

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|   |  |
|---|--|
| Taxpayer's name<br>SHIVA BHASKAR YELAKUNTLA | Social security number<br>610-93-8669          |
| Spouse's name<br>SRIVANI KALVAKUNTA         | Spouse's social security number<br>367-43-6925 |

## 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 | 142,061. |
| 2 Total tax . . . . .   | 2 | 11,863.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 15,826.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 3,963.   |
| 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 | 8 | 6 | 6 | 9 |
|---|---|---|---|---|

 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 6 | 9 | 2 | 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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

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

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.

Your first name and middle initial SHIVA BHASKAR Last name YELAKUNTLA Your social security number 610 93 8669

If joint return, spouse's first name and middle initial SRIVANI Last name KALVAKUNTA Spouse's social security number 367 43 6925

Home address (number and street). If you have a P.O. box, see instructions. 8530 TENNYSON TRACE Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BALL GROUND State GA ZIP code 30107 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 6 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. Row 1: AEKANSH, YELAKUNTLA, 161-19-1974, Son, [X], [ ]

Income section table with columns 1a-1z and 1a-1z. Row 1a: Total amount from Form(s) W-2, box 1 (see instructions) 151,386. Row 1h: Other earned income (see instructions) 0. Row 1z: Add lines 1a through 1h 151,386.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Row 2a: Tax-exempt interest 2a 3a 532. Row 2b: Taxable interest 2b 1,422. Row 3a: Qualified dividends 3a 532. Row 3b: Ordinary dividends 3b 532.

Table with columns 7-15. Row 7: Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. Row 8: Additional income from Schedule 1, line 10 8 -8,279. Row 9: Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 142,061. Row 10: Adjustments to income from Schedule 1, line 26 10. Row 11: Subtract line 10 from line 9. This is your adjusted gross income 11 142,061. Row 12: Standard deduction or itemized deductions (from Schedule A) 12 36,218. Row 13: Qualified business income deduction from Form 8995 or Form 8995-A 13 0. Row 14: Add lines 12 and 13 14 36,218. Row 15: Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 105,843.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 11,863.

Table for Payments (lines 25-33). Includes federal income tax withheld (15,826) and total payments (15,826).

Table for Refund (lines 34-36). Shows overpaid amount (3,963) and amount applied to 2024 estimated tax (36).

Table for Amount You Owe (lines 37-38). Shows amount you owe (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with signature lines for taxpayer and spouse, occupation (ASSOCIATE, HOME MAKER), and contact information.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, address, and phone number.

**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](http://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

SHIVA BHASKAR YELAKUNTLA & SRIVANI KALVAKUNTA

Your social security number

610-93-8669

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -8,974. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
|           | Other Income from box 3 of 1099-Misc 695.   |               |           | 695.    |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  | 695.    |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -8,279. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

**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](http://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

SHIVA BHASKAR YELAKUNTLA & SRIVANI KALVAKUNTA

Your social security number

610-93-8669

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

|          |   |          |          |
|----------|---|----------|----------|
| <b>1</b> | Medical and dental expenses (see instructions)                        |          | <b>1</b> |
| <b>2</b> | Enter amount from Form 1040 or 1040-SR, line 11                       | <b>2</b> |          |
| <b>3</b> | Multiply line 2 by 7.5% (0.075)                                       |          | <b>3</b> |
| <b>4</b> | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- |          | <b>4</b> |

**Taxes You Paid**

|          |  |           |        |
|----------|--|-----------|--------|
| <b>5</b> | State and local taxes.   |           |        |
| <b>a</b> | 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"/> | <b>5a</b> | 8,222. |
| <b>b</b> | State and local real estate taxes (see instructions)   | <b>5b</b> | 1,034. |
| <b>c</b> | State and local personal property taxes  | <b>5c</b> |        |
| <b>d</b> | Add lines 5a through 5c  | <b>5d</b> | 9,256. |
| <b>e</b> | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | <b>5e</b> | 9,256. |
| <b>6</b> | Other taxes. List type and amount: _____   | <b>6</b>  |        |
| <b>7</b> | Add lines 5e and 6   | <b>7</b>  | 9,256. |

**Interest You Paid**

**Caution:** Your mortgage interest deduction may be limited. See instructions.

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>8</b>  | 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"/>                                    |           |         |
| <b>a</b>  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited   | <b>8a</b> | 26,962. |
| <b>b</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 _____ | <b>8b</b> |         |
| <b>c</b>  | Points not reported to you on Form 1098. See instructions for special rules   | <b>8c</b> |         |
| <b>d</b>  | Reserved for future use   | <b>8d</b> |         |
| <b>e</b>  | Add lines 8a through 8c   | <b>8e</b> | 26,962. |
| <b>9</b>  | Investment interest. Attach Form 4952 if required. See instructions   | <b>9</b>  |         |
| <b>10</b> | Add lines 8e and 9  | <b>10</b> | 26,962. |

**Gifts to Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

|           |  |           |  |
|-----------|--|-----------|--|
| <b>11</b> | Gifts by cash or check. If you made any gift of \$250 or more, see instructions  | <b>11</b> |  |
| <b>12</b> | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 | <b>12</b> |  |
| <b>13</b> | Carryover from prior year  | <b>13</b> |  |
| <b>14</b> | Add lines 11 through 13  | <b>14</b> |  |

**Casualty and Theft Losses**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | 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 | <b>15</b> |  |
|-----------|--|-----------|--|

**Other Itemized Deductions**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>16</b> | Other—from list in instructions. List type and amount: _____ | <b>16</b> |  |
|-----------|--|-----------|--|

**Total Itemized Deductions**

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>17</b> | 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           | <b>17</b> | 36,218. |
| <b>18</b> | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> |           |         |

**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](http://www.irs.gov/ScheduleD) for instructions and the latest information.

Attachment  
Sequence No. **12**

Name(s) shown on return

SHIVA BHASKAR YELAKUNTLA & SRIVANI KALVAKUNTA

Your social security number

610-93-8669

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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   |                                  |                                 |   |   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( 2,378. )   |
| <b>7 Net short-term capital gain or (loss).</b> 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 . . . . .  |                                  |                                 |   | <b>7</b> -2,378.  |

**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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  |                                  |                                 |  |   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> 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 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( 1,853. )  |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> -1,853.   |

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

Schedule D (Form 1040) 2023

**Part III Summary**

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | -4,231.    |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |            |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |           |            |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |            |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |            |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                             |           |            |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>   | <b>21</b> | ( 3,000. ) |
|           | <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.  |           |            |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |            |



**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **13**

Name(s) shown on return

SHIVA BHASKAR YELAKUNTLA & SRIVANI KALVAKUNTA

Your social security number

610-93-8669

**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** 9 ARDMORE PL EAST BRUNSWICK NJ 08816

**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                 |                          |
| <b>A</b> 3                            |  | 365              |   | 0                 | <input type="checkbox"/> |
| <b>B</b>                              |  |                  |   |                   | <input type="checkbox"/> |
| <b>C</b>                              |  |                  |   |                   | <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 |
| <b>3</b> Rents received . . . . .   | <b>3</b> 34,200.     |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |   |   |
| <b>Expenses:</b>  |                      |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 500.        |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b> 605.        |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b>            |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b> 8,904.     |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,000.     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b>            |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b> 10,671.    |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 650.       |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 15,164.    |   |   |
| <b>19</b> Other (list) HOA . . . . .  | <b>19</b> 4,680.     |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 43,174.    |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -8,974.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 8,974. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 34,200.   |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b> 8,904.    |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 15,164.   |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 43,174.   |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 8,974. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . . | <b>26</b> -8,974.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-8,974.

Schedule E (Form 1040) 2023

**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](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

Your social security number

SHIVA BHASKAR YELAKUNTLA & SRIVANI KALVAKUNTA

610-93-8669

**Part I Child Tax Credit and Credit for Other Dependents**

|  |   |           |          |          |
|--|---|-----------|----------|----------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  |           | <b>1</b> | 142,061. |
| <b>2a</b>  | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |          |
| <b>b</b>   | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |          |
| <b>c</b>   | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |          |
| <b>d</b>   | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |          |
| <b>3</b>   | Add lines 1 and 2d . . . . .  | <b>3</b>  | 142,061. |          |
| <b>4</b>   | Number of qualifying children under age 17 with the required social security number . . . . .   | <b>4</b>  | 1        |          |
| <b>5</b>   | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.   |          |
| <b>6</b>   | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 0        |          |
| <b>Caution:</b> 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.                |   |           |          |          |
| <b>7</b>   | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |          |          |
| <b>8</b>   | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,000.   |          |
| <b>9</b>   | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000. |          |
| <b>10</b>  | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• 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. } | <b>10</b> | 0.       |          |
| <b>11</b>  | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |          |
| <b>12</b>  | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 2,000.   |          |
| <input type="checkbox"/> <b>No. STOP.</b> 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 checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.  |   |           |          |          |
| <b>13</b>  | Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 13,863.  |          |
| <b>14</b>  | Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .   | <b>14</b> | 2,000.   |          |

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|   |  |            |    |
|---|--|------------|----|
| <b>15</b>   | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>   |            |    |
| <b>16a</b>  | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .   | <b>16a</b> | 0. |
| <b>b</b>  | Number of qualifying children under 17 with the required social security number: _____ x \$1,600.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16b</b> |    |
| <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4. |  |            |    |
| <b>17</b>   | Enter the <b>smaller</b> of line 16a or line 16b . . . . .   | <b>17</b>  |    |
| <b>18a</b>  | Earned income (see instructions) . . . . .   | <b>18a</b> |    |
| <b>b</b>  | Nontaxable combat pay (see instructions) . . . . .   | <b>18b</b> |    |
| <b>19</b>   | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b>  |    |
| <b>20</b>   | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,800 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> 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. | <b>20</b>  |    |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>21</b> | 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. . . . . |           |  |
| <b>22</b> | 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 . . . . .   | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .  | <b>23</b> |  |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }   | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .  | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.   | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

|           |  |  |  |
|-----------|--|--|--|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . |  |  |
|-----------|--|--|--|

# Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.  
 Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

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

Social security number of HSA beneficiary.  
 If both spouses have HSAs, see instructions.  
 610-93-8669

**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 checked="" 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. <b>Do not</b> 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 <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3 7,750.  |
| 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 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 7,750.  |
| 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 7,750.  |
| 9  | Employer contributions made to your HSAs for 2023 . . . . .  | 9 6,000.  |
| 10 | Qualified HSA funding distributions . . . . .  | 10  |
| 11 | Add lines 9 and 10 . . . . .   | 11 6,000.   |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 1,750.   |
| 13 | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> 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 |
| 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 |
| 15  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | 15  |
| 16  | <b>Taxable HSA distributions.</b> 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |     |
| b   | <b>Additional 20% tax</b> (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 | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | 20 |
| 21 | <b>Additional tax.</b> 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 Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

SHIVA BHASKAR YELAKUNTLA & SRIVANI KALVAKUNTA

Your taxpayer identification number

610-93-8669

**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 at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1   | (a) Trade, business, or aggregation name  | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i   | SHIVA BHASKAR YELAKUNTLA  | 610-93-8669                        | 0.                                      |
| ii  |   |                                    |   |
| iii |   |                                    |   |
| iv  |   |                                    |   |
| v   |   |                                    |   |
| 2   | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)  | 2                                  | 0.                                      |
| 3   | Qualified business net (loss) carryforward from the prior year  | 3                                  | ( )                                     |
| 4   | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-  | 4                                  | 0.                                      |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20)  | 5                                  | 0.                                      |
| 6   | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)  | 6                                  |   |
| 7   | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year  | 7                                  | ( )                                     |
| 8   | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-  | 8                                  |   |
| 9   | REIT and PTP component. Multiply line 8 by 20% (0.20)   | 9                                  |   |
| 10  | Qualified business income deduction before the income limitation. Add lines 5 and 9   | 10                                 | 0.                                      |
| 11  | Taxable income before qualified business income deduction (see instructions)  | 11                                 | 105,843.                                |
| 12  | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)  | 12                                 | 532.                                    |
| 13  | Subtract line 12 from line 11. If zero or less, enter -0-   | 13                                 | 105,311.                                |
| 14  | Income limitation. Multiply line 13 by 20% (0.20)   | 14                                 | 21,062.                                 |
| 15  | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) | 15                                 | 0.                                      |
| 16  | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-  | 16                                 | ( 0. )                                  |
| 17  | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-  | 17                                 | ( 0. )                                  |

**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

|   |   |
|---|---|
| Taxpayer name(s) shown on return<br>SHIVA BHASKAR YELAKUNTLA & SRIVANI KALVAKUNTA | Taxpayer identification number<br>610-93-8669   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM                              | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

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

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br><ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br><br>_____<br><br>_____<br><br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

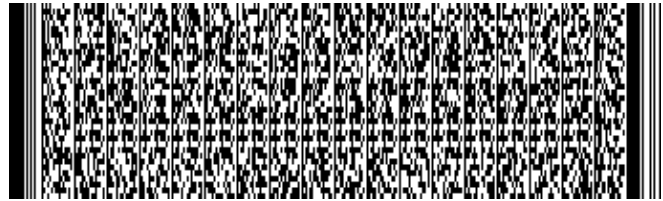
- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

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

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



2400411515



Georgia Form **500** (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

**2023** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

YOUR FIRST NAME

1. SHIVA BHASKAR

MI

YOUR SOCIAL SECURITY NUMBER

610-93-8669

LAST NAME (For Name Change See IT-511 Tax Booklet)

YELAKUNTLA

SUFFIX

SPOUSE'S FIRST NAME

SRIVANI

MI

SPOUSE'S SOCIAL SECURITY NUMBER

367-43-6925

LAST NAME

KALVAKUNTA

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 8530 TENNYSON TRACE

CITY (Please insert a space if the city has multiple names)

3. BALL GROUND

STATE

GA

ZIP CODE

30107

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 1

Residency Status

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

Filing Status

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Qualified Dependents\* 1 7b. Number of Unborn Dependents 7c. Total Number of Dependents 1

\*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing

REV 01/09/24 PRO





2400411525

YOUR SOCIAL SECURITY NUMBER  
 610-93-8669

**7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).**

|  |                                   |
|--|-----------------------------------|
| <b>First Name, MI.</b><br>AEKANSH            | <b>Last Name</b><br>YELAKUNTLA    |
| <b>Social Security Number</b><br>161-19-1974 | <b>Relationship to You</b><br>SON |

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

|   |      |        |
|---|------|--------|
| 8. Federal adjusted gross income (From Federal Form 1040).....  | 8.   | 142061 |
| <b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b> |      |        |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....  | 9.   | -704   |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....   | 10.  | 141357 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....   | 11a. |        |
| <b>(See IT-511 Tax Booklet)</b>   |      |        |
| b. Self: 65 or over?      Blind?      Total      x 1,300=.....  | 11b. |        |
| Spouse: 65 or over?      Blind?   |      |        |
| c. Total Standard Deduction (Line 11a + Line 11b).....  | 11c. |        |
| <b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>   |      |        |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>   |      |        |
| a. Federal Itemized Deductions (Schedule A- Form 1040).....   | 12a. | 36218  |
| b. Less adjustments: (See IT-511 Tax Booklet) .....   | 12b. | 0      |
| c. Georgia Total Itemized Deductions.....   | 12c. | 36218  |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....   | 13.  | 105139 |



2400411535

YOUR SOCIAL SECURITY NUMBER  
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**Page 3**

|   |      |       |
|---|------|-------|
| 14a. Enter the number from Line 6c. <b>2</b> Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C           | 14a. | 7400  |
| 14b. Enter the number from Line 7c. <b>1</b> Multiply by \$3,000.....   | 14b. | 3000  |
| 14c. Add Lines 14a. and 14b. Enter total .....  | 14c. | 10400 |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....   | 15a. | 94739 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. |       |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....   | 15c. | 94739 |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....   | 16.  | 5212  |
| 17. Low Income Credit      17a.                      17b.                      .....  | 17c. |       |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....   | 18.  |       |
| 19. Credits used from IND-CR Summary Worksheet .....  | 19.  |       |
| 20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>  | 20.  |       |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....   | 21.  | 0     |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....  | 22.  | 5212  |

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

| (INCOME STATEMENT A)   |       |       |  | (INCOME STATEMENT B)                                |       |       |  | (INCOME STATEMENT C)                                |       |       |  |
|--|-------|-------|--|---|-------|-------|--|---|-------|-------|--|
| 1. WITHHOLDING TYPE:   |       |       |  | 1. WITHHOLDING TYPE:                                |       |       |  | 1. WITHHOLDING TYPE:                                |       |       |  |
| <input checked="" type="checkbox"/> W-2  | G2-A  | G2-LP |  | <input type="checkbox"/> W-2                        | G2-A  | G2-LP |  | <input type="checkbox"/> W-2                        | G2-A  | G2-LP |  |
| 1099   | G2-FL | G2-RP |  | 1099  | G2-FL | G2-RP |  | 1099  | G2-FL | G2-RP |  |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       |  |
| 260116361  |       |       |  |   |       |       |  |   |       |       |  |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       |  |
| 3206830IZ  |       |       |  |   |       |       |  |   |       |       |  |
| 4. GA WAGES / INCOME   |       |       |  | 4. GA WAGES / INCOME                                |       |       |  | 4. GA WAGES / INCOME                                |       |       |  |
| 151386   |       |       |  |   |       |       |  |   |       |       |  |
| 5. GA TAX WITHHELD   |       |       |  | 5. GA TAX WITHHELD                                  |       |       |  | 5. GA TAX WITHHELD                                  |       |       |  |
| 8222   |       |       |  |   |       |       |  |   |       |       |  |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.  
**All Pages (1-5) are required for processing**



**YOUR SOCIAL SECURITY NUMBER**  
 610-93-8669

**Page 4**

| <b>(INCOME STATEMENT D)</b>                         |   |       | <b>(INCOME STATEMENT E)</b>                         |       |       | <b>(INCOME STATEMENT F)</b>                         |       |       |
|---|---|-------|---|-------|-------|---|-------|-------|
| 1. WITHHOLDING TYPE:                                |   |       | 1. WITHHOLDING TYPE:                                |       |       | 1. WITHHOLDING TYPE:                                |       |       |
| W-2   | G2-A  | G2-LP | W-2   | G2-A  | G2-LP | W-2   | G2-A  | G2-LP |
| 1099  | G2-FL   | G2-RP | 1099  | G2-FL | G2-RP | 1099  | G2-FL | G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |   |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |   |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       |
| 4. GA WAGES / INCOME                                |   |       | 4. GA WAGES / INCOME                                |       |       | 4. GA WAGES / INCOME                                |       |       |
| 5. GA TAX WITHHELD                                  |   |       | 5. GA TAX WITHHELD                                  |       |       | 5. GA TAX WITHHELD                                  |       |       |
| 23.   | <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....                           | 23.   | 8222  |       |       |   |       |       |
|   | (Enter Tax Withheld Only and include W-2s and/or 1099s)                               |       |   |       |       |   |       |       |
| 24.   | <b>Other Georgia Income Tax Withheld</b> .....  | 24.   |   |       |       |   |       |       |
|   | (Must include G2-A, G2-FL, G2-LP and/or G2-RP)  |       |   |       |       |   |       |       |
| 25.   | Estimated Tax paid for 2023 and Form IT-560 .....                                     | 25.   |   |       |       |   |       |       |
| 26.   | Schedule 2B Refundable Tax Credits.....   | 26.   |   |       |       |   |       |       |
|   | (Cannot be claimed unless filed electronically)                                       |       |   |       |       |   |       |       |
| 27.   | Total prepayment credits (Add Lines 23, 24, 25 and 26).....                           | 27.   | 8222  |       |       |   |       |       |
| 28.   | If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....  | 28.   |   |       |       |   |       |       |
| 29.   | If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment ..... | 29.   | 3010  |       |       |   |       |       |
| 30.   | <b>Amount to be credited to 2024 ESTIMATED TAX</b> .....                              | 30.   | 0   |       |       |   |       |       |
| 31.   | Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....                 | 31.   |   |       |       |   |       |       |
| 32.   | Georgia Fund for Children and Elderly (No gift of less than \$1.00).....              | 32.   |   |       |       |   |       |       |
| 33.   | Georgia Cancer Research Fund (No gift of less than \$1.00) .....                      | 33.   |   |       |       |   |       |       |
| 34.   | Georgia Land Conservation Program (No gift of less than \$1.00).....                  | 34.   |   |       |       |   |       |       |
| 35.   | Georgia National Guard Foundation (No gift of less than \$1.00) .....                 | 35.   |   |       |       |   |       |       |
| 36.   | Dog & Cat Sterilization Fund (No gift of less than \$1.00).....                       | 36.   |   |       |       |   |       |       |
| 37.   | Saving the Cure Fund (No gift of less than \$1.00).....                               | 37.   |   |       |       |   |       |       |
| 38.   | Realizing Educational Achievement Can Happen (REACH) Program .....                    | 38.   |   |       |       |   |       |       |
|   | (No gift of less than \$1.00)   |       |   |       |       |   |       |       |



2400411555

**YOUR SOCIAL SECURITY NUMBER**  
610-93-8669

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41.
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest ..... 43.
- 44. (If you owe) Add Lines 28, 31 through 43 ..... 44.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,  
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740399 ATLANTA, GA 30374-0399**

45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29  
**THIS IS YOUR REFUND**..... 45. **3010**  
**Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740380 ATLANTA, GA 30374-0380**

**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

45a. Direct Deposit (U.S. Accounts Only) Type: Checking  Savings

Routing Number 021000322 Account Number 483046161478

**Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.**

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number  
201-616-6584

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Preparer's Phone Number  
678-965-9522

Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's FEIN  
84-3171965

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703



**Schedule 1**  
**Adjustments to Income**  
**2023** (Approved software version)

2407211515

**YOUR SOCIAL SECURITY NUMBER**  
610-93-8669

**SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW**

See IT-511 Tax Booklet

**ADDITIONS to INCOME**

- 1. Interest on Non-Georgia Municipal and State Bonds ..... 1.
- 2. Lump Sum Distributions ..... 2.
- 3. Depreciation ..... 3.
- 4. Net operating loss carryover deducted on Federal return..... 4.
- 5. Other (Specify) ..... 5.
- 6. Total Additions (Enter sum of Lines 1-5 here)..... 6.

**SUBTRACTION from INCOME** (See IT-511 Tax Booklet)

- 7. Retirement Income Exclusion

**Taxpayer**

Date of Birth: Required for Retirement Income Exclusion and Military Retirement Income Exclusion

- a. Retirement Income Exclusion - Complete Schedule 1, page 2. 7a.
- b. Military Retirement Income Exclusion (Must be under 62 years of age) - Complete Schedule 1, page 3. 7b.
- c. Date of Disability: Type of Disability: 7c.

**Spouse**

Date of Birth: Required for Retirement Income Exclusion and Military Retirement Income Exclusion

- d. Retirement Income Exclusion - Complete Schedule 1, page 2. 7d.
- e. Military Retirement Income Exclusion (Must be under 62 years of age) - Complete Schedule 1, page 3. 7e.
- f. Date of Disability: Type of Disability: 7f.

- 8. Social Security Benefits (Taxable portion from Federal return)..... 8.
- 9. Path2College 529 Plan ..... 9.
- 10. Interest on United States Obligations (See IT-511 Tax Booklet) ..... 10. 704
- 11. Depreciation ..... 11.
- 12. Other Adjustments (Specify) ..... 12.
- 13. Total Subtractions (Enter sum of Lines 7-12 here) ..... 13. 704
- 14. Net Adjustments (Line 6 less Line 13). Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or 500X ..... 14. -704



2407211525

**YOUR SOCIAL SECURITY NUMBER**  
610-93-8669

**SCHEDULE 1 RETIREMENT INCOME EXCLUSION**

(TAXPAYER)

See IT-511 Tax Booklet  
(SPOUSE)

|  |      |      |
|--|------|------|
| 1. Salary and wages.....   |      |      |
| 2. Other Earned Income (Losses).....   |      |      |
| 3. Total Earned Income.....  |      |      |
| 4. Maximum Earned Income.....  | 4000 | 4000 |
| 5. The lesser of Line 3 or 4; if zero or less,<br>enter zero .....   |      |      |
| 6. Interest Income.....  |      |      |
| 7. Dividend Income .....   |      |      |
| 8. Alimony.....  |      |      |
| 9. Capital Gains (Losses).....   |      |      |
| 10. Other Income (Losses).....<br>(See IT-511 Tax Booklet)   |      |      |
| 11. Taxable IRA Distributions.....   |      |      |
| 12. Taxable Pensions .....   |      |      |
| 13. Rental, Royalty, Partnership, S Corp, etc.<br>Income (Losses).....(See IT-511 Tax Booklet)   |      |      |
| 14. Total of Lines 6 through 13; if zero or less,<br>enter zero .....  |      |      |
| 15. Add Lines 5 and 14 .....   |      |      |
| 16. Maximum Allowable Exclusion* .....   |      |      |
| 17. The lesser of Lines 15 and 16; enter here and<br>on Form 500, Schedule 1, Lines 7a & d for Re-<br>tirement Exclusion or Lines 7c & f for Retire-<br>ment Exclusion for Disability..... |      |      |

\*If age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.



**YOUR SOCIAL SECURITY NUMBER**  
 610-93-8669

**SCHEDULE 1 MILITARY RETIREMENT INCOME EXCLUSION**

**See IT-511 Tax Booklet**

**Do I Qualify for Military Retirement Exclusion?**

1. Do you have any military retirement income?
  - No. You do not qualify. Do not complete this page.
  - Yes. You may qualify if you meet the age requirements.
2. Are you under the age of 62?
  - No. You do not qualify. Do not complete this page.
  - Yes. You qualify for Military Retirement Income Exclusion. Complete this page.
3. Include this page with your Form 500/500X, if applicable.

**(TAXPAYER)**

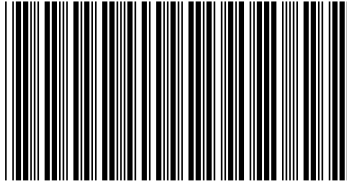
**(SPOUSE)**

|  |       |       |
|--|-------|-------|
| 1. Taxable Military Retirement from 1099-R   |       |       |
| 2. Base Military Exclusion.....  | 17500 | 17500 |
| 3. Enter the lesser of Line 1 or Line 2 .....  |       |       |
| If your taxable military retirement is less than 17,501 <b>STOP HERE</b> and enter line 3 on Schedule 1, Line 7b and 7e. |       |       |
| 4. Taxable Georgia Salary and Wages.....   |       |       |
| 5. Other Earned Georgia Income.....  |       |       |
| 6. Total Georgia Earned Income.....  |       |       |
| If your Georgia earned income is less than 17,501 <b>STOP HERE</b> and enter line 3 on Schedule 1, Line 7b and 7e.       |       |       |
| 7. Total additional Military Exclusion allowed.....  | 35000 | 35000 |
| 8. Enter the lesser of Line 1 or Line 7. Enter this amount on Schedule 1, Lines 7b and e.....                            |       |       |

2023 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2023  
Page 1



040NV01230

For Taxable Year January 1, 2023 – December 31, 2023 or Other Tax Year  
Beginning \_\_\_\_\_, 2023 Ending \_\_\_\_\_, 2024

1555

Your Social Security Number  
610938669

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
YELAKUNTLA SHIVA BHASKAR & KALVAKUN

Spouse's/CU Partner's Social Security Number  
367436925

State of Residency (outside NJ)  
GEORGIA

Home Address (Number and Street, incl. apt. # or rural route)  
8530 TENNYSON TRACE

Driver's License # (Voluntary)

State

City, Town, Post Office

State

ZIP Code

BALL GROUND

GA

30107

This is an amended return

Federal extension application attached or enter confirmation number \_\_\_\_\_

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

From:

To:

**Gubernatorial Elections Fund** Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes

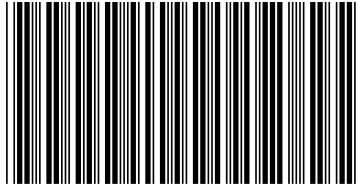
No

Yes

No







040NV02230

Name(s) as shown on Form NJ-1040NR  
YELAKUNTLA SHIVA BHASKAR & KALVAKUN

Your Social Security Number  
610938669

1555

**Filing Status**  
(Check only ONE box)

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return \_\_\_\_\_
- 4. Head of Household Name and SSN of Spouse/CU Partner \_\_\_\_\_
- 5. Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

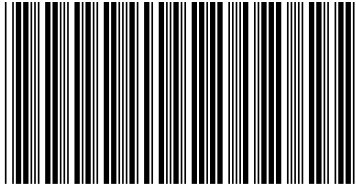
|   |      |                   |                  |      |   |        |      |
|---|------|-------------------|------------------|------|---|--------|------|
| 6. Regular  | Self | Spouse/CU Partner | Domestic Partner | 6.   | 2 |        |      |
| 7. Age 65 or over   | Self | Spouse/CU Partner |                  | 7.   |   |        |      |
| 8. Blind or Disabled  | Self | Spouse/CU Partner |                  | 8.   |   |        |      |
| 9. Veteran Exemption  | Self | Spouse/CU Partner |                  |      |   |        | 9.   |
| 10. Number of your qualified dependent children   |      |                   |                  | 10.  |   | 1      |      |
| 11. Number of other dependents  |      |                   |                  | 11.  |   |        |      |
| 12. Dependents attending colleges (See Instructions)  |      |                   |                  | 12.  |   |        |      |
| 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11.<br>For line 13c – Enter amount from line 9. |      |                   |                  | 13a. | 2 | 13b. 1 | 13c. |

**Dependent Information**

| 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year  |
|---|------------------------------------|-------------|
| a. <u>YELAKUNTLA AEKANSH</u>                          | <u>161191974</u>                   | <u>2020</u> |
| b. _____  |                                    |             |
| c. _____  |                                    |             |
| d. _____  |                                    |             |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

|  |     |        |   |     |   |   |
|--|-----|--------|---|-----|---|---|
| 15. Wages, salaries, tips, and other employee compensation<br>Check box if you completed lines 69 through 75 | 15. | 151386 | . | 15. | 0 | . |
| 16. Interest   | 16. | 718    | . | 16. | 0 | . |
| 17. Dividends  | 17. | 532    | . | 17. | 0 | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)  | 18. |        | . | 18. |   | . |
| 19. Net gains or income from disposition of property (From line 68)  | 19. |        | . | 19. |   | . |
| 20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)  | 20. | 0      | . | 20. | 0 | . |
| 21. Net gambling winnings (See Instructions)   | 21. |        | . | 21. |   | . |
| 22. Taxable pensions, annuities, and IRA distributions/withdrawals   | 22. |        | . |     |   | . |
| 23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)                           | 23. |        | . | 23. |   | . |
| 24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)                          | 24. |        | . | 24. |   | . |
| 25. Alimony and separate maintenance payments received   | 25. |        | . |     |   | . |
| 26. Other – State Nature and Source <u>See Other Income S</u>  | 26. | 695    | . | 26. | 0 | . |
| 27. TOTAL INCOME (Add lines 15 through 26)   | 27. | 153331 | . | 27. | 0 | . |



040NV03230

Name(s) as shown on Form NJ-1040NR  
YELAKUNTLA SHIVA BHASKAR & KALVAKUN

Your Social Security Number  
610938669

1555

|  |      |        |         |
|--|------|--------|---------|
| 28a. Pension/Retirement Exclusion (See Instructions)   | 28a. | .      | .       |
| 28b. Other Retirement Income Exclusion (See Worksheet and Instructions)  | 28b. | .      | 28b. .  |
| 28c. Total Exclusion Amount (Add line 28a and line 28b)  | 28c. | .      | 28c. .  |
| 29. Gross Income (Subtract line 28c from line 27)  | 29.  | 153331 | 29. 0 . |
| 30. Total Exemption Amount (See Instructions)  | 30.  | 3500   | .       |
| 31. Medical Expenses (See Worksheet and Instructions)  | 31.  | .      | .       |
| 32. Alimony and separate maintenance payments  | 32.  | .      | .       |
| 33. Qualified Conservation Contribution  | 33.  | .      | .       |
| 34. Health Enterprise Zone Deduction   | 34.  | .      | .       |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   | 35.  | 0      | .       |
| 36. Organ/Bone Marrow Donation Deduction (See instructions)  | 36.  | .      | .       |
| 37a. NJBEST Deduction  | 37a. | .      | .       |
| 37b. NJCLASS Deduction   | 37b. | .      | .       |
| 37c. NJ Higher Education Tuition Deduction   | 37c. | .      | .       |
| 38. Total Exemptions and Deductions (Add lines 30 through 37c)   | 38.  | 3500   | .       |
| 39. <b>Taxable Income</b> (Subtract line 38 from line 29, column A)  | 39.  | 149831 | .       |
| 40. Tax on amount on line 39 (From Tax Table)  | 40.  | 5503   | .       |
| 41. Income Percentage B. (line 29) / A. (line 29) = <u>0.00</u> %  |      |        |         |
| 42. <b>New Jersey Tax</b> (Multiply amount from line 40 by income percentage from line 41)                             | 42.  |        | 0 .     |
| 43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)  | 43.  |        | .       |
| 44. Gold Star Family Counseling Credit (See Instructions)  | 44.  |        | .       |
| 45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)  | 45.  |        | .       |
| 46. Total Credits (Add lines 43, 44, and 45)   | 46.  |        | .       |
| 47. Balance of Tax After Credits (Subtract line 46 from line 42)   | 47.  |        | 0 .     |
| 48. Interest on Underpayment of Estimated Tax.   | 48.  |        | .       |
| Check box if Form NJ-2210NR is enclosed  |      |        |         |
| 49. Total Tax Due (Add line 47 and line 48)  | 49.  |        | 0 .     |
| 50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions) | 50.  | .      | .       |
| 51. New Jersey Estimated Tax Payments/Credit from 2022 return  | 51.  | .      | .       |
| 52. Tax paid on your behalf by Partnership(s)  | 52.  | .      | .       |
| 53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)  | 53.  | .      | .       |
| 54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)   | 54.  | .      | .       |
| 55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)   | 55.  | .      | .       |
| 56. Pass-Through Business Alternative Income Tax Credit (See instructions)   | 56.  | .      | .       |

Also enter on line 51:

- Payments made in connection with sale of NJ real property
- Payments by S corporation for nonresident shareholder



Name(s) as shown on Form NJ-1040NR  
**YELAKUNTLA SHIVA BHASKAR & KALVAKUNTA SRIVANI**

Your Social Security Number  
**610938669**

**Part I** **Net Gains or Income From Disposition of Property** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.

| (a) Kind of property and description   | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Gross sales price | (e) Cost or other basis as adjusted (see instructions) and expense of sale | (f) Gain or (loss) (d less e) |
|--|-----------------------------------|-------------------------------|-----------------------|--|-------------------------------|
| 65.  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
|  |                                   |                               |                       |  |                               |
| 66. Capital Gains Distribution .....   |                                   |                               |                       |  | 66.                           |
| 67. Other Net Gains.....   |                                   |                               |                       |  | 67.                           |
| 68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero) ..... |                                   |                               |                       |  | 68.                           |

**Part II** **Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used. **Note:** Residents of states that impose a **convenience of the employer test**, see instructions before completing Part II.

|   |     |  |
|---|-----|--|
| 69. Amount reported on line 15 in column A required to be allocated .....                   | 69. |  |
| 70. Total days in taxable year .....  | 70. |  |
| 71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) ..... | 71. |  |
| 72. Total days worked in taxable year (subtract line 71 from line 70) .....                 | 72. |  |
| 73. Deduct days worked outside New Jersey.....  | 73. |  |
| 74. Days worked in New Jersey (subtract line 73 from line 72).....                          | 74. |  |

75. **Allocation Formula** \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (Include this amount on line 15, col. B)  
 (Enter amount from line 69) (Salary earned inside N.J.)

**Part III** **Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)  
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_

|   |                                       |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040NR<br>YELAKUNTLA SHIVA BHASKAR & KALVAKUNTA SRIVANI | Social Security Number<br>610-93-8669 |
|---|---------------------------------------|

**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2023**

**Part I Net Profits From Business** List the net profit (loss) from business(es). See Instructions.

|    | Business Name  | Social Security Number/<br>Federal EIN | Profit or (Loss) |
|----|--|--|------------------|
| 1. |  |  |                  |
| 2. |  |  |                  |
| 3. |  |  |                  |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.) |  | 4.               |

**Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
Type of Property:  
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

|    | Source of Income or Loss. If rental real estate, enter physical address of property.  | Social Security Number/<br>Federal EIN | Type – Enter number from list above | Income or (Loss) |
|----|---|--|-------------------------------------|------------------|
| 1. | 9 ARDMORE PL  | 610938669                              | 1                                   | -8,974.          |
| 2. |   |  |                                     |                  |
| 3. |   |  |                                     |                  |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.) |  | 4.                                  | -8,974.          |

**Part III Distributive Share of Partnership Income** List the distributive share of income (loss) from partnership(s). See instructions.

|    | Partnership Name  | Federal EIN | Share of Partnership Income or (Loss) | Share of tax paid on your behalf by Partnerships | Share of Pass-Through Business Alternative Income Tax |
|----|---|-------------|---------------------------------------|--|---|
| 1. |   |             |                                       |  |   |
| 2. |   |             |                                       |  |   |
| 3. |   |             |                                       |  |   |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.) |             |                                       |  |   |
| 5. | Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.                                      |             |                                       |  |   |
| 6. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)                                     |             |                                       |  |   |

**Part IV Net Pro Rata Share of S Corporation Income** List the pro rata share of income (usable loss) from S corporation(s). See instructions.

|    | S Corporation Name   | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) | Share of Pass-Through Business Alternative Income Tax |
|----|--|-------------|---|---|
| 1. |  |             |   |   |
| 2. |  |             |   |   |
| 3. |  |             |   |   |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.) |             | 4.  |   |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)  |             | 5.  |   |

**Schedule NJ-BUS-2**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2023**

| Part I Income (Loss)                               |   | Column A                           |      | Column B                           |              |
|--|---|------------------------------------|------|------------------------------------|--------------|
|  |   | Reportable Regular Business Income |      | Alternative Business Income (Loss) |              |
| 1.   | Net Profits From Business   | 1a.                                | 0.   | 1b.                                | 0.           |
| 2.   | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 2a.                                | 0.   | 2b.                                | -8,974.      |
| 3.   | Distributive Share of Partnership Income                          | 3a.                                | 0.   | 3b.                                | 0.           |
| 4.   | Net Pro Rata Share of S Corporation Income                        | 4a.                                | 0.   | 4b.                                | 0.           |
| 5.   | Loss Carryforward From Tax Year 2022                              |                                    |      | 5b.                                | ( 12,699. )  |
| 6.   | Totals  | 6a.                                | 0.   | 6b.                                | -21,673.     |
| <b>Part II Adjustment Calculation</b>              |   |                                    |      |                                    |              |
| 7.   | Total Regular Business Income                                     | 7.                                 | 0.   |                                    |              |
| 8.   | Total Alternative Business Income/(Loss) (If loss, enter zero)    | 8.                                 | 0.   |                                    |              |
| 9.   | Business Increment (Subtract line 8 from line 7)                  | 9.                                 | 0.   |                                    |              |
| 10.  | Adjustment Percentage   | 10.                                | 0.50 |                                    |              |
| 11.  | Alternative Business Calculation Adjustment (line 9 x 0.50)       | 11.                                | 0.   |                                    |              |
| <b>Part III Loss Carryforward to Tax Year 2024</b> |   |                                    |      |                                    |              |
| 12.  | Loss Carryforward to Tax Year 2024                                | 12.                                |      |                                    | ( -21,673. ) |

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**

**Statement for Wages, Salaries, and Tips**

**2023**

NJ-1040 or NJ-1040NR, line 15

|  |                                    |
|--|------------------------------------|
| Name<br>YELAKUNTLA SHIVA BHASKAR & KALIVAKUNTA SRIVANI | Social Security No.<br>610-93-8669 |
|--|------------------------------------|

|  | Income from all sources | Income attributed to New Jersey (part-year resident or non-resident only) |
|--|-------------------------|---|
| <b>Not applicable if a part-year nonresident with NJ source income.</b>  |                         |   |
| <b>1</b> Wages, from Form W-2 . . . . .  | 151,386.                | 0.  |
| <b>Deductions from wages:</b><br>Complete the following if included on line 1 above and meet all requirements (see help) |                         |   |
| <b>a</b> Meals and lodging . . . . .   |                         |   |
| <b>b</b> Employee business expenses . . . . .  |                         |   |
| <b>c</b> Moving expenses . . . . .   |                         |   |
| <b>d</b> Compensation for injuries or sickness . . . . .   |                         |   |
| <b>e</b> Total deductions from wages . . . . .   |                         |   |
| <b>f</b> Taxable wages . . . . .   | 151,386.                | 0.  |
| <b>2</b> Miscellaneous income, Form 8919 . . . . .   |                         |   |
| <b>3</b> Excess employee business expense reimbursement . . . . .  |                         |   |
| <b>4</b> Taxable tips, from Form 4137, plus non-cash tips . . . . .  |                         |   |
| <b>5</b> Excess moving expense reimbursement . . . . .   |                         |   |
| <b>6</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .                    |                         |   |
| <b>7</b> Wages from a foreign source . . . . .   |                         |   |
| <b>8</b> Ordinary income from ESPP stock sale and incentive stock options . . . . .                                      |                         |   |
| <b>9</b> Military spouses residency relief act (see New Jersey instructions) . . . . .                                   |                         |   |
| <b>10</b> Other:<br>_____<br>_____<br>_____<br>_____<br>_____  |                         |   |
| <b>11</b> <b>Total wages, salaries, tips, etc</b> . . . . .<br>Enter on line 15 of NJ-1040 or NJ-1040NR                  | 151,386.                | 0.  |

**Other Income Statement**  
NJ-1040 or NJ-1040NR, line 26

**2023**

|  |   |
|--|---|
| Name<br><u>YELAKUNTLA SHIVA BHASKAR &amp; KALVAKUNTA SRIVANI</u> | Social Security No.<br><u>610-93-8669</u> |
|--|---|

|  | Income from all sources | Income attributed to New Jersey (part-year resident or non-resident only) |
|--|-------------------------|---|
| <b>1</b> Prizes and awards (enter source):<br>_____<br>_____<br>_____  |                         |   |
| <b>2</b> Income in respect of a decedent (Enter name and social security number of the deceased):<br>_____<br>_____<br>_____       |                         |   |
| <b>3</b> Income from estates and trusts:<br>_____<br>_____<br>_____  |                         |   |
| <b>4</b> Scholarships and fellowships (Enter name and identification number of grantor):<br>_____<br>_____<br>_____                |                         |   |
| <b>5</b> Alternative Trade Adjustment Assistance payments:<br>_____<br>_____<br>_____  |                         |   |
| <b>6</b> Residential rental value or allowance paid by employer (enter name and identification number):<br>_____<br>_____<br>_____ |                         |   |
| <b>7</b> Jury duty pay . . . . .   |                         |   |
| <b>8</b> Bartering income . . . . .  |                         |   |
| <b>9</b> Other income on Form 1099-K (payment network transactions) . .  |                         |   |
| <b>10</b> Substitute payments . . . . .  |                         |   |
| <b>11</b> Income from REMICS . . . . .   |                         |   |
| <b>12</b> Reimbursement for deducted medical expenses . . . . .  |                         |   |
| <b>13</b> Recoveries of bad debts . . . . .  |                         |   |
| <b>14</b> Income from the rental of personal property . . . . .  |                         |   |
| <b>15</b> Income from "not for profit" activities (hobbies): . . . . .   |                         |   |
| <b>16</b> Other:<br><u>Morgan Stanley Domestic Holdings, Inc</u>   | <u>695.</u>             | <u>0.</u>   |
| <b>17 Total</b> . . . . .<br>Enter on line 26 of NJ-1040 or NJ-1040NR  | <u>695.</u>             | <u>0.</u>   |