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



| 1040 | | artment of the Treasury-Internal Revenue Servi | | urn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use | Only- | -Do not w | rite or sta | ple in this | s space. |
|------------------------------|---------------|---|--|--------------|----------------------|--------|----------------|--------|-------------|------------|---------------------|-------------|--------------|-----------|
| For the year Ja | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | | See se | oarate i | nstruct | ions. |
| Your first name | e and m | iddle initial | Last na | me | | | | | | | Your so | cial sec | urity nu | ımber |
| NIKHIL | | | BATT | ULA | | | | | | | 812 | 40 | 6438 | 3 |
| | spouse's | s first name and middle initial | Last na | | | | | | | | | | | y number |
| SHEKAR | PRTY. | ANKA | RENG | ETTY | | | | | | | 369 | 71 | 5377 | 7 |
| | | er and street). If you have a P.O. box, see | | | | | | A | Apt. no. | | | | | ampaign |
| 1425 SE | A TS | LAND RD | | | | | | | | | Check h | nere if y | ou, or y | our |
| | | ce. If you have a foreign address, also co | mplete s | paces bel | ow. | Sta | te | ZIP c | ode | | | 0, | | want \$3 |
| AUBREY | | | | | | TX | ζ | 762 | 27 | | to go to box bel | | | • |
| Foreign countr | y name | | F | oreign pr | ovince/state/ | | | | n postal c | | your tax | | | ige |
| | | | | | | | | | | | | Yo | u 🗌 | Spouse |
| Filing Status | s 🗆 | Single | | | | | ☐ Head of h | ouseh | old (HOI | <u>-</u> - | | | | |
| Check only | _ | Married filing jointly (even if only o | ne had i | ncome) | | | | | ` | , | | | | |
| one box. | | Married filing separately (MFS) | | | | | ☐ Qualifying | surviv | ing spo | use (C | QSS) | | | |
| | lf y | you checked the MFS box, enter the | name o | of your sp | ouse. If you | ı che | ecked the HOH | or Q | SS box, | enter | the chi | ld's nar | ne if th | е |
| | qu | alifying person is a child but not you | ır depen | ident: | - | | | | | | | | | |
| District | Λ+ o | ny time during 2023, did you: (a) rec | oivo (oo | | | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rect nange, or otherwise dispose of a digi | | | | | | | | | | ∏Ye | se 🛚 | No |
| | | neone can claim: You as a de | | | | | a dependent |); (O | JC IIISti u | Ctions | 3.) | | 3 🔼 | 110 |
| Standard Deduction | _ | Spouse itemizes on a separate retur | • | | - | | • | | | | | | | |
| Deduction | <u> </u> | Spouse iternizes on a separate retur | ii or you | weleat | uuai-siaius | allell | l | | | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 959 | Are bli | ind Sp o | ouse | : Was bor | n befo | ore Janu | ary 2, | 1959 | ls | blind | |
| Dependent | s (see | instructions): | | (2) S | Social security | , | (3) Relationsh | nip (4 |) Check t | | 1 | | | |
| If more | (1) F | irst name Last name | | | number | | to you | | Child t | | dit | Credit fo | r other de | ependents |
| than four | RUI | DRA BATTULA | | 824 | -09-694 | 7 | Son | | | × | | | | |
| dependents, see instruction | ıe —— | | | | | | | | | | | | | |
| and check | | | | | | | | | | | | | | |
| here | | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (see | e instruc | tions) . | | | | | | 1a | | 211, | 444. |
| Attach Form(s) | b | Household employee wages not re | eported | on Form | (s) W-2 . | | | | | | 1b | | | |
| W-2 here. Also | С | · | nincome not reported on line 1a (see instructions) | | | | | | 1c | | | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | | nstru | ictions) | | | | 1d | | | |
| 1099-R if tax | е | Taxable dependent care benefits f | | | | | | | | | 1e | | | |
| was withheld. | f | Employer-provided adoption bene | fits from | r Form 8 | 839, line 29 | | | | | | 1f | _ | | |
| If you did not | g | Wages from Form 8919, line 6 . | | | | | | | | | 1g | | | |
| get a Form W-2, see | h | Other earned income (see instruction | , | | | | | | | | 1h | | | 0. |
| instructions. | i | Nontaxable combat pay election (s | see instr | ructions) | | | <u>li</u> | | | | | | | |
| | Z _ | Add lines 1a through 1h | · ; · | | · · · | | | | | | 1z | | 211, | 444. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | | axable interes | | | | 2b | | | |
| if required. | 3a_ | | 3a | | | | rdinary divide | | | | 3b | | | |
| Standard | 4a | | 4a | | | | axable amoun | | | | 4b | | | |
| Deduction for— | 5a | Pensions and annuities | 5a | | | | axable amoun | | | | 5b | | | |
| Single or Married filing | 6a | , | 6a | | | | axable amoun | t | | ٠ _ | 6b | | | |
| separately, | С | If you elect to use the lump-sum e | | • | | ` | , | | | | | | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Sche | | | | | | | | . L | 7 | | | |
| jointly or | 8 | Additional income from Schedule | | | | | | | | | 8 | | | 330. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | • | our total inc | come | e | | | | 9 | | <u> 194,</u> | 114. |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | | | 10 | | | |
| household, | 11 | Subtract line 10 from line 9. This is | • | - | _ | | | | | | 11 | | | 114. |
| \$20,800 If you checked | 12 | Standard deduction or itemized | | | | | | | | | 12 | | <u>27,</u> | 700. |
| any box under Standard | 13 | Qualified business income deducti | ion from | Form 89 | 995 or Form | 899 | 5-A | | | | 13 | | | |
| Deduction, | 14 | | | | | | | | | | 14 | | | 700. |
| see instructions. | 15 | Subtract line 1/1 from line 11. If zer | o or loce | contor | O This is y | | tavabla incom | • | | | 15 | 1 | 166 | 111 |

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|---------------------------------------|-----------|---|-------------------------|---------------------------------------|------------------------|------------------------|------------|--------------------|---|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 881 | 4 2 4972 | 3 🗌 | | 16 | 27,226. |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 27,226. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | | 19 | 2,000. |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | 20 | 7,725. |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 9,725. |
| | 22 | Subtract line 21 from line 18 | B. If zero or less, | enter -0 | | | | 22 | 17,501. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 24 | 17,501. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| - | а | Form(s) W-2 | | | | 25a 36 | 5,107. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 36,107. |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 | 122 return | | | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | No . | 27 | | | |
| allacii Scii. Elc. | 28 | Additional child tax credit from | m Schedule 8812 | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ındable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 36,107. |
| Refund | 34 | If line 33 is more than line 24 | 4, subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 18,606. |
| | 35a | | | | | | | 35a | 18,606. |
| Direct deposit? | b | Routing number 1 2 1 | | | | Checking | Savings | | |
| See instructions. | d | Account number 3 2 5 | 0 6 1 3 | 2 7 1 (| 5 4 | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | |
| Amount | 37 | Subtract line 33 from line 24 | | | | | | | |
| You Owe | | For details on how to pay, g | _ | - | | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | | you want to allow another | • | | | | | | |
| Designee | | | | | | | • | | ⊠ No |
| | De nai | signee's me | | Phone Personal ide no. number (PIN | | | | | |
| Sign | Un | der penalties of perjury, I declare t | hat I have examined | d this return and | accompanying sche | dules and statemen | ts, and to | the best | of my knowledge and |
| Here | be | lief, they are true, correct, and com | plete. Declaration of | of preparer (othe | r than taxpayer) is ba | sed on all informati | on of whic | n prepar | er has any knowledge. |
| Here | Yo | ur signature | | Date | Your occupation | | | | nt you an Identity |
| | | | | | | | | ection P inst.) | IN, enter it here |
| Joint return? See instructions. | | augaia alamatuwa. If a laint vatuwa l | hath must sime | Dete | SOFTWARE I | | | | nt |
| Keep a copy for | Sp | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupat | On | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | SOFTWARE E | ENGINEER | (see | inst.) | |
| | Ph | one no. (510) 516-882 | 3 | Email address | NIKBATTULA | A@GMAIL.CON | 1 | | |
| Doid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: |
| Paid | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 01/28/2024 | P0208 | 2703 | Self-employed |
| Preparer | Fin | · · · · · · · · · · · · · · · · · · · | | | | Pho | ne no. | (678) 965-9522 | |
| Use Only | Fin | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firm | 's EIN | 84-3171965 |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

Attachment Sequence No. 01 Your social security number

| NIKH | IL BATTULA & SHEKAR PRIYANKA RENGETTY | | 812-40- | 643 | 88 |
|------|---|-------------|-----------------|----------|----------|
| Par | Additional Income | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | | |
| 2a | Alimony received | | | а | |
| b | Date of original divorce or separation agreement (see instructions): | | | | |
| 3 | Business income or (loss). Attach Schedule C | | | | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedul | le E . 5 | , | -17,330. |
| 6 | Farm income or (loss). Attach Schedule F | | | ; | |
| 7 | Unemployment compensation | | | | |
| 8 | Other income: | | | | |
| а | Net operating loss | 8a (|) | | |
| | Gambling | 8b | | | |
| С | Cancellation of debt | 8c | | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (|) | | |
| е | Income from Form 8853 | 8e | | | |
| | Income from Form 8889 | 8f | | | |
| | Alaska Permanent Fund dividends | 8g | | | |
| h | Jury duty pay | 8h | | | |
| i | Prizes and awards | 8i | | | |
| j | Activity not engaged in for profit income | 8j | | | |
| k | Stock options | 8k | | | |
| 1 | Income from the rental of personal property if you engaged in the rental | | | | |
| | for profit but were not in the business of renting such property | 81 | | | |
| m | Olympic and Paralympic medals and USOC prize money (see | | | | |
| | instructions) | 8m | | | |
| | Section 951(a) inclusion (see instructions) | 8n | | | |
| | Section 951A(a) inclusion (see instructions) | 80 | | | |
| | Section 461(I) excess business loss adjustment | 8p | | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | | |
| S | Nontaxable amount of Medicaid waiver payments included on Form | | | | |
| | 1040, line 1a or 1d | 8s (|) | | |
| t | Pension or annuity from a nonqualifed deferred compensation plan or | | | | |
| | a nongovernmental section 457 plan | 8t | | | |
| | Wages earned while incarcerated | 8u | | | |
| Z | Other income. List type and amount: | | | | |
| • | Total all a d'accesso Addill'acce Octil accede O | 8z | | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | <u> </u> | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8 | | | , | -17,330. |

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

| Par | t II Adjustments to Income | | | |
|-----------|--|------------------|-----|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-base | sis government | | |
| | officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 . | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | | | |
| С | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | a | | |
| b | Deductible expenses related to income reported on line 8l from the | | | |
| | rental of personal property engaged in for profit | b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m | | | |
| d | Reforestation amortization and expenses | d | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | . | |
| f | Contributions to section 501(c)(18)(D) pension plans | | . | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | 9 | | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | h | - | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| | tax law violations | | . | |
| j | Housing deduction from Form 2555 | j _ | - | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | K | . | |
| Z | Other adjustments. List type and amount: | | | |
| 05 | | | 0- | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . En | nter here and on | | |
| | Form 1040, 1040-ŠR, or 1040-NR, line 10 | | 26 | |

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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

OMB No. 1545-0074 Attachment Sequence No. **03**

Your social security number

Department of the Treasury Internal Revenue Service

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

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

| NIK | HIL BATTULA & SHEKAR PRIYANKA RENGETTY | 10-64 | 138 | | |
|-----|---|-------|-----|----|-----------------|
| Par | t I Nonrefundable Credits | | | | |
| 1 | Foreign tax credit. Attach Form 1116 if required | | | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2447 Form 2441 | | | 2 | |
| 3 | Education credits from Form 8863, line 19 | | | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | | | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | | | 5a | 7 , 725. |
| b | Energy efficient home improvement credit from Form 5695, line 32 | | | 5b | |
| 6 | Other nonrefundable credits: | | | | |
| а | General business credit. Attach Form 3800 | 6a | | | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | | | |
| С | Adoption credit. Attach Form 8839 | 6c | | | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | | | |
| е | Reserved for future use | 6e | | | |
| f | Clean vehicle credit. Attach Form 8936 | 6f | | | |
| g | Mortgage interest credit. Attach Form 8396 | 6g | | | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | | | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | | | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | | | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | | | |
| I | Amount on Form 8978, line 14. See instructions | 6I | | | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 . | 6m | | | |
| Z | Other nonrefundable credits. List type and amount: | | | | |
| | | 6z | | | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | | | 7 | |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20 | • | - | 8 | 7,725. |

Schedule 3 (Form 1040) 2023 Page **2**

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

SCHEDULE E (Form 1040)

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 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 13

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

.

Your social security number

| NIKE | HIL BATTULA & | SHE | KAR PRIYANKA RENGETTY | | | | | 812-4 | 0-6438 | |
|---------------------------------------|--|---------|---|-----------------|----------------|------------------|--------------------|--------------|--------------|----------|
| Part | Note: If you ar | e in tl | s From Rental Real Estate and Ro ne business of renting personal property, use s from Form 4835 on page 2, line 40. | | c . See | instru | ctions. If you a | are an indiv | vidual, repo | ort farm |
| | | | nts in 2023 that would require you to file | | | | | | | |
| B | If "Yes," did you or will you file required Form(s) 1099? | | | | | | | | | |
| 1a | 1a Physical address of each property (street, city, state, ZIP code) | | | | | | | | | |
| Α | A 3-89/6 SHIVA SHAKTI SAI HYDERABAD TELANGANA IN 500083 | | | | | | | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property (from list below) | 2 | For each rental real estate property lis above, report the number of fair rental | | | Fa | nir Rental Days | Person Da | | QJV |
| Α | 3 | | personal use days. Check the QJV bo | | Α | | 365 | | 0 | |
| В | | | if you meet the requirements to file as qualified joint venture. See instructions | | В | | | | | |
| С | | | qualified joint venture. See instructions | 5. | С | | | | | |
| Туре | of Property: | | | | | | | | | |
| 1 | Single Family Resid | dence | 3 Vacation/Short-Term Rental | 5 Lanc | d | 7 | Self-Rental | | | |
| 2 Multi-Family Residence 4 Commercial | | | | 6 Royalties 8 C | | Other (describe) | | | | |
| | | | | Properties: | | | | | | |
| Incom | ne: | | | | Α | | В | | | С |

| Type | of Property: | | | | | |
|-------|--|--------|-------------|--------------------|----------------|----------|
| | Single Family Residence 3 Vacation/Short-Term Ren | tal | 5 Land | 7 Self-Rental | | |
| | Multi-Family Residence 4 Commercial | · · | 6 Royalties | | ribe) | |
| | Train Farmy Hooderies Footmerela. | | - Tioyanios | | | |
| | | | | Propert | ies: | |
| Incon | | | Α | В | | С |
| 3 | Rents received | 3 | 1,20 | 0. | | |
| 4 | Royalties received | 4 | | | | |
| Expe | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | 98 | 0. | | |
| 8 | Commissions | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | 7,50 | 0. | | |
| 13 | Other interest | 13 | | | | |
| 14 | Repairs | 14 | 1,45 | | | |
| 15 | Supplies | 15 | 1,02 | 5. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities | 17 | 75 | 0. | | |
| 18 | Depreciation expense or depletion | 18 | 6,81 | 8. | | |
| 19 | Other (list) | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 18,53 | 0. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | |
| | result is a (loss), see instructions to find out if you must | | | | | |
| | file Form 6198 | 21 | -17,33 | o. | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | |
| | on Form 8582 (see instructions) | 22 | (17,330 | .)(|)(| |
| 23a | Total of all amounts reported on line 3 for all rental prope | rties | | | 1,200. | |
| b | Total of all amounts reported on line 4 for all royalty prop | erties | 2 | 3b | | |
| С | Total of all amounts reported on line 12 for all properties | | 2 | 3c | 7,500. | |
| d | Total of all amounts reported on line 18 for all properties | | _ | | 6,818. | |
| е | Total of all amounts reported on line 20 for all properties | | _ | 3e 18 | 3,530. | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | | | . 24 | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | • | er total losses he | re 25 (| 17,330. |
| 26 | Total rental real estate and royalty income or (loss). | | | | | |
| - | here. If Parts II, III, and IV, and line 40 on page 2 do no | | | | | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | | | | . 26 | -17,330. |
| | | | NTD 7 | 1 | | |

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. **47**

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

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

Your social security number

| IIKH | IL BATTULA & SHEKAR PRIYANKA RENGETTY | 812-40- | -6438 |
|-------|---|------------|-----------------------|
| Pai | t I Child Tax Credit and Credit for Other Dependents | | |
| 1 | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR | . 1 | 194,114. |
| 2a | Enter income from Puerto Rico that you excluded | | |
| b | Enter the amounts from lines 45 and 50 of your Form 2555 | 0. | |
| c | Enter the amount from line 15 of your Form 4563 | | |
| d | Add lines 2a through 2c | . 2d | 0. |
| 3 | Add lines 1 and 2d | . 3 | 194,114. |
| 4 | Number of qualifying children under age 17 with the required social security number 4 | 1 | |
| 5 | Multiply line 4 by \$2,000 | . 5 | 2,000. |
| 6 | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number | 0 | |
| | Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid | | |
| | alien. Also, do not include anyone you included on line 4. | | |
| 7 | Multiply line 6 by \$500 | . 7 | |
| 8 | Add lines 5 and 7 | - | 2,000. |
| 9 | Enter the amount shown below for your filing status. | | 2,000. |
| | • Married filing jointly—\$400,000 | | |
| | • All other filing statuses—\$200,000 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | . 9 | 400,000. |
| 10 | Subtract line 9 from line 3. | | , |
| | • If zero or less, enter -0 | | |
| | • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For | | |
| | example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. | . 10 | 0. |
| 11 | Multiply line 10 by 5% (0.05) | . 11 | 0. |
| 12 | Is the amount on line 8 more than the amount on line 11? | . 12 | 2,000. |
| | No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. | edit. | |
| | Yes. Subtract line 11 from line 8. Enter the result. | | |
| 13 | Enter the amount from Credit Limit Worksheet A | . 13 | 19,501. |
| 14 | Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents | | 2,000. |
| | Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19. | | 2,000. |
| | If the amount on line 12 is more than the amount on line 14, you may be able to take the addition | al child t | ax credit |
| | on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N | | |
| | (also complete Schedule 3, line 11) before completing Part II-A. | | - , |
| | | | |
| or Pa | perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/21/24 PRO | Schedule 8 | 8812 (Form 1040) 2023 |

Schedule 8812 (Form 1040) 2023

| Part | II-A Additional Child Tax Credit for All Filers | | |
|----------|---|--------|------------|
| Cautio | on: If you file Form 2555, you cannot claim the additional child tax credit. | | |
| 15 | Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line | e 27 . | |
| 16a | Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A | | |
| | and II-B. Enter -0- on line 27 | 16a | 0. |
| b | Number of qualifying children under 17 with the required social security number: x \$1,600. | | |
| | Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. | | |
| | Enter -0- on line 27 | 16b | |
| | TIP: The number of children you use for this line is the same as the number of children you used for line 4. | | |
| 17 | Enter the smaller of line 16a or line 16b | 17 | |
| 18a | Earned income (see instructions) | | |
| b | Nontaxable combat pay (see instructions) | | |
| 19 | Is the amount on line 18a more than \$2,500? | | |
| | No. Leave line 19 blank and enter -0- on line 20. | | |
| | Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19 | | |
| 20 | Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$ | 20 | |
| | Next. On line 16b, is the amount \$4,800 or more? | | |
| | No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the | | |
| | smaller of line 17 or line 20 on line 27. | | |
| | Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. | | |
| | Otherwise, go to line 21. | () | |
| | II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident | S Of P | uerto Rico |
| 21 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, | | |
| | boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If | | |
| | your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or | | |
| | if you are a bona fide resident of Puerto Rico, see instructions | - | |
| 22 | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form | | |
| 22 | 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22 | - | |
| 23 | Add lines 21 and 22 | - | |
| 24 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, | | |
| | and Schedule 3 (Form 1040), line 11. | | |
| | 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. | | |
| 25 | Subtract line 24 from line 23. If zero or less, enter -0 | 25 | |
| 25 26 | Enter the larger of line 20 or line 25 | 26 | |
| 20 | Next, enter the smaller of line 26 on line 27. | 20 | |
| Part | II-C Additional Child Tax Credit | | |
| 27 | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 | 27 | |
| 41 | This is your additional clind tax credit. Enter this amount on Porm 1040, 1040-500, or 1040-100, fille 20. | 41 | |

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

| NIKE | HIL BATTULA & SHEKAR PRIYANKA RENGETTY | 812-40-6438 | 3 | | |
|--------|--|--|-----------|-----|-----------------|
| repare | 's name | Preparer tax identifica | tion numb | oer | |
| SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | P02082703 | | | |
| Part | Due Diligence Requirements | | | | |
| | check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). | | the rela | | arts I-V HOH |
| 1 | Did you complete the return based on information for the applicable tax year provided by | by the taxpayer | Yes | No | N/A |
| | or reasonably obtained by you? | | × | | |
| 2 | If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedi 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed? | ule 8812 (Form s, or your own | X | | |
| 3 | Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following. | | | | |
| | Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. | s responses to | | | |
| | • Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s) | | X | | |
| 4 | Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.) | tent? (If " Yes ," | | × | |
| а | Did you make reasonable inquiries to determine the correct, complete, and consistent inf | ormation? . | | Ī | |
| b | Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.) | the questions the impact the | | | |
| 5 | Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s) | , a copy of any o prepare Form rovided by the tus or to figure | X | | |
| | the amount(s) of the credit(s) | | | | |
| | List those documents provided by the taxpayer, if any, that you relied on. | | | | |
| 6 | Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit? | eturn if his/her | X | | |
| 7 | Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous | year? | × | | |
| | (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | - | | | |
| а | Did you complete the required recertification Form 8862? | | | | |
| 8 | If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)? | | | П | |

| orm 8 | 867 (Rev. 11-2023) | | | Page 2 |
|-------|---|----------------------|-------------------|---------------------|
| Part | Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go | to Part | III.) | |
| 9a | | Yes | No | N/A |
| | claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | | | |
| b | Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer | | | |
| D | has supported the child the entire year? | | | |
| С | 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)? | | | |
| Part | Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.) | claim C | CTC, A | CTC, |
| 10 | Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | Yes | No | N/A |
| 11 | 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? | X | | |
| 12 | Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or | F 3. | | |
| | separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar | | | |
| | statement to the return? | × | | |
| Part | U I | | Part \ | /.) |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC? | alified | Yes | No |
| Part | | | Part | VI.) |
| 14 | Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta | x year | Yes | No |
| | and provided more than half of the cost of keeping up a home for the year for a qualifying person? | | | |
| Part | VI Eligibility Certification | | | |
| | You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you: | or HO | H filing | status |
| | A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responding your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s); | nses on s) and/c | the refor HOH | turn or filing |
| | B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed; | list for a | ny app | licable |
| | C. Submit Form 8867 in the manner required; and | | | |
| | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention. | 67 instru | uctions | under |
| | 1. A copy of this Form 8867. | | | |
| | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. | | | |
| | Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). | 's eligib | ility for | the |
| | A record of how, when, and from whom the information used to prepare this form and the applica obtained. | ble worl | ksheet(| s) was |
| | A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount | payer's ınt(s) of | respon the cre | ses, to edit(s). |
| | If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information | :h failur). | e to co | mply |
| 15 | Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct | t. and | Yes | No |
| | complete? | | X | |

Form **5695**

Department of the Treasury Internal Revenue Service

Residential Energy Credits

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

Go to www.irs.gov/Form5695 for instructions and the latest information.

2023
Attachment
Sequence No. 75

OMB No. 1545-0074

Name(s) shown on return

Your social security number

NIKHIL BATTULA & SHEKAR PRIYANKA RENGETTY 812 40 6438

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

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

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions. ZIP code Number and street Unit no. City or town State 1 Qualified solar electric property costs 1 25,749. 2 Qualified solar water heating property costs 2 3 3 Qualified small wind energy property costs Qualified geothermal heat pump property costs . 4 Qualified battery storage technology. Does the qualified battery storage technology have a capacity of at least 3 kilowatt hours? (See instructions.) If you checked the "No" box, you cannot claim a credit 5a Yes No If you checked the "Yes" box, enter the qualified battery technology costs 5b 6a Add lines 1 through 5b 6a 25,749. **b** Multiply line 6a by 30% (0.30) 7,725. 6b 7a Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your 7a Yes No If you checked the "No" box, you cannot claim a credit for qualified fuel cell property. Skip lines 7b through 11. Enter the complete address of the main home where you installed the fuel cell property. ZIP code Number and street City or town 8 8 Qualified fuel cell property costs 9 Multiply line 8 by 30% (0.30) 9 10 Kilowatt capacity of property on line 8 above Enter the smaller of line 9 or line 10 11 11 12 Credit carryforward from 2022. Enter the amount, if any, from your 2022 Form 5695, line 16 12 13 Add lines 6b, 11, and 12. 13 7,725. Limitation based on tax liability. Enter the amount from the Residential Clean Energy Credit Limit 14 Worksheet. (See instructions.) . 14 26,826. Residential clean energy credit. Enter the smaller of line 13 or line 14. Also include this amount on 15 Schedule 3 (Form 1040), line 5a . . 15 7,725. 16 Credit carryforward to 2024. If line 15 is less than line 13, subtract line 15

16

from line 13

Form 5695 (2023)

Part II **Energy Efficient Home Improvement Credit** Section A—Qualified Energy Efficiency Improvements Are the qualified energy efficiency improvements installed in or on your main home located in the 17a Yes No **b** Are you the original user of the qualified energy efficiency improvements? 17b Yes No c Are the components reasonably expected to remain in use for at least 5 years? 17c Yes No If you checked the "No" box for line 17a, 17b, or 17c, you cannot claim the energy efficient home improvement credit. Do not complete Part II, Section A. **d** Enter the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time. (See instructions.) Unit no. Number and street City or town State ZIP code Were any of these improvements related to the construction of this main home? 17e Yes No If you checked the "Yes" box, you can only claim the energy efficient home improvement credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home. 18 Insulation or air sealing material or system. Enter the cost of insulation material or system (include air sealing material or system) specifically and primarily designed to reduce heat loss or gain of your home that meets the criteria established by the IECC. (See instructions.) . . . 18a **b** Multiply line 18a by 30% (0.30). Enter the results. Do **not** enter more than \$1,200 18b Exterior doors that meet the applicable Energy Star requirements. 19 Enter the cost of the most expensive door you bought 19a Multiply line 19a by 30% (0.30). Do not enter more than \$250 19b Enter the cost of all other qualifying exterior doors 19c Multiply line 19c by 30% (0.30) 19d e Add lines 19b and 19d. Do not enter more than \$500 19e Windows and skylights that meet the Energy Star certification requirements. a Enter the cost of exterior windows and skylights that meet the Energy Star **b** Multiply line 20a by 30% (0.30). Enter the results. Do **not** enter more than \$600 20b Section B-Residential Energy Property Expenditures Did you incur costs for qualified energy property installed on or in connection with a home located in 21a Yes No **b** Was the qualified energy property originally placed into service by you? 21b Yes No If you checked the "No" box for line 21a or 21b, you cannot claim the credit for your residential energy property costs. Skip lines 22 through 25 and line 29. Go to line 26. Enter the complete address of each home where you installed qualified energy property Unit no. ZIP code Number and street City or town 22 Residential energy property costs (include labor costs for onsite preparation, assembly, and original installation). (See instructions.) Enter the cost of central air conditioners 22a Multiply line 22a by 30% (0.30). Enter the results. Do **not** enter more than \$600. **22**b Enter the cost of natural gas, propane, or oil water heaters 23a 23a Multiply line 23a by 30% (0.30). Enter the results. Do **not** enter more than \$600 23b Enter the cost of natural gas, propane, or oil furnace or hot water boilers .

Multiply line 24a by 30% (0.30). Enter the results. Do not enter more than \$600

24b

Page 2

Form 5695 (2023) Page **3**

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

FORM NOT FINAL

Form **5695** (2023)

REV 01/21/24 PRO

BAA

DO NOT FILE