E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		Se	ee sep	arate inst	ructions.
Your first name	and m	 niddle initial	Last n	ame					Yc	our soc	ial securit	v number
SATISH			NARAHARASETTY							204	27 43	-
	pouse'	's first name and middle initial	Last name									curity number
MEGHANAN			REM	ΔΤ.Δ					8	391	93 9	414
		er and street). If you have a P.O. box, see					Apt. r	10.				on Campaigr
2605 WES	· STIW	ILLOW LAKE DRIVE					43		- 1		ere if you,	
		fice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP code					tly, want \$3
PEORIA					II	L	61614				this fund. (ow will not	Checking a
Foreign country name				Foreign province/state/	coun	ty	Foreign po	stal cod			or refund.	•
											You	Spouse
Filing Status	, [☐ Single				Head of he	ousehold (HOH)				
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		☐ Married filing separately (MFS)				☐ Qualifying	surviving	spous	se (QS	SS)		
	lf :	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS b	ox, er	nter th	ne chile	d's name	if the
	qι	ualifying person is a child but not you	ur depe	endent:								
 Digital	Δta	ny time during 2023, did you: (a) rec	eive (as	s a reward award or	navr	ment for prope	rty or serv	ices).	or (b)	العو		
Assets		hange, or otherwise dispose of a dig					-				☐ Yes	⊠ No
Standard		neone can claim: You as a de					, ,					
Deduction		Spouse itemizes on a separate retur	•			*						
A /Diil			050	And believed One			4		0 1	050		
		Were born before January 2, 1	959	∐ Are blind Sp o	ouse		n before J				∐ Is bli	
Dependent		e instructions): First name Last name		(2) Social security number	/	(3) Relationsh to you	יין קוו	eck me hild tax		· .	•	instructions): ner dependents
If more	(1)	- Last Harrie		Hamber		lo you	-	- I	7			
than four dependents,								<u> </u>	<u>] </u>		L	╡──
see instruction	s —							<u> </u>	<u>] </u>		L	╡──
and check here									<u>. </u>			╡──
	<u>'</u> 1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions)		1				1a	1 10	<u> </u>
Income	b	Household employee wages not re	•	•					•	1b	+	<u>/1/002.</u>
Attach Form(s)	c	Tip income not reported on line 1a	•	` '					•	1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	,					•	1d		
W-2G and	e	Taxable dependent care benefits f		` ,					•	1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		•					•	1f	1	
If you did not	g	Wages from Form 8919, line 6.			•				•	1g		
get a Form	h	Other earned income (see instruct								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	•	tructions)		1i			•			
	z	Add lines 1a through 1h					<u> </u>			1z	10	04,662.
Attach Sch. B	2a	·	2a		b T	axable interest	t			2b		
if required.	3a		3a		b C	Ordinary divider	nds			3b		
	4a	-	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	election	method, check here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired	, check here				7		
Married filing jointly or	8	Additional income from Schedule	1, line	10						8	-1	18,515.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is your total inc	com	е				9	8	36,147.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						10		
Head of household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross incor	me					11	3	36,147.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)					12		27,700.
any box under	13	Qualified business income deduct	ion fro	m Form 8995 or Form	า 899	95-A				13		
Standard Deduction,	14	Add lines 12 and 13								14	2	27,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or la	ee ontor O This is y	our:	tavahla incom	10			15		58 117

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	6,571.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	6,571.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	2,000.
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,571.
	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	4,571.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 15	5,005		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,005.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC. ₁	27	Earned income credit (EIC)			No .	27			
attacii ocii. Eio.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, 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	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,005.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	t you overpaid		34	10,434.
	35a	Amount of line 34 you want			3 is attached, chec	k here	🗆	35a	10,434.
Direct deposit?	b	Routing number 0 7 1			c Type: 🔀	Checking	Savings		
See instructions.	d	Account number 7 5 7	0 2 1 2	7 1					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•				37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee [*]	ins	structions				. 🗌 Yes. C	omplete	below.	⋈ No
		signee's me		Phone no.			onal iden ber (PIN)	tification	
Cian		der penalties of perjury, I declare t	hat I have evamine		accompanying sched		. ,	the hest	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		l If th	ne IRS se	nt you an Identity
		un organismo					Pro		IN, enter it here
Joint return?					DATA SCIENTIST				
See instructions. Keep a copy for		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.					GRADUATE TEA	/00	nility Proti e inst.)	ection PIN, enter it here	
		one no. (630)398-790	<u> </u>	Email address	SATISH.NSTY			,	
		eparer's name	Preparer's signat	1	PATIBII. NOTI	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM	02/09/2024	P0208	32703	Self-employed
Preparer		m's name GLOBAL TA			331 III IIIIIIIII	1 22/ 03/ 2021	·		(678) 965-9522
Use Only			Y CT E BRU	INSWICK N	т 08816			n's EIN	84-3171965
	- "	5 444,000 2 10 11001111	_ 01 11 11(0				1	5 -114	<u>01 01/17/00</u>

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

SATISH NARAHARASETTY & MEGHANANJALI REMALA

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

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

Your social security number 204-27-4373

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	-18,515.
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		
- 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		
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 0.		
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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	0.
10	Combine lines 1 through 7 and 9. This is your additional income. Ente			
	1040. 1040-SR. or 1040-NR. line 8		10	-18,515.

Page 2 Schedule 1 (Form 1040) 2023

Par	II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	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				
	discrimination claims (see instructions)	24h			
İ	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:			
		24i			
J	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24k			
_	1041)	24K			
Z	Other adjustments. List type and amount:	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			25	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
					le 1 (Form 1040) 2023
	BAA	REV 02/	05/24 PRO	Juleau	ie i (Folili 1040) 2023

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

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**

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

SATISH NARAHARASETTY & MEGHANANJALI REMALA

Your social security number 204-27-4373

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	2,000.
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	
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		
ı	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	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 10	040, 1040-SR, or		
	1040-NR, line 20		8	2,000.
		(0	continue	d on page 2)

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	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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

SAT	ISH NARAHARAS	ETTY	& MEGHANANJ	ALI REMALA						20.	4-27-437	'3	
Par	Income or	Loss	From Rental R	eal Estate ar	nd Ro	yalties							
	Note: If you a	re in the	business of renting from Form 4835 or	g personal prope	rty, use	Schedule	C . See	instru	ctions. If you a	are an	ı individual, r	eport farm	า
	Did you make any p					Form(e) 1	10002 S	oo ins	tructions			Voc X	No
	If "Yes," did you or												No
							• •	• •		• •	· · · ·	.00	
1a	Physical address												
A	V N HEIGHTS	GUNT	UPALLI VIJA	YAWADA AND	HRA I	PRADESE	I IN !	5212	41				
B													
<u>C</u>		1								1		1	
1b	Type of Property (from list below)		For each rental re above, report the					Fa	ir Rental	Pe	rsonal Use	Q	JV
A	3		above, report the personal use day				Α.		Days		Days	<u> </u>	
B	3	1	f you meet the re	equirements to	file as	a	A B		365		0	 	┤─
		-	qualified joint ver	nture. See instru	uctions	3.	С					+	┽─
	of Property:												
	Single Family Resident	dence	3 Vacation/9	Short-Term Rer	ntal	5 Lanc	ı	7	Self-Rental				
	Multi-Family Resid		4 Commerc		itai	6 Roya			Other (desc	ribe)			
	TVICILITY CONTROLLE												
_									Propert	ies:			
Incor							Α	4.4	В			С	
3	Rents received .				3		- 6	44.					
4 Expe	Royalties received	J			4								
5					5								
6	Auto and travel (s				6								
7	Cleaning and mai				7		2,5	14.					
8	Commissions .				8		2,0	•					
9	Insurance				9								
10	Legal and other p				10								
11	Management fees				11		2,3	24.					
12	Mortgage interest				12		<u>, , , , , , , , , , , , , , , , , , , </u>						
13	Other interest .	٠			13								
14	Repairs				14		3,8	96.					
15	Supplies				15		3,0	10.					
16	Taxes				16								
17	Utilities				17		3,6						
18	Depreciation expe				18		3,7	90.					
19	Other (list)				19								
20	rotai expenses. A	kaa iine	s 5 through 19		20		19,1	59.					
21	Subtract line 20 fr		, ,	` ,									
	result is a (loss), s file Form 6198 .			•	21		-18 , 5	15					
22	Deductible rental				21		10,0	10.					
~~	on Form 8582 (se				22	(18,51	5)	()(١
23a	Total of all amour							23a	\	64	4.		,
b	Total of all amour							23b		<u> </u>			
c	Total of all amour	•						23c					
d	Total of all amour							23d	3	3,79	0.		
e	Total of all amour	-						23e		, 15			
24	Income. Add pos	-									24		
25	Losses. Add royal					-		nter to	tal losses her		25 (18,51	L5.)
26	Total rental real	estate	and royalty inc	ome or (loss).	Comb	ine lines	24 and	25. E	nter the resu	ult 🗆			
	here. If Parts II, II	I, and	V, and line 40 o	n page 2 do no	ot appl	ly to you,	also e	nter th	nis amount d				
	Schedule 1 (Form	1040),	line 5. Otherwise	e, include this a	ımount	in the to	tal on li	ne 41	on page 2	.	26	-18,5	515.

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 50

Name(s) shown on return

SATISH NARAHARASETTY & MEGHANANJALI REMALA

Your social security number 204 27 4373



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

CAUTI			
Part	Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and	8	
Part	on Form 1040 or 1040-SR, line 29. Then go to line 9 below	0	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If		
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	22,193.
11	Enter the smaller of line 10 or \$10,000	11	10,000.
12	Multiply line 11 by 20% (0.20)	12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000.
			0000

Name(s) shown on return	Your social	security	number
SATISH NARAHARASETTY & MEGHANANJALI REMALA	204	27	4373

7	Î	1
CA	UT	ION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information. See instructions.						
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown	on page 1 of			
	SATISH	your tax return)					
	NARAHARASETTY	204-27-4373					
	Educational institution information (see instructions)						
a	Name of first educational institution	b. Name of second educational institut	ion (if a	any)			
	University of the CumberlandS (1) Address. Number and street (or P.O. box). City, town or (1) Address. Number and street (or P.O. box).						
,	post office, state, and ZIP code. If a foreign address, see instructions.	(1) Address. Number and street (or P. post office, state, and ZIP code. If instructions.					
	6188 College Station Drive						
	WILLIAMSBURG KY 40769						
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098 from this institution for 2023?	-T _] Yes □ No			
	Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2022 with b 7 checked?] Yes \square No			
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortuni [.]	ty credit or if you			
	61-0470593						
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	☐ Yes — Stop! Go to line 31 for this student. 🗵 No	— Go 1	to line 24.			
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		– Sto l	p! Go to line 31 dent.			
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	▼ Yes — Stop! Go to line 31 for this student. □ No	— Go 1	to line 26.			
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?			nplete lines 27 for this student.			
CAUT	You can't take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't don		in the	same year. If			
	American Opportunity Credit						
27	Adjusted qualified education expenses (see instructions). Dor		27				
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28				
29	, , , ,		29				
30	If line 28 is zero, enter the amount from line 27. Otherwise, a						
	enter the result. Skip line 31. Include the total of all amounts f	rom all Parts III, line 30, on Part I, line 1.	30				
	Lifetime Learning Credit	ude the total of all amounts from all Dorts					
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	15,486.			

,				
Name(s) shown on return		Your social security number		
SATISH NARAHARASETTY & MEGHANANJALI REMALA	204	27	4373	

	Λ				
CA	UT	ION			

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown	on page 1 of
	MEGHANANJALI	your tax return)		
	REMALA	891-93-9414		
	Educational institution information (see instructions)	T	. /: 6	
а	. Name of first educational institution FLORIDA ATLANTIC UNIVERSITY	b. Name of second educational institut	ion (if	any)
	1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.	O hox	() City town or
,	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.		
	777 GLADES ROAD			
	BOCA RATON FL 33431			
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098 from this institution for 2023?	3-T [Yes No
(1	Did the student receive Form 1098-T from this institution for 2022 with box Yes No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2022 with by 7 checked?] Yes □ No
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortuni	ity credit or if you
	65-0385507			
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	\square Yes — Stop! Go to line 31 for this student. \bowtie No	— Go	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— Sto this stu	p! Go to line 31 udent.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	X Yes − Stop! Go to line 31 for this student. No	– Go	to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?			nplete lines 27 O for this student.
CAUT	You can't take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't don		t in the	same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor		27	
28			28	
29	, ,		29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f		30	
	Lifetime Learning Credit	ioni an i arts in, inte 50, on Fart i, inte i .	30	
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	6,707.

Form **8889**

Health Savings Accounts (HSAs)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 52

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

SATISH NARAHARASETTY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

204-27-4373

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	elf-only 🗷 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7 , 750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7 , 750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	77750.
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,146.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,604.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
Dort	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		100
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	arate i	HSAS, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part			
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	