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



1040		artment of the Treasury-Internal Revenue Servi		urn G	20 2 :	3	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or sta	ple in this sp	oace.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		<u>'</u>	, 2023, endi	ng			, 20		See se	oarate i	nstruction	ns.	
Your first name	and m	iddle initial	Last nar	me						,	Your so	cial sec	urity numł	ber	
NAGA AKI	HIL Y	VARMA	ALLU	RI							499	73	4776		
		s first name and middle initial												umber	
SRAVANTI	HT.		JAMP	ANA							371	63	9426		
		er and street). If you have a P.O. box, see						A	Apt. no.					npaign	
132 HORI	JBEAI	M LANE												. •	
			mplete s	paces below	es below. State ZIP coo							0.			
MOORESV	TITE			NC 28					\					_	
Foreign country			F	oreign provi	nce/state/c								•	5	
				- '								Yo	u 🗌 Sį	pouse	
Filing Status	3 C	Single					Head of he	ouseh	old (HOI	 					
Check only		Married filing jointly (even if only or	ne had ir	ncome)											
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)													
	If y	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's na													
		alifying person is a child but not you													
Digital	Δt ar	ov time during 2023, did you: (a) rec	aiva (as	a reward a	ward or r	าลงก	nent for prope	rtv or	sarvicas): or (n) sell				
Assets													s XN	lo	
Standard		<u>_</u>						, ,							
Deduction	_		•		•										
A are /Diin da are				_						0	1050		المحالما		
	_		959 _	_ Are blind	Spo	use:	was bor							4:\	
Dependent								ip (4	-						
If more	(1) ⊢	irst name Last name	you have a P.O. box, see instructions. Apt. no. Apt. no. Presidential Election Camps	Huents											
than four dependents,															
see instruction	s														
and check	. —												\dashv		
here L		T-1-1	- 4/		\								102 0	1 /	
Income	1a		,		,								103,8	14.	
Attach Form(s)	b		•	, ,											
W-2 here. Also attach Forms	C	·	•	•											
W-2G and	d					istru	ctions)								
1099-R if tax	e					٠									
was withheld.	f		fits from	1 Form 883	9, line 29	٠					_				
If you did not get a Form	g					٠								0.	
W-2, see	h :	•	,			٠	· · · · ·	i ·			10			<u> </u>	
instructions.	i -		see msu	uctions) .		•							103 Q.	1 /	
AII 1 6 : 5	<u>z</u>	Add lines 1a through 1h	 		·	L T								$\frac{14.}{14.}$	
Attach Sch. B if required.	2a	· —												7.	
	3a						,								
Standard	4a		_												
Deduction for—	5a		_												
Single or Married filing	6a	,	_	nothed al-				ι		·	מט	'			
separately, \$13,850	C 7	•		•	,		,			•	 -		-3 O	$\cap \cap$	
Married filing	7									. ∟					
jointly or Qualifying	8		•												
surviving spouse, \$27,700	9			-									<u> </u>	<u>u</u> ∠ •	
Head of	10	Adjustments to income from Sche									10 11		00 0	62	
household, \$20,800	11	Subtract line 10 from line 9. This is your adjusted gross income											90,96		
If you checked	12										12		27,70	<u> </u>	
any box under Standard	13	Qualified business income deducti									13		27 7	0.0	
Deduction, see instructions.	14	Add lines 12 and 13					 avable incom				14		27 , 70		

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌	1	7,153.
Credits	17	Amount from Schedule 2, lin					1	17
	18	Add lines 16 and 17					1	7,153.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19
	20	Amount from Schedule 3, lin	e 8				2	20 1.
	21	Add lines 19 and 20					2	21 1.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	7,152.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	23 0.
	24	Add lines 22 and 23. This is	your total tax				2	7,152.
Payments	25	Federal income tax withheld						·
	а	Form(s) W-2				25a 9,	,687.	
	b	Form(s) 1099				25b		
	С	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					2	5d 9,687.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return		2	26
qualifying child,	27	Earned income credit (EIC)			No .	27		
attach Sch. EIC.	28	Additional child tax credit from			_	28		
	29	American opportunity credit	from Form 8863	3. line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin	e 15			31		
	32	Add lines 27, 28, 29, and 31	з	32				
	33	Add lines 25d, 26, and 32. T	<u> </u>	9,687.				
Refund	34	If line 33 is more than line 24						2,535.
riciana	35a	Amount of line 34 you want		5a 2,535.				
Direct deposit?	b	Routing number 1 2 1	Savings	,				
See instructions.	d	Account number 3 2 5	arii.go					
	36	Amount of line 34 you want				36		
Amount	37	Subtract line 33 from line 24						
You Owe	31	For details on how to pay, g					з	37
	38	Estimated tax penalty (see in						
Third Party		you want to allow another				See See		
Designee		structions	•				mplete belo	ow. 🔀 No
200.900	De	signee's		Phone			nal identificati	
	naı			no.			er (PIN)	
Sign		der penalties of perjury, I declare the						
Here	bei	ief, they are true, correct, and com	piete. Declaration (or preparer (otne	r tnan taxpayer) is ba	ised on all information		-
	Yo	ur signature		Date	Your occupation			S sent you an Identity on PIN, enter it here
Joint return?					TERADATA I	TVEI.OPER	(see inst.	
See instructions.	Sn	ouse's signature. If a joint return, I	ooth must sign	Date	Spouse's occupati		If the IBS	S sent your spouse an
Keep a copy for	Op	ouco o olgitutui oi ii a jointi rotuiti, i	our mast sign		орошоо о осощран	.	Identity F	Protection PIN, enter it here
your records.					HOME MAKER	(see inst.)	
	Ph	one no. (669) 292-919	8	Email address	IAMAKHILTERA	DATA@GMAIL.CO	M	
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/05/2024	P0208270)3 Self-employed
Use Only	Fir	m's name GLOBAL TAX	Phone no	o. (678)965-9522				
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's El	N 84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/23/24 PRO		Form 1040 (2023

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

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.

NAGA	AKHIL VARMA ALLURI & SRAVANTHI JAMPANA	499-7	73-47	76
Part	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedul	еЕ .	5	-9,875.
6	Farm income or (loss). Attach Schedule F		6	
	Unemployment compensation		7	
	Other income:			
	Net operating loss			
	Gambling			
	Cancellation of debt			
	Foreign earned income exclusion from Form 2555			
	Income from Form 8853			
	Income from Form 8889		_	
•	Alaska Permanent Fund dividends		_	
	Jury duty pay			
	Prizes and awards			
	Activity not engaged in for profit income			
	Stock options			
	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 8I			
	Olympic and Paralympic medals and USOC prize money (see			
	instructions)		-	
	Section 951(a) inclusion (see instructions)			
	Section 951A(a) inclusion (see instructions)			
	Section 461(I) excess business loss adjustment		-	
	Taxable distributions from an ABLE account (see instructions) 8q		-	
	Scholarship and fellowship grants not reported on Form W-2 8r			
	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	,		
			4	
	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan			
	Wages earned while incarcerated 8u			
	Other income. List type and amount:			
2	Substitute Payment from 1099-Misc 2. 8z	2.		
9	Total other income. Add lines 8a through 8z		9	2.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and o	n Form		

10

-9,873.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		_	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
	Housing deduction from Form 2555	24i 24j		-	
J Ia	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k		24k			
_	1041)	24K			
Z		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		23/24 PRO		le 1 (Form 1040) 2023
	BAA	1\L'V UZ/	LUIZA FINO		

SCHEDULE 3 (Form 1040)

7

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NAGA AKHIL VARMA ALLURI & SRAVANTHI JAMPANA 499-73-4776 **Nonrefundable Credits** Part I 1 Foreign tax credit. Attach Form 1116 if required 1 1. 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 4 Retirement savings contributions credit. Attach Form 8880 4 **5a** Residential clean energy credit from Form 5695, line 15 5a **b** Energy efficient home improvement credit from Form 5695, line 32 5b Other nonrefundable credits: a General business credit. Attach Form 3800 6a **b** Credit for prior year minimum tax. Attach Form 8801 6b c Adoption credit. Attach Form 8839 6c **d** Credit for the elderly or disabled. Attach Schedule R 6d 6e Clean vehicle credit. Attach Form 8936 6f Mortgage interest credit. Attach Form 8396 6g District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6j **k** Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions 61 m Credit for previously owned clean vehicles. Attach Form 8936.

(continued on page 2)

7

8

6z

z Other nonrefundable credits. List type and amount:

Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or

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

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	n 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

	(s) shown on return GA AKHIL VARMA ALLURI & SRAVANTHI JAMPAI	NΑ			social se	ecurity number
Did y	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	fund during the ta		× No	7.5	1770
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (s	ee ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949 line 2, colur	ss from , Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	654.	676.			-22.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr		5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y		_	6	(28,048.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	ımn (h). If you hav		7	-28,070.
Par	<u> </u>					
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustme		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or los Form(s) 8949 line 2, colur	, Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	0.	384.			-384.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-		_	14	(651.)
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	lumn (h). Then, go	to Part III		

-1,035.

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -29,105. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074 Attachment

Sequence No. 12A

Internal Revenue Service									
Name(s) shown on return									

Department of the Treasury

NAGA AKHIL VARMA ALLURI & SRAVANTHI JAMPANA

Social security number or taxpayer identification number

499-73-4776

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

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

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

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

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

	(B) Short-term transactions(C) Short-term transactions	•		-	sis wasn't report	ted to the IF	RS	
1	(a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, it If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
,	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBII	NHOOD SECURITIES LLC	01/01/23	12/31/23	654.	676.			-22.
ne(Scl	tals. Add the amounts in column gative amounts). Enter each tota nedule D, line 1b (if Box A above bye is checked), or line 3 (if Box 6	al here and inc e is checked), lir	lude on your ne 2 (if Box B	654.	676.			-22.

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NAGA AKHIL VARMA ALLURI & SRAVANTHI JAMPANA

Social security number or taxpayer identification number 499-73-4776

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	Proceeds	(e) Cost or other basis See the Note below	If you enter an a	any, to gain or loss amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	0.	384.			-384.	

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

above is checked), or line 10 (if Box F above is checked) .

0.

384.

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

ivame(s	s) shown on return					Y	our social	security I	number
NAGA	A AKHIL VARMA ALLURI & SRAVANTHI JA	MPANA					499-73	-4776	
Part	Note: If you are in the business of renting personal rental income or loss from Form 4835 on page 2, I	l property, use ine 40.	Schedule						
Α	Did you make any payments in 2023 that would requi	ire you to file	Form(s)	1099? 5	ee instr	ructions		☐ Ye	s 🛛 No
В	If "Yes," did you or will you file required Form(s) 109	9?						☐ Ye	s 🗌 No
1a	Physical address of each property (street, city, sta	ate, ZIP code	e)						
A	1-101, MOGALLAMURU ALLAVARAM MANDA		<u> </u>	77 D T	V NIDED	7 DD1DECE	1 TN 53	23217	
B	1-101, MOGALLAMORO ALLAVARAM MANDA	AL, EASI	GODA	ARI	ANDIIN	A FRADESI	I IIN J	00211	
C									
1b	Type of Property (from list below) 2 For each rental real estate above, report the number					-			
A	personal use days. Check			Α		365		0	
В	if you meet the requirement	nts to file as	a	В					
C	qualified joint venture. See	einstructions	S.	C					
	of Property:								
1	Single Family Residence 3 Vacation/Short-Ter Multi-Family Residence 4 Commercial	m Rental	5 Land 6 Roya			Self-Rental Other (describ			
						Properties	s:		
Incon				Α		В			С
3	Rents received			6	54.				
4	Royalties received	. 4							
Exper									
5	Advertising								
6	Auto and travel (see instructions)	. 6							
7	Cleaning and maintenance			2,4	21.				
8	Commissions	. 8							
9	Insurance	. 9							
10	Legal and other professional fees								
11	Management fees	. 11		1,7	41.				
12	Mortgage interest paid to banks, etc. (see instructi	ions) 12							
13	Other interest	. 13							
14	Repairs	. 14		2,5	24.				
15	Supplies	. 15		1,6	01.				
16	Taxes	. 16							
17	Utilities	. 17		2,2	42.				
18	Depreciation expense or depletion	. 18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	. 20		10,5	29.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalti	es). If							
	result is a (loss), see instructions to find out if you file Form 6198			-9, 8	75.				
22	Deductible rental real estate loss after limitation, it on Form 8582 (see instructions)		(9,87	5.)()(
23a	Total of all amounts reported on line 3 for all rental	properties			23a		654.		
b	Total of all amounts reported on line 4 for all royalt				23b				
С	Total of all amounts reported on line 12 for all prop				23c				
d	Total of all amounts reported on line 18 for all prop				23d				
е	Total of all amounts reported on line 20 for all prop				23e	10,	529.		
24	Income. Add positive amounts shown on line 21. I		de any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental rea		•		nter tota	I losses here	25 (9,875.
26	Total rental real estate and royalty income or (<u> </u>		
_•	here. If Parts II, III, and IV, and line 40 on page 2 Schedule 1 (Form 1040), line 5. Otherwise, include	do not appl	y to you,	also e	nter this	s amount on			-9 , 875.

< Sta	ole A	(50) II Page. and W-2	s of Yo	our				<u>l</u> ina D	Tax Redepartment	nt of R	2023 evenue	DOR Use Only			
For c	alend	dar year	2023, c	or fiscal yea	_	1			and ending			Are you a v		Yes	No X
1		KHIL RNBEA		ALL NE	URI		SF	RAVAI			MPANA 9734776		use a veteraní		No X
1				7 MECKL								, ,	l income tax r	eturn, e.g., F	
Filing	Stat	us 📙	1. Sino	gle ad of Househ	old X	2. Marrie 5. Qualit	_	_	☐ 3. Mar	ried Filing	Separately	Year spor	Yes L	No X	
Were	you	a resider		C. for the en			Yes X	No		Return fo	r deceased to		Date of d	leath:	
				ent for the e			Yes X				<u>r deceased s</u> und by makin		Date of d		mo or all of
your	overp	payment	to the I	Fund. To m	ake a contr	ibution,	enclose	Form I	NC-EDU and	your pay	ment of \$	0.	To design		
\Box											<i>information a</i> 15, 2024, an			dent	
		-							-		ersonal Repre				
FS	2	PP	Y		DT	N	OC	N	TPRES	Υ	SPRES	Y	VT :	N SV	T N
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SRAV	/AN	THI			JAMP.	ANA				371	639426	NC	2811	7	
132	НО	RNBE.	AM I	JANE						МО	ORESVI	LLE			
06			1008	337		16			0		26C		(0	
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10B				0		21A			0		29		(O	
11	S	Y	I	N		21B			0		30		(O	
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13			000	000		21D			0		32		(0	
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15			35	579		26B			0						
TN		6692	9291	L98		PN	6	789	659522		PP	P02	2082703	3	
I declare	and c	eturn E	have exa	mined this retu	efund D	anying sch	nedules an	534 od statem			k here if you a				
the best	of my	knowledge	and belie	ef, they are true	, correct, and o	complete.				to dis	cuss this return	n and attach			er below.
Your Sig	nature					Date	Spor	use's Sigr	nature (If filing jo	int return, bo	oth must sign.)	Date		929198 Phone No. (<i>Incl</i>	ude area code)
PAID PF	REPAR	ER USE O	NLY If	prepared by a	person other t	han taxpay	er, this cer	tification	is based on all in	formation of	which the prepar	rer has any kno	owledge.		
SYAN	1 PF	RIYA I	RAM_S	SAGAR G	UPT 03	05 2	4)965-952					082703	
Paid Pre	eparer's	s Signature				Date	<u> </u>		ntact Phone Num	`			•	's FEIN, SSN, o	r PTIN
	If	you ARE	NOT d								R, RALEIGH, N REVENUE, P.O			NC 27640-06	40

Last Name (First 10 Characters) ALLURI 499734776 Your Social Security Number **D-400 Line-by-Line Information** Federal Adjusted Gross Income 6. 100837 6. 7. 7. Additions to Federal Adjusted Gross Income 0 8. Add Lines 6 and 7 8. 100837 9. Deductions From Federal Adjusted Gross Income 9. 0 10. Child Deduction a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. 0 b. Enter the amount of the child deduction 10b. 0 11. N.C. Standard Deduction 11. Υ N.C. Itemized Deduction 11 11. Ν Deduction amount 11. 25500 11. 12. a. Add Lines 9, 10b, and 11 25500 12a. b. Subtract Line 12a from Line 8 12b. 75337 Part-year Residents and Nonresidents Taxable Percentage 13. 13. 0.0000 14. N.C. Taxable Income 14. 75337 15. N.C. Income Tax 15. 3579 16. Tax Credits 16. 0 Subtract Line 16 from Line 15 3579 17. 17. 18. Consumer Use Tax 18. 0 You certify that no Consumer Use Tax is due 19. Add Lines 17 and 18 19. 3579 North Carolina Income Tax Withheld 20a. Your tax withheld 20a. 3488 20b. Spouse's tax withheld 20b. 625 Other Tax Payments 21a. 2023 estimated tax 21a. 0 21b. 0 Paid with extension 21b. 0 21c. Partnership 21c. S Corporation 21d. 21d. 0 22. **Additional Payments** 22. 0 23. Add Lines 20a through 22 23. 4113 24. Previous Refunds 24. 0 25. Subtract Line 24 from Line 23 25. 4113 Tax Due 26a. 26a. 0 26b. Penalties 26b. 0 26c. Interest 26c. 0 26d. Add Lines 26b and 26c and enter the total on 26d 26d. 0 EU Exception to Underpayment of Estimated Tax EU 26e. Interest on the Underpayment of Estimated Income Tax 26e. Ω 27. Pay this Amount 27. 0 534 28. Overpayment 28. Amount of Refund to Apply to: 29. Amount of Line 28 to be applied to 2024 Estimated Income Tax 29. 0 30. N.C. Nongame and Endangered Wildlife Fund 30. 0 31. 0 31. N.C. Education Endowment Fund 0 32. N.C. Breast and Cervical Cancer Control Program 32. 33. \cap 33. Add Lines 29 through 32 34. 534 Amount to be Refunded 34