Deduction forSa Persions and annutices	<b>1040</b>	· ·	artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> )		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple in	this space.
SUSHMITHA         MORKONDA         NELLAKANNAN         514         63         0746           If pirt thurs, records is first name and models initial         Last name         Secural Social security number           Home address (number and stree). If you have a Po. box, see instructions.         Act no.         Predidential Bection Campaign Check new if you, or your           Start GTAMA CT         Check new if you, and you         The Street New if You have a foreign address, also complet spaces below.         State         21P oode         The Street New if You have a foreign address, also complet spaces below.         The Street New if You have a foreign address, also complet spaces below.         The Street New if You have a foreign address, also complet spaces below.         The Street New if You have a foreign address, also complet spaces below.         The Street New if You have a foreign address, also complet spaces below.         The Street New if You have a foreign address, also complet spaces below.         The You if You i	For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instru	ictions.
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street), if you have a foreign address, also complete spaces below.       State       ZIP code       Presidential Election Campaign Crick train or provided 3314         Foreign controls that if you or you as 3 STERLING IEEIGITS       State       ZIP code       Presidential Election Campaign Crick train or provided 3314       To dot have a foreign address, also complete spaces below.       State       ZIP code       To dot have a foreign address, also complete spaces below.       State       ZIP code       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       State       ZIP code       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spaces below.       To dot have a foreign address, also complete spacespace address, also complete spaces below.<	Your first name	and m	iddle initial	Last ı	name						Your so	cial security	number
Informe address furniture and shredt, if you have a P.0. box, see instructions.       Apt. no.       Predictional Election Campaign Stopper Filling Structures         State       ZIP code       State       ZIP code         Structures       ZIP address functional       Apt. no.       Predictional Election Campaign         Foreign country name       Foreign province/state/country       Foreign province/state/state       Foreign province/state/state       Foreign province/state/state       Foreign province/state/state       Foreign province/state/state       Foreign province/state       Foreign province/state/state       Foreign province/state	SUSHMITH	ΗA		MOF	KONDA	NEELAKA	NNZ	AN			514	63 07	46
SB47_OTTAWA_CT       Check here if you, or your       State       ZP 5000       State       ZP 5000       State       ZP 5000       State       ZP 5000       State       State       ZP 5000       ZP 50000       ZP 500000       ZP 500000       ZP 5000000	If joint return, s	pouse's	s first name and middle initial								Spouse <sup>3</sup>	s social secu	rity numbe
SB47_OTTAWA_CT       Check here if you, or your       State       ZP 5000       State       ZP 5000       State       ZP 5000       State       ZP 5000       State       State       ZP 5000       ZP 50000       ZP 500000       ZP 500000       ZP 5000000													
Gity, non, or posed effice. If you, have a foreign address, also complete spaces below.       State       2/1 code       spouse if filing jointly, went 35         STERLING       HEIGHTS       MI       48.9.1.4       bp: below will not charge         Foreign containing amme       Foreign province/state/courty       Foreign province/state/courty       Image province/state/courty       Image province/state/courty         Foreign containing amme       Foreign province/state/courty       Foreign province/state/courty       Image province/state/courty       Image province/state/courty       Image province/state/courty         Foreign country name       Image province/state/courty       Foreign province/state/courty       Foreign province/state/courty       Image province/state/state/courty       Image province/sta	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Election	Campaigr
Strip: Link of Doc Marker Receipt address, also compares places above	5847 OT:	rawa	СТ								Check I	nere if you, o	r your
STELLING       HEICHTS       IMI       48.314       box below will not change         Foreign country mane       Foreign province/state/country       Foreign postal code       your tax or refund.         Filing Status       Single       Image: Status       Single       Image: Status	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode			
Foreign country name       Foreign province#tate/country       Foreign postal code       Your tax or refund.         Filing Status       Single       Imarted filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the MOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Qualifying surviving spouse (QSS)         Digital       At any time during 2023, did you: (a) receive (es a reward, award, or payment for property or services); or (b) sell.         Assets       Someone can claim:       You as dependent:       Your spouse as a dependent         Deduction       Spouse temizes on a separate return or you were a dual-status allon       Age/Bindness You:       Image: Spouse temizes on a separate return or you were a dual-status allon         Age/Bindness You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (b) First name       (c) Claid security       (b) flext tatue       (c) Claid security       (b) flext tatue and the flex for the dependent set to you         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       119, 556.         Household employee wages not reported on Form(s) W-2 (see instructions)       1d       did       did <t< td=""><td>STERLING</td><td>G HE</td><td>IGHTS</td><td></td><td></td><td></td><td>MI</td><td>Ľ</td><td>483</td><td>14</td><td></td><td></td><td></td></t<>	STERLING	G HE	IGHTS				MI	Ľ	483	14			
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         Hyou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying gerson is a child but not your dependent:	Foreign country	y name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code	1		
Check only one box.       Imarried filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MPS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:												You	Spouse
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	Filing Status	; 🛛	Single					Head of h	ouseh	old (HOH)			
one box.          Married filing separately (MFS)                  Coulifying surviving spouse (CSS)          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	-		] Married filing jointly (even if only or	ne hao	d income)								
qualifying person is a child but not your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,         Assets       Someone can claim:       You so a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Wes born before January 2, 1959       Is blind         Dependents       (see instructions);       (a) Relationship       (b) Check the box if qualifies for (see instructions);         If more than four dependents       (a) Relationship       (b) Check the box if qualifies for (see instructions);         If more than four dependents       (a) Relationship       (b) Check the box if qualifies for (see instructions);         If more than four dependents       (a) Relationship       (b) Check the box if qualifies for (see instructions);         If more than four dependents       (a) Relationship       (b) Check the box if qualifies for (see instructions);         If more than four dependent care benefits from Form(s) W-2; bex alide       (a) Relationship       (b) Check the box if qualifies for (see instructions);         Va bree Alide       I       I       I       II       II         Va bree Alide       I       Enclosentip       II       II         Va bree Alide			] Married filing separately (MFS)					Qualifying	surviv	ving 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       X no         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       number       (i) Relationship       (ii) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions       (iii) First name       Last name       iiii)       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		lf y	ou checked the MFS box, enter the	name	e of your s	pouse. If you	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ild's name if	the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       No         Standard       Someone can claim:       \other us as a dependent       \other us pouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       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         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)       Child tax credit       Credit for othe depandent         it more       Into       Into       Into       Into       Into       Into         Attach Formis       Into       Into       Into       Into       Into       Into         V2 abree Alie       It income not reported on line 1a (see instructions)       Into       Into       Into       Into         V2 abree Alie       It income not reported on line 1a (see instructions)       Into       Into       Into         V2 abree Alie       Gementor more 3019, line 6       Into       Into       Into       Into <td< td=""><td></td><td>qu</td><td>alifying person is a child but not you</td><td>ır dep</td><td>endent:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		qu	alifying person is a child but not you	ır dep	endent:								
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       No         Standard       Someone can claim:       \other us as a dependent       \other us pouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       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         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)       Child tax credit       Credit for othe depandent         it more       Into       Into       Into       Into       Into       Into         Attach Formis       Into       Into       Into       Into       Into       Into         V2 abree Alie       It income not reported on line 1a (see instructions)       Into       Into       Into       Into         V2 abree Alie       It income not reported on line 1a (see instructions)       Into       Into       Into         V2 abree Alie       Gementor more 3019, line 6       Into       Into       Into       Into <td< td=""><td>Digital</td><td>Atar</td><td>av time during 2023, did you: (a) rec</td><td>eive (a</td><td>s a reward</td><td>d award or i</td><td>navr</td><td>ment for prope</td><td>rtv or</td><td>services): or</td><td>(h) sell</td><td></td><td></td></td<>	Digital	Atar	av time during 2023, did you: (a) rec	eive (a	s a reward	d award or i	navr	ment for prope	rtv or	services): or	(h) sell		
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness You:       Were born before January 2, 1959       A re blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship to you       (4) Check the box if qualifies for (see instructions); Child tax credit       Credit for other dependents;         and check       Image: Comparison of the comparison of												Yes	XNo
Deduction       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         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for see instructions;       Child tax credit       Credit for other dependent         if more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for see instructions;       Child tax credit       Credit for other dependent         ase instructions       1<								-	/ (-		- /		
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (a) First name       Last name       (a) Relationship       (b) Check the box if qualifies for (see instructions):         If more       (i) First name       Last name       number       (b) Check the box if qualifies for (see instructions)         dependents       see instructions       Image: Check the box if qualifies for (see instructions)       Check the box if qualifies for (see instructions)         and check       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         here       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         here       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         here       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         transhe form       To in forome not reported on form(s) W-2.       Image: Check the box if qualifies for (see instructions)         transhe form       To in forome not reported on Form(s) W-2.       Image: Check the box if qualifies for (see instructions)         transhe form       Gen       To achie form form B919, line 6		_		•		•		•					
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions) is you         If more than four dependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions)         and check here       (1) First name       Last name       (1) First name       (1) First name       (2) Social security number       (3) Relationship to you         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (1) First name       (1) First n	Age/Blindnes				_				n hefe	ne lanuary '	2 1959	🗌 Is blin	
If orce instructions, if more than normal is a standing if more than four dependents, see instructions, and check is an analysis in the standard is an analysis an ananulities is an analysis in the standard is an			•	555	<u> </u>				14				
If more       the form       the form       the form       the form         dependents, see instructions       image: form       image: form       image: form       image: form         and check       image: form       image:	•				(2) 8								,
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         and check here       Image: see instructions       Image: see		(.).						. ,					1
and check													1
here       Image: Construction of the second o		s —											1
Income Attach Forms W-2 here. Also attach Sch. B frequired.       1a       119, 556.         4       Medicaid waiver payments not reported on Form(s) W-2 (see instructions) was withheld.       1d		1 —											1
Attach Forms()       b       Household employee wages not reported on Form(s) W-2.       1b         M-2 here. Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 G and       e       Taxable dependent care benefits from Form 2441, line 26       1d         W-2 see       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         V-2, see       i       Other earned income (see instructions)       1i         V-2, see       i       Nontaxable combat pay election (see instructions)       1i         V-2, see       i       Nontaxable combat pay election (see instructions)       1i         V-2, see       i       Nontaxable combat pay election (see instructions)       1i         Z       Add lines 1 a through 1h       2a       b       Datable amount       4b         Standard       a       IRA distributions       4a       b       Tax-exempt interest       2b         Standard       a       IRA distributions       6a       b       Taxable amount       6b		1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1a	119	2,556.
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W-2 here. Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-2G and       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         if you did not       g       Wages from Form 8919, line 6       1g         get a Form       Other earned income (see instructions)       1i       1f         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       119, 556.         za       Add lines 1a through 1h       2a       b       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Taxable amount       4b         Standard       Deduction for-       Sa       Social security benefits       5a       b       Taxable amount       4b         Standard       Deduction for-       Sa       Social security benefits       6a       -13, 201.         Married filing loaiffiling or floyou elect to use the lump-sum election method, check	income			•		,							70001
attach Forms W-26 and 1099-R if tax       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8339, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       11       0.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Datable interest       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Datable amount       4b         Standard       4a       IRA distributions       5a       b       Taxable amount       6b         Standard       5a       Scial security benefits       6a       b       Taxable amount       6b         Standard       5a       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Standard       6a       If you elect to use the lump-sum election required. If not required, check here       7	• • •			•		. ,							
W-2G and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         If you did not get a form of you did not get a Form instructions.       g       Wages from Form 8919, line 6       1g         M-2, see instructions.       h       Other earned income (see instructions)       1i       1g         Attach Sch. B if required.       2a       b       b Taxable interest       2b         Attach Sch. B if required.       2a       b       b Taxable interest       2b         Standard Deduction for- single or Married fling separately, \$13,850       5a       b       Tax-exempt interest       2a         Standard Deduction for- single or Married fling separately, \$13,850       C if you elect to use the lump-sum election method, check here (see instructions)       5b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         9       106, 355.       10         9       106, 355.       10         9       106, 355.       11         10       11       106, 355.         10       12       13, 850.         10       12       13, 850.         11       106, 355.       12         12       13, 850.       12         13       Capita				•									
Insert in tax       Femployer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a form       Wages from Form 8919, line 6       1g         get a form       M       Other earned income (see instructions)       1h       0.         w2.2, see       Nontaxable combat pay election (see instructions)       1i       1z       119, 556.         z       Add lines 1a through 1h       1a       2a       b       b       1z       119, 556.         z       Add lines 1a through 1h       2a       b       b       Tax-exempt interest       2b						, ,							
If you did not g Wages from Form 8919, line 6 1g   get a Form M Other earned income (see instructions) 1h   M-2, see i Nontaxable combat pay election (see instructions) 1i   Attach Sch. B i Add lines 1a through 1h 1z   Attach Sch. B if required. 3a Qualified dividends 2b   a Qualified dividends 3a b   Attach Sch. B if required. 3a Qualified dividends 2b   4a IRA distributions 4a b   Standard Deduction for- 5a Pensions and annuities 5a   5a Pensions and annuities 5a b Taxable amount   5a Social security benefits 6a b Taxable amount   6a Social security benefits 6a b Taxable amount   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   Married filing 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9   10 Head of household, Standard deduction or itemized deductions (from Schedule A) 11   11 106, 355. 12 13, 850.   14 Add lines 12 and 13 13 14   13 Outhered Standard 13 14   14 13, 850. 14 13, 850.		f	·										
get a Form W-2, see instructions.       h       Other earned income (see instructions)       11       1h       0.         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i       1z       119,556.         Z       Add lines 1a through 1h       1x       1z       119,556.       2b       1s         Attach Sch. B if required.       3a       3a       b       b       Taxable interest       2b       2b       3b       3c       3b       3c       3b       3c       3c       3c       3c       3c       3c       3c       3c	If you did not	a											
W-z, see       instructions.		h	-										0.
z       Add lines 1a through 1h       119,556.         Attach Sch. B       2a       b       Tax-exempt interest       2b         a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5andard       Deduction for-       5a       5a       b       Taxable amount       4b         5andard Deduction for-       5a       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b         7       Gaptal gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       106, 355.         927,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       106, 355.         14       Subtract line 10 from line 9. This is your adjusted gross income       12       13, 850.         14       Oualified business income deduction from Form 8995 or Form 8995-A       13       12       13, 850.         15       Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income       14       13,	,			,	structions)			1i					
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-       4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7       6a         Married filing jointly or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing surviving spouse, \$27.700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       106, 355.         10       Head of household, \$20,800       Standard deduction or itemized deductions (from Schedule A)       11       106, 355.         12       Standard deduction or itemized deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       13, 850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       92, 505.   <		z	Add lines 1a through 1h								. 1z	119	),556.
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-       4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7       6a         Married filing jointly or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing surviving spouse, \$27.700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       106, 355.         10       Head of household, \$20,800       Standard deduction or itemized deductions (from Schedule A)       11       106, 355.         12       Standard deduction or itemized deduction from Form 8995 or Form 8995-A       13       13         14       Add lines 12 and 13       14       13, 850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       92, 505.   <	Attach Sch. B		J J	2a			ьΤ	axable interes	t.				
4a       IRA distributions       4a       b       Taxable amount       4b         5tandard       Pensions and annuities       5a       b       Taxable amount       5b         Single or Married filing separately, \$13,850       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or Qualifying surving spouse, \$27,700       9       Additional income from Schedule 1, line 10       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       106, 355.         10       Adjustments to income from Schedule 1, line 26       11       10 6, 355.         12       Standard deduction or itemized deductions (from Schedule A)       12       13, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13, 850.         14       Add lines 12 and 13       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       92, 505.		3a	· · –	3a			bО	ordinary divide	nds .		. 3b	)	
Standard Deduction for-       5a       Pensions and annuities				4a				•			. 4b	,	
<ul> <li>Single or Married filing separately, \$13,850</li> <li>Married filing geparately, \$13,850</li> <li>Married filing jointly or Qualifying surviving spouse, \$27,700</li> <li>Head of household, \$20,800</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Married filing jointly or Qualified business income deduction from Schedule 1, line 26</li> <li>Married filing jointly or Qualified business income deduction from Schedule A)</li> <li>Subtract line 10 from line 11. If zero or less, enter -0 This is your taxable income</li> <li>Married filing jointly or Qualified busines</li> <li>Married filing jointly or Qualified busines income from Schedule 1, line 26</li> <li>Married filing jointly or Qualified business income deductions (from Schedule A)</li> <li>Married filing jointly or Qualified busines income deduction from Form 8995 or Form 8995-A</li> <li>Mad lines 12 and 13</li> <li>Married filing 13, 201.</li> <li>Married filing jointly or Qualified busines income deduction from Form 8995 or Form 8995-A</li> <li>Married filing jointly or deduction form from line 11. If zero or less, enter -0 This is your taxable income</li> <li>Married filing jointly or deduction form from line 11. If zero or less, enter -0. This is your taxable income</li> </ul>	Standard	5a		5a							. 5b	,	
separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointy or Qualifying surviving spouse, \$12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -13, 201.         9       106, 355.         \$27,70       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       106, 355.         12       Standard deduction or itemized deductions (from Schedule A)       12       13, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       13, 850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       92, 505.	Single or	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b		
\$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, \$27,700       8       -13,201.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       106,355.         \$27,700       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       106,355.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13,850.         14       13,850.       15       Subtract line 14 from line 11. If zero or less, enter -0. This is your taxable income       15       92,505.	Married filing separately.	с	If you elect to use the lump-sum e	lection	n method,	check here (	see	instructions)		[			
jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-13, 201.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9106, 355.\$27,70010Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131413, 850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income15	\$13,850	7	Capital gain or (loss). Attach Sche	dule D	) if require	d. If not requ	ired	, check here		[	7		
Qualifying surving spouse, \$27,7009106,355.10Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9106,355.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11106,355.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A131413,850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income15	jointly or	8	Additional income from Schedule	1, line	10						. 8	-13	3,201.
\$27,700       10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       106,355.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         Standard Deduction, see instructions.       14       13,850.         15       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	ome	e			. 9	106	5 <b>,</b> 355.
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11106,355.1213,850.13141413,850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income1511106,355.1213,850.13141413,850.1592,505.	\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
If you checked any box under Standard deduction or nemized deductions (iron schedule A)       12       13,850.         I3       Qualified business income deduction from Form 8995 or Form 8995-A       13         I4       Add lines 12 and 13       14       13,850.         I5       Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income       15       92,505.	household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11	106	5,355.
any box under Standard Deduction, see instructions.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income1592,505.		12	Standard deduction or itemized	dedu	ctions (fro	m Schedule	A)				. 12	13	3,850.
Deduction, see instructions.1413,850.15Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income1592,505.	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		
	Deduction,	14	Add lines 12 and 13								. 14		
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is ye	our <b>I</b>	taxable incom	ie.		. 15		

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	15,663.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17						18	15,663.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	7,500.
	21	Add lines 19 and 20					🗆	21	7,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,163.
	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	8,163.
Payments	25	Federal income tax withheld							
· · · <b>,</b> · · · · · ·	а	Form(s) W-2				<b>25a</b> 18	,674.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,				2	25d	18,674.
If you have a	26	2023 estimated tax payment						26	i
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	•		-			33	18,674.
Refund	34	If line 33 is more than line 24						34	10,511.
neiuliu	35a	Amount of line 34 you want				•		35a	10,511.
Direct deposit?	b	Routing number $\begin{vmatrix} 1 &   1 \end{vmatrix}$					Savings	JJa	10,011.
See instructions.	b	Account number 9 1 0					Savings		
	36	Account number 9 1 2 1 0 Amount of line 34 you want a			d tox	36			
A						30			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
Tou Owe	38					38		51	
Think Death		Estimated tax penalty (see in	,						
Third Party Designee		you want to allow another	•				omplete bel	0.14/	× No
Designee		signee's		Phone		_	onal identifica		
	nai	0		no.			per (PIN)	lion	
Sign		der penalties of perjury, I declare th							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all information	on of which pr	eparei	r has any knowledge.
TICIC	Yo	ur signature		Date	Your occupation				t you an Identity
									N, enter it here
Joint return? See instructions.				Data	~ ~	LITY AND COME	<u>г</u> ,	,	
Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			t your spouse an ction PIN, enter it here
your records.								t.)	
	Ph	one no. (313) 420-872	8	Email address	SUSHMITHA1	05@GMAIL.CC	 M		
		eparer's name	Preparer's signat		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПЪТА ТАТ.Т.АМ		P020827		Self-employed
Preparer		m's name GLOBAL TAX				, , , , , , , , , , , , , , , , , , , ,	Phone r		678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965
Go to www.irs.or		1040 for instructions and the late					1		Form <b>1040</b> (2023)
			stanomation.		BAA	REV 01/12/24 PRO			(2023)

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR SUSHMITHA MORKONDA NEELAKANNAN

st information.		Attachment Sequence No. 01
	<b>Your soci</b> 514-63	i <b>al security number</b> -0746

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-13,201.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
•	Tatal other income. Add lines to through 0-	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-13,201.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

1	Educator expenses				1	1	
2	Certain business expenses of reservists, performing artists, and fee-						
2	officials. Attach Form 2106	-Dasis	s you	ennie		2	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	· -	3	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					4	
5	Deductible part of self-employment tax. Attach Schedule SE					5	
6	Self-employed SEP, SIMPLE, and qualified plans					6	
						7	
7	Self-employed health insurance deduction						
8	Penalty on early withdrawal of savings					8	
9a						9a	
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				. 2	22	
23	Archer MSA deduction				. 2	23	
24	Other adjustments:						
а	Jury duty pay (see instructions)	24a					
b	Deductible expenses related to income reported on line 8I from the						
	rental of personal property engaged in for profit	24b					
с	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d		24d					
e	Repayment of supplemental unemployment benefits under the Trade						
Ŭ		24e					
f		24f					
g		24g					
•	Attorney fees and court costs for actions involving certain unlawful	279					
		24h					
		2411					
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						
		04:					
		24i					
j	0	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
z	Other adjustments. List type and amount:						
		24z					
25	Total other adjustments. Add lines 24a through 24z					25	
26	Add lines 11 through 23 and 25. These are your adjustments to income.						
	Form 1040, 1040-SR, or 1040-NR, line 10				. 2	26	

Department of the Treasury

Internal Revenue Service

## **Additional Credits and Payments**

OMB No. 1545-0074

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

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

		2023
rmation.		Attachment Sequence No. 03
	Your soci	al security number
		0746

	(s) shown on Form 1040, 1040-SR, or 1040-NR				curity number		
	USHMITHA MORKONDA NEELAKANNAN 514-63-0 art I Nonrefundable Credits						
1	Foreign tax credit. Attach Form 1116 if required			1			
2	Credit for child and dependent care expenses from Form 244 Form 2441			2			
3		3					
4	Education credits from Form 8863, line 19			4			
5a	Residential clean energy credit from Form 5695, line 15			5a			
b	Energy efficient home improvement credit from Form 5695, line 32			5b			
6	Other nonrefundable credits:						
а	General business credit. Attach Form 3800	6a					
b	Credit for prior year minimum tax. Attach Form 8801	6b					
с							
d							
е							
f	Clean vehicle credit. Attach Form 8936	6f	7,500.				
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	61					
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m					
z	Other nonrefundable credits. List type and amount:						
		6z					
7				7	7,500.		
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20	040, 1040-	SR, or	0			
	1040-NR, line 20		· · ·	8	7,500. ed on page 2,		
			(CC	JILLIILLE	su un paye z,		

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
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	D-SR, or 1040-NR,	15	
	BAA REV	01/12/24 PRO	Schedu	ule 3 (Form 1040) 2023

			Supplementa							OMB No	. 1545-0074
(Form	1040)	(From re	ental real estate, royalties, partners	-	-			trusts, REMI	Cs, etc.)	20	23
	ent of the Treasury Revenue Service		Attach to Form 1040, Go to www.irs.gov/ScheduleE for					formation.		Attachm	ient ce No. <b>13</b>
	shown on return								Your soci	al security i	
. ,	MITHA MORK	onda ni	EELAKANNAN							3-0746	
Part			From Rental Real Estate an	d Ro	valties						
	Note: If yo	ou are in th	e business of renting personal proper			e C. See	e instruc	ctions. If you a	are an indi	vidual, repo	ort farm
			from <b>Form 4835</b> on page 2, line 40.								57
			nts in 2023 that would require you								
B			ou file required Form(s) 1099? .							Ye	s 🗌 No
1a	Physical addr	ress of ea	ch property (street, city, state, ZI	P code	e)						
Α	S 904 PUR	VA BLUI	EMONT SINGANALLUR, COIME	BATOR	R TAMII	L NAD	U IN	641005			
В											
С											
1b	Type of Prope	erty 2	For each rental real estate prope				Fa	ir Rental	Persor	nal Use	QJV
	(from list below	<i>N</i> )	above, report the number of fair					Days	Da	iys	QUV
Α	3		personal use days. Check the Qa if you meet the requirements to f			Α		365		0	
B			qualified joint venture. See instru			В					
C					-	С					
•••	of Property:										
	Single Family R		3 Vacation/Short-Term Ren	ital	5 Lanc			Self-Rental	、		
2	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
								Properti	es:		
Incom	ne:					Α		В			С
3	Rents received	1		3		6	41.				
4	Royalties rece	ived		4							
Exper	ises:										
5	Advertising .			5							
6			tructions)	6							
7	•			7		2,4	54.				
8	Commissions			8							
9				9							
10	-		ional fees	10							
11	-			11		2,7	14.				
12	00		to banks, etc. (see instructions)	12							
13				13			1 4				
14				14			14.				
15 16				15 16		Ζ, C	70.				
17				17		2 2	90.				
18			r depletion	18		<i>∠,</i> ∠					
19	Other (list)	•		19							
20	· · · · · · · · · · · · · · · · · · ·		es 5 through 19	20		13,8	42.				
21	•		e 3 (rents) and/or 4 (royalties). If			,0					
			structions to find out if you must								
				21		-13,2	01.				
22	Deductible rer	ntal real e	state loss after limitation, if any,								
			ructions)	22	(	13,20	)1.)	(	)	(	)
23a	Total of all am	ounts rep	orted on line 3 for all rental prope	erties			23a		641.		· · · · · ·
b	Total of all am	ounts rep	orted on line 4 for all royalty prop	oerties			23b				
С			orted on line 12 for all properties				23c				
d		-	orted on line 18 for all properties				23d				
е		-	orted on line 20 for all properties				23e	13	8,842.		
24			mounts shown on line 21. Do not						. 24		
25			es from line 21 and rental real estat							( 1	L3,201.)
26			e and royalty income or (loss).								
			IV, and line 40 on page 2 do no , line 5. Otherwise, include this an								-13,201.
Eer D			otice, see the separate instructions		NE NE		110 41	-13,201	. 26		
FUT Pa	Del WOLK REQUCT	ΙΟΠ ΑΟΤ ΝΟ	Juce, see the separate instructions.		TNE			,201	- Sc	neaule E (Fa	orm 1040) 2023

Schedule E (Form 1040) 2023

Clean	Vehicle	<b>Credits</b>
-------	---------	----------------

Form 8936

OMB No. 1545-2137

Attach to	vour tax	return.
	your tax	return.

Department of the Treasury Attachmen Go to www.irs.gov/Form8936 for instructions and the latest information. equence No. 69 Internal Revenue Service Name(s) shown on return Identifying number SUSHMITHA MORKONDA NEELAKANNAN 514-63-0746 Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year. • Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. **Modified Adjusted Gross Income Amount** Part I 1a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR 1a 106,355. Enter any income from Puerto Rico you excluded . . . 1b b С Enter any amount from Form 2555, line 45 . . . 1c d Enter any amount from Form 2555, line 50 . . . 1d Enter any amount from Form 4563, line 15 . . . 1e е 2 Add lines 1a through 1e . . . . . . 2 106,355. 98,117. 3a Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a Enter any income from Puerto Rico you excluded b 3b Enter any amount from Form 2555, line 45 . . . С 3c . Enter any amount from Form 2555, line 50 . . . 3d d Enter any amount from Form 4563, line 15 . . . 3e е Add lines 3a through 3e . . . . . . 98,117. 4 4 . 5 Enter the **smaller** of line 2 or line 4 5 98,117. Credit for Business/Investment Use Part of New Clean Vehicles Part II Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) . . 6 6 7 New clean vehicle credit from partnerships and S corporations (see instructions) 7 . . . . 8 Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y . . . 8 Part III **Credit for Personal Use Part of New Clean Vehicles** Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). 9 Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) . 9 7,500. 10 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 10 15,663. Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 11 11 12 Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit 12 15,663. 13 Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 13 7,500. Part IV Credit for Previously Owned Clean Vehicles Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household). 14 Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) . . 14 15 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 15 16 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 16 Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit 17 17 Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is 18 18 Credit for Qualified Commercial Clean Vehicles Part V Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936) . . . . . . . . . . . . 19 19 20 Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) . 20 21 Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa . 21 . . . . . . . For Paperwork Reduction Act Notice, see separate instructions. Form 8936 (2023) RAA REV 01/12/24 PRO

OMB No. 1545-2137

SCHEDULE A	
(Form 8936)	

Attach to your tax return.

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest informat	ion.	Attachment Sequence No. <b>69A</b>
Name(s	) shown on return		-	ing number
		ONDA NEELAKANNAN	514-	63-0746
Part 1a b	Year		TESL	2023 A
c	Model		MODE	
2	Vehicle identific	cation number (VIN) (see instructions) 7 S A Y G D E F 6	5 P E	897603
3	Enter date vehi	cle was placed in service (MM/DD/YYYY)	_10/1	4/2023
4	Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions.           Yes. Stop here.         You can't claim a credit amount for a vehicle used primarily outside the United States.           No.			
5	Does the VIN endefinitions. Yes. Go to		year? S	ee instructions for
6			2 and p	laced in service during
7 Part	during the tax y G Yes. Go to No. Stop he	ntered on line 2 belong to a <b>qualified commercial clean vehicle</b> acquired after rear? See instructions for definitions. Part V. ere. You can't use this schedule to figure a credit amount for a vehicle not desc mount for Business/Investment Use Part of New Clean Vehicle		
8	another person X Yes.	e the vehicle for use or to lease to others, and not for resale? Answer "No" if you ere. You can't claim a credit amount for a vehicle you didn't acquire for use or to		-
9	Tentative credit	amount (see instructions)	9	7,500.
10	Business/inves	tment use percentage (see instructions)	10	9
11	entered 100%	by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11	
Part	III Credit A	mount for Personal Use Part of New Clean Vehicle		
12	Subtract line 11 Part III of Form	from line 9 in Part II. Stop here and include this credit amount on line 9 in 8936	12	7 <b>,</b> 500.
For Paperwork Reduction Act Notice, see the Form 8936 instructions. BAA REV 01/12/24 PRO Schedule A (Form 8936) 202				
		DO NOT FIL	.E	

Schedu	e A (Form 8936) 2023	Page <b>2</b>				
Part	V Credit Amount for Previously Owned Clean Vehicle					
13a	Is the sales price of the vehicle more than \$25,000?  Yes. Stop here. The vehicle doesn't qualify for the Part IV credit. No.					
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.					
с	<ul> <li>No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.</li> <li>Can you be claimed as a dependent on another person's tax return, such as your parent's return?</li> <li>Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.</li> <li>No.</li> </ul>					
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.  Yes. No.					
14	Enter the sales price of the vehicle	14				
15	Multiply line 14 by 30% (0.30)	15				
16	Maximum vehicle credit amount	<b>16</b> 4,000.				
17 Part	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936	17				
18a	<ul> <li>Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.</li> <li>Yes.</li> <li>No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception applies.</li> </ul>					
b	<ul> <li>Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.</li> <li>Yes.</li> <li>No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.</li> </ul>					
с	Is the vehicle also powered by gas or diesel? See instructions.  Yes. No.	1 1				
19	Enter the cost or other basis of the vehicle. See instructions	19				
20	Section 179 expense deduction (see instructions)	20				
21	Subtract line 20 from line 19	21				
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22				
23	Enter the incremental cost of the vehicle. See instructions	23				
24	Enter the smaller of line 22 or line 23	24				
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)	25				
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936	26				

Schedule A (Form 8936) 2023