,455.		3.	193.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	rusts from	5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	193.		

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and		
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		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	12,085.	9,102.	11.		2,994.		
9	Totals for all transactions reported on Form(s) 8949 with Box E checked							
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.							
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	. ,	11					
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12			
13	Capital gain distributions. See the instructions				13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()					
15	15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back .							

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 3,187.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	BAA REV 03/07/24 PRO	Schedule D (Form 1040) 2023

Form	8949	
FOIIII		

Sales and Other Dispositions of Capital Assets

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



Internal Revenue Service Name(s) shown on return

Department of the Treasury

Name(s) shown on returnSocial security number or taxpayer identification numberSAI SRIKANTH NUTHALAPATI & SAI PUJITHA VENNAM112-63-7787

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

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
WALMART	01/01/23	12/31/23	945.	980.	W	3.	-32.	
WALMART	01/01/23	12/31/23	1,524.	1,526.			-2.	
WALMART	01/01/23	12/31/23	2,176.	1,949.			227.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked). or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	4,645.	4,455.		3.	193.	

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

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAI SRIKANTH NUTHALAPATI & SAI PUJITHA VENNAM

Social security number or taxpayer identification number 112-63-7787

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	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
WALMART	01/01/23	12/31/23	130.	134.	W	3.	-1.	
WALMART	01/01/23	12/31/23	2,028.	2,083.	W	8.	-47.	
WALMART	01/01/23	12/31/23	9,927.	6,885.			3,042.	
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).			12,085.	9,102.		11.	2,994.	

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.

	CHEDULE E Supplemental Income and Loss						OMB No. 1545-0074				
(Form	1040)	(From r	ental real estate, royalties, partners	hips, S	6 corporat	ions, es	states,	trusts, REMIC	s, etc.)	20	723
	ent of the Treasury Revenue Service		Attach to Form 1040, Go to <i>www.irs.gov/ScheduleE</i> fo					formation.		Attachn Sequen	nent ice No. 13
Name(s)	shown on return								Your soc	ial security	
SAI	SRIKANTH N	IUTHALA	PATI & SAI PUJITHA VENI	NAM					112-6	3-7787	
Part	I Income	or Los	s From Rental Real Estate an	nd Ro	yalties			1			
	Note: If yo	ou are in t	ne business of renting personal proper s from Form 4835 on page 2, line 40.	rty, use	Schedule	e C . See	e instru	ctions. If you ar	e an indi	ividual, rep	ort farm
Α			nts in 2023 that would require you								
			ou file required Form(s) 1099?								
1 a	Physical add	ress of ea	ach property (street, city, state, ZI	P code	e)						
Α	17117 ORI	NDA LN	PFLUGERVILLE TX 78660								
B	IN										
C											1
1b	Type of Prope		For each rental real estate prope				Fa	ir Rental		nal Use	QJV
-	(from list below	W)	above, report the number of fair personal use days. Check the Q					Days	Da	ays	
	1		if you meet the requirements to			A B		92		273	
B C	3		qualified joint venture. See instru	uctions	s.	В С		365		0	
	of Property:										
	Single Family R	Residence	e 3 Vacation/Short-Term Ren	Ital	5 Lanc	4	7	Self-Rental			
	Multi-Family Re		4 Commercial	itai	6 Roya			Other (descril	he)		
								Propertie			
Incom	ne:					Α		B	3.		С
3		d		3			.00.	_	750.		-
4				4							
Exper											
5	Advertising			5							
6	Auto and trave	el (see ins	structions)	6							
7	Cleaning and I	maintena	nce	7				2,	670.		
8	Commissions			8							
9	Insurance .			9							
10	•	•	sional fees	10							
11				11				1,	770.		
12		-	to banks, etc. (see instructions)	12		3,0	57.				
13				13							
14				14					960.		
15				15				2,	860.		
16				16		2,9	979.				
17				17					450.		
18	-	expense	pr depletion	18		2,0	64.	3,	470.		
19	Other (list)		a 5 through 10	19 20		0 1	0.0	1 7	100		
20			nes 5 through 19	20		8,1	.00.	⊥ / ,	180.		
21			ne 3 (rents) and/or 4 (royalties). If structions to find out if you must								
				21			0.	-16.	430.		
22			estate loss after limitation, if any,	21				207	100.		
			tructions)	22	(0.)	(16.4	430.)	()
23a		-	ported on line 3 for all rental prope				23a		850.		/
b			ported on line 4 for all royalty prop				23b	- /			
c			ported on line 12 for all properties				23c	3,	057.		
d			ported on line 18 for all properties				23d		534.		
е			ported on line 20 for all properties				23e		280.		
24			amounts shown on line 21. Do no t						24		
25	Losses. Add ro	oyalty loss	ses from line 21 and rental real estat	e losse	es from lin	e 22. E	nter to	tal losses here	25	(16,430.)
26	Total rental re	eal estat	e and royalty income or (loss).	Comb	ine lines	24 and	125. E	nter the result	t		
			I IV, and line 40 on page 2 do no								
), line 5. Otherwise, include this a				ine 41		26		-16,430.
For Pa	perwork Reduct	tion Act N	otice, see the separate instructions		NE	PA		-16,430.	Sc	hedule E (F	orm 1040) 2023

ule E (Form 1040) 20

Form **8889** Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 52

Name(s SAI	Name(s) shown on Form 1040, 1040-SR, or 1040-NRSocial security nu If both spouses hSAI SRIKANTH NUTHALAPATI112-63					
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Co	ontracts, if	requ	ired.		
Part	HSA Contributions and Deduction. See the instructions before completing th and both you and your spouse each have separate HSAs, complete a separate					
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) dur See instructions] Se	lf-only 🛛 Family		
2	HSA contributions you made for 2023 (or those made on your behalf), including those made unextended due date of your tax return that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions	tributions,	2	0.		
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$ family coverage). All others , see the instructions for the amount to enter	67,750 for	3	7,750.		
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Fo	orm 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	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7 , 750.
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	1,650.
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	
8	Add lines 6 and 7	8	1,650.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,650.

12	Subtract line 11 from line 8. If zero or less, enter -0	12	Ο.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		

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	
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	1
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
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	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
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	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi	ons b	before

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.

- D			-	0000
	1040), Part II, line 17d	21		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
19	Qualified HSA funding distribution	19		
18	Last-month rule	18		

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

Form **88889** Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

	2023 Attachment Sequence No. 52				
	Sequence No. OL				
n	nher of HSA beneficiary				

Name(s				f HSA beneficiary. As, see instructions.
SAI	PUJITHA VENNAM	340-23	-124	6
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (Contracts, if	requi	red.
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) de See instructions	uring 2023. [Sel	f-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those m unextended due date of your tax return that were for 2023. Do not include employer co contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter	(\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from I lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and coverage under an HDHP at any time during 2023, see the instructions for the amount to er	had family	6	6,100.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had famil under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7	i
8	Add lines 6 and 7		8	6,100.
9	Employer contributions made to your HSAs for 2023 9	1,650.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	•	11	1,650.
12	Subtract line 11 from line 8. If zero or less, enter -0	-	12	4,450.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		13	0.
Dort	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	i nave sepa	rate F	15AS, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a contributions (and the earnings on those excess contributions) included on line 14a withdrawn by the due date of your return. See instructions	that were	14b	
с	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, i amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	le 2 (Form	17b	
Part				efore
	completing this part. If you are filing jointly and both you and your spouse each			

completing this part. If you are filing jointly and both you and your spouse each have separate H complete a separate Part III for each spouse.

			 0000
	1040), Part II, line 17d	21	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
19	Qualified HSA funding distribution	19	
18	Last-month rule	18	

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

Form	8959

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

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.



Your social security number

SAI	SRIKANTH NUTHALAPATI & SAI PUJITHA VENNAM	112-63-	-7787
Part	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	,082.	
2	Unreported tips from Form 4137, line 6	,002.	
3	Wages from Form 8919, line 6 . . .		
	0	000	
4		,082.	
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
		,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0		6 39,082.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and		
	Part II		7 352.
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:		
3	Married filing jointly.		
	Married filing separately		
10			
10	Enter the amount from line 4 10 Subtract line 10 from line 9. If zero or less, enter -0- 11		
11			10
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 he		
Dout	go to Part III		13
Part		on	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
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% (
	Enter here and go to Part IV	1	17
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 10		
	filers, see instructions), and go to Part V	1	18 352.
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	,191.	
20	Enter the amount from line 1 289	,082.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
		,192.	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicar		
	withholding on Medicare wages		22 0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-		
-	14 (see instructions)		23
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amour		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS		
	see instructions)		24 0.
For Pa	norwork Paduation Act Nation, and your tay return instructions	17/24 PRO	Form 8959 (2023
	perwork neduction activities, see your tax return instructions. BAA REV 03/0	1124 FILU	

Form **8960**

Department of the Treasury

Internal Revenue Service

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2023

Attachment Sequence No. 72

Attach to your tax return.

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

	shown on your tax return				security number or EIN
	SRIKANTH NUTHALAPATI & SAI PUJITHA VENNAM			112-63	-1787
Part					
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see ir				_
1	Taxable interest (see instructions)				
2	Ordinary dividends (see instructions)				185.
3	Annuities (see instructions)			. 3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or				
	businesses, etc. (see instructions)	4a	-39,1	.78.	
b	Adjustment for net income or loss derived in the ordinary course of a non-				
	section 1411 trade or business (see instructions)	4b	22,7	48.	
С	Combine lines 4a and 4b			. 4 c	-16,430.
5a	Net gain or loss from disposition of property (see instructions)	5a	3,1	.87.	
b	Net gain or loss from disposition of property that is not subject to net				
	investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation stock (see				
	instructions)	5c			
d	Combine lines 5a through 5c			. 5d	I 3,187.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)				
7	Other modifications to investment income (see instructions)				
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			. 8	-13,058.
Part	II Investment Expenses Allocable to Investment Income and Modif	icatio	ns		
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c				
10	Additional modifications (see instructions))
11	Total deductions and modifications. Add lines 9d and 10	• •		. 11	
Part	II Tax Computation				
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,				
	Estates and trusts, complete lines 18a-21. If zero or less, enter -0	• •		. 12	0.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	267,1		
14	Threshold based on filing status (see instructions)	14	250,C		
15	Subtract line 14 from line 13. If zero or less, enter -0	15	17,1		
16	Enter the smaller of line 12 or line 15				0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				
	on your tax return (see instructions)			. 17	0.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable				
	deductions (see instructions)	18b			
С	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			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
С	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.				
	include on your tax return (see instructions)			. 21	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV	/ 03/07/24 PRO		Form 8960 (2023

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE ENGINEER): Profit or Loss from Business

Ln 24b: 50% limit	Itemization Statement		
Description	Amount		
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.		
Total	4,800.		

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

Description	Amount
PHONE BILLS	3,600.
INTERNET BILLS	1,340.
Total	4,940.

Itemization Statement