(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
YESWANTH VATTIKUNTA	132-87-3586
Spouse's name	Spouse's social security number
TEJASWI NARRAVULA	273-87-0211
Part I Tax Return Information — Tax Year Ending December	31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	
2 Total tax	-
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be Under penalties of perjury, I declare that I have examined a copy of the income tax retu	
my knowledge and belief, it is true, correct, and complete. I further declare that the return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of for any delay in processing the return or refund, and (c) the date of any refund. If appl Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financia payment of my federal taxes owed on this return and/or a payment of estimated tax, a authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Pa business days prior to the payment (settlement) date. I also authorize the financial instaxes to receive confidential information necessary to answer inquiries and resolve personal identification number (PIN) below is my signature for the income tax return (c) Electronic Funds Withdrawal Consent.	service provider, transmitter, or electronic return originator (ERO) receipt or reason for rejection of the transmission, (b) the reason icable, I authorize the U.S. Treasury and its designated Financial I institution account indicated in the tax preparation software for nd the financial institution to debit the entry to this account. This ncial Agent to terminate the authorization. To revoke (cancel) a yment cancellation requests must be received no later than 2 titutions involved in the processing of the electronic payment of issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	to enter or generate my PIN 7 3 5 8 6 as my
ERO firm name signature on the income tax return (original or amended) I am now a	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or americaed) rain now a	
if you are entering your own PIN and your return is filed using the below.	
Your signature ►	Date ▶
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN
ERO firm name signature on the income tax return (original or amended) I am now a	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or americaed) rain now a	
if you are entering your own PIN and your return is filed using the below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns On	ly—continue below
Part III Certification and Authentication — Practitioner PIN Me	thod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-self	ected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized	confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ▶
ERO Must Retain This Form — \$	

Don't Submit This Form to the IRS Unless Requested To Do So

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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		$_{ m lrn}$ $ 2$	202	3	OMB No. 1545-	-0074	IRS Use	Only—	Do not w	rite or stap	le in this	s space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		,	2023, end	ing			, 20		See sep	arate ir	struct	tions.
Your first name	e and m	iddle initial	Last nar	me						,	Your so	cial secu	rity nu	ımber
YESWANT:	Н		VATT	IKUNTA							132	87	3586	6
-		s first name and middle initial	Last nar											y number
TEJASWI			NARR	AVULA							273	87	0211	1
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.					ampaigr
104 MTS	STON	OAKS DR								- 1		ere if yo		
		ice. If you have a foreign address, also co	mplete sp	paces below.		Sta	te	ZIP c	ode		•	٠,		want \$3
Georget	own					TX	τ	786	28	- 1	•	this fund ow will n		•
Foreign countr			F	oreign provir	nce/state/c				n postal co	- 1		or refur		rige
-	-										•	You	ı 🗌	Spouse
Filing Statu	s	Single					Head of ho	ouseh	old (HOH	1)				
-	_	Married filing jointly (even if only o	ne had ir	ncome)					0.0 (.,				
Check only one box.	Ē	Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spou	ise (C	088)			
OHE BOX.	If v	you checked the MFS box, enter the	name o	f vour spou	se. If you	ı che					,	ld's nan	ne if th	ne
		ialifying person is a child but not you						. o. u	00 00/1,					
Digital		ny time during 2023, did you: (a) rec	•					-			,	□ v-		1 N
Assets		nange, or otherwise dispose of a dig						τ)? (Se	e instruc	ctions	5.)	☐ Ye	5 <u>^</u>	No
Standard		neone can claim:	•				a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dua	al-status a	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spo	use:	: Was bor	n befo	ore Janua	ary 2,	1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) Socia	al security		(3) Relationsh	_{in} (4) Check th	ne box	c if qualit	ies for (s	ee instr	ructions):
If more		irst name Last name			mber		to you	.,	Child ta	ax cre	dit	Credit for	other de	ependents
than four	AIR	A YESWANTH VATTIKUNTA		617-9	3-5383	3	Daughter		[2	X				
dependents,														
see instruction and check	ıs ——													
here]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruction	ns)						1a		274,	220.
	b	Household employee wages not re	eported o	on Form(s) \	W-2						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)							1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s) W	/-2 (see ir	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, line	e 26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839), line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .					, .			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			<u>1</u> i							
	z	Add lines 1a through 1h									1z			220.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest				2b			696.
if required.	3a_	Qualified dividends	3a	29	92.	b 0	rdinary divider	nds .			3b			295.
	4a	IRA distributions	4a			b Ta	axable amount	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amount	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amount	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, che	eck here ((see	instructions)			. 🗆				
\$13,850	7	Capital gain or (loss). Attach Schee	dule D if	required. If	not requ	ired,	, check here			. 🗆	7			000.
Married filing jointly or	8	Additional income from Schedule	1, line 10)							8		-29,	980.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is your	total inc	ome	e				9		242,	231.
\$27,700	10	Adjustments to income from Sche	dule 1, li	ine 26 .							10			
Head of household,	11	Subtract line 10 from line 9. This is	s your ac	djusted gro	ss incon	ne					11		242,	231.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (from S	Schedule	A)					12		27,	700.
any box under	13	Qualified business income deduct	ion from	Form 8995	or Form	899	5-A				13			2.
Standard Deduction,	14	Add lines 12 and 13									14		27,	702.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or less	ontor O	This is w	our t	avabla incom	_			15	1	214	E 2 0

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check if an	ny from Form	(s): 1 881	4 2 4972	3 🗌		16	38,261.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	38,261.
	19	Child tax credit or credit for other	er dependent	ts from Schedu	ule 8812			19	2,000.
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	2,000.
	22	Subtract line 21 from line 18. If z	ero or less, e	enter -0				22	36,261.
	23	Other taxes, including self-emplo						23	271.
	24	Add lines 22 and 23. This is your						24	36,532.
Payments	25	Federal income tax withheld from							
•	а	Form(s) W-2				25a 3!	5,109.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions) .				25c	0.		
	d	Add lines 25a through 25c						25d	35,109.
If you have a	26	2023 estimated tax payments ar	nd amount ap	pplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from Sc	chedule 8812			28			
	29	American opportunity credit fron	n Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15	5			31			
	32	Add lines 27, 28, 29, and 31. The	ese are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. These	e are your to	tal payments				33	35,109.
Refund	34	If line 33 is more than line 24, su	btract line 24	4 from line 33.	This is the amour	t you overpaid		34	
	35a	Amount of line 34 you want refu	nded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	
Direct deposit?	b	Routing number X X X X					Savings		
See instructions.	d	Account number							
	36	Amount of line 34 you want appl	ied to your 2	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. Thi		•					
You Owe		For details on how to pay, go to	www.irs.gov	//Payments or	see instructions .			37	1,423.
	38	Estimated tax penalty (see instru	uctions) .			38			
Third Party		you want to allow another per							
Designee		structions					omplete l onal identi		⊠ No
		signee's me		Phone no.			ber (PIN)	lication	
Sign	Un	der penalties of perjury, I declare that I	have examined	d this return and	accompanying sched	dules and statemer	ts, and to t	he best	of my knowledge and
Here	be	lief, they are true, correct, and complete	e. Declaration of	of preparer (other	r than taxpayer) is ba	sed on all informat	on of which	n prepar	er has any knowledge.
11010	Yo	ur signature		Date	Your occupation		I .		nt you an Identity
					SOFTWARE E	NCINEED		ection P inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both	must sign	Date	Spouse's occupation				nt your spouse an
Keep a copy for	Sμ	ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupation	JII			ection PIN, enter it here
your records.		SOFTWARE ENGINEE						inst.)	
	Ph	one no. (918)508-3330		Email address	YESWANTH.VATT	KUNTA@GMAIL.C	OM		
Paid	Pre	eparer's name Pre	parer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SY	AM PRIY	A RAM SAG	GAR GUPTA	03/29/2024	P0208	2703	Self-employed
Use Only	Fir	Firm's name GLOBAL TAXES LLC Phon							678)965-9522
	Fir	m's address 245 ROONEY C	CT E BRU	NSWICK NO	J 08816		Firm	's EIN	
0 1	/⊏-	40406 1 1 11 11 11 11 11							- 1040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. **01** Your social security number

YESW	JANTH VATTIKUNTA & TEJASWI NARRAVULA		-	132-87	7-35	86
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				1	0.
	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				5	-30,233.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation			L	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:					
	See Stmt 253.	8z		253.		
9	Total other income. Add lines 8a through 8z				9	253.
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here	e and on F	orm		06
	1040, 1040-SR, or 1040-NR, line 8				10	-29,980.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	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	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		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		24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	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	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	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	e. Enter	here and on	26	
	·				

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

2023

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
YESWANTH VATTIKINTA & TEJASWI NARRAVIII.A

Your social security number

IES	WANTH VALITAUNTA & TEGASWI NARRAVULA 13	, 2 - 0 /	-3500	
Pa	tl Tax			
1	Alternative minimum tax. Attach Form 6251	. L	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	. L	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.		3	
Par	t II Other Taxes			
4	Self-employment tax. Attach Schedule SE	. L	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919			
7	Total additional social security and Medicare tax. Add lines 5 and 6	. L	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if require	d.		
	If not required, check here	⊐ L	8	
9	Household employment taxes. Attach Schedule H	. L	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	. [1	10	
11	Additional Medicare Tax. Attach Form 8959	. [1	11	271.
12	Net investment income tax. Attach Form 8960	. [1	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term I insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residential loand timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales pri over \$150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611	. [1	16	
		(con	ntinued o	n nage 2)

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

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i	-	
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe		24	0.7.1
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	271.

SCHEDULE D (Form 1040)

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.

OMB No. 1545-0074

Attachment

Department of the Treasury Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 132-87-3586 YESWANTH VATTIKUNTA & TEJASWI NARRAVULA Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 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 -58,578. 666,374. 850,098. 125,146. Totals for all transactions reported on Form(s) 8949 with Box B checked 33,498. 33,427. 71. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 90,873.) Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -149,380. Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 12,300. 954. 3,915. -7,431. Totals for all transactions reported on Form(s) 8949 with Box E checked 49. 119. 70. 10 Totals for all transactions reported on Form(s) 8949 with

0.

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss)

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

11

12

13

14

15

-235.

4,134.)

-11,730.

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -161,110. • 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 amount, if any, from line 7 of that worksheet 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. 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

2023

Attachment
Sequence No. 12A

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

Social security number or taxpayer identification number

132-87-3586

YESWANTH VATTIKUNTA & TEJASWI NARRAVULA

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	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (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).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	664,473.	850,098.	W	125,146.	-60,479.
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	1,901.	0.			1,901.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and ince is checked), lir	lude on your ne 2 (if Box B	666,374.	850,098.		125,146.	-58,578.

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 YESWANTH VATTIKUNTA & TEJASWI NARRAVULA

Social security number or taxpayer identification number 132-87-3586

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

Part II

broker and may even tell you which box to check.

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

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.

✗ (D) Long-term transactions☐ (E) Long-term transactions☐ (F) Long-term transactions	reported on	Form(s) 1099)-B showing bas	•		•)
1 (a) Description of property	(b) Date acquired	(c)	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c 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).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	3,915.	12,300.	W	954.	-7,431.
Totals. Add the amounts in columns negative amounts). Enter each total Schedule D. line 8b (if Box D above).	al here and inc	lude on your					

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.

3,915.

12,300.

8949

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

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

Social security number or taxpayer identification number

132-87-3586 YESWANTH VATTIKUNTA & TEJASWI NARRAVULA

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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.

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	to you on F	orm 1099-B	·				
1 (a)	Description of property Date acquired disposed of	(D) Detailed at Donated Control National	(D) D-41-1 1	ld or Proceeds Se	(e) Cost or other basis See the Note below			(h) Gain or (loss) Subtract column (e)
		(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).		
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	33,498.	33,427.			71.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and ince is checked), lir	lude on your ne 2 (if Box B	33.498.	33.427.			71.	

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.

Attachment Sequence No. 12A Form 8949 (2023)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side YESWANTH VATTIKUNTA & TEJASWI NARRAVULA

Social security number or taxpayer identification number 132-87-3586

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.

) Long-term transactions reported on Form(s)	1099-B showing basis was reported to the IRS (see Note above)
X (E	Long-term transactions reported on Form(s)	1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
DODINIOOD GDVDTO IIG	01/01/22	10/21/22	110	49.	matructions	aujustment	70
ROBINHOOD CRYPTO LLC	01/01/22	12/31/23	119.	49.			70.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	119.	49.			70.		

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.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side YESWANTH VATTIKUNTA & TEJASWI NARRAVULA

Social security number or taxpayer identification number 132-87-3586

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.

\Box () Long-term transactions reported on Form(s	s) 1099-B showing basis was reported to the IRS (see Note above)
	Long-term transactions reported on Form(s)	1099-B showing basis wasn't reported to the IBS

(F) Long-term transactions not reported to you on Form 1099-B

(i) Long torm transactions	not roportou	to you on re	ли 1000 В				
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if any, to gain or If you enter an amount in column enter a code in column (f). See the separate instruction		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (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).
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	0.	235.			-235.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked) or line 10 (if Box I)	I here and inc is checked), lir	lude on your ne 9 (if Box E	0	235			-235

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.

REV 03/07/24 PRO

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. 13

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

Your social security number

YES	WANTH VATTIKUNTA & TEJASWI NARRAVULA						132-8	7-3586	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			. See	instruc	ctions. If you a	re an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. \(\subseteq \text{Ye}	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	P code)							
Α	3813 W GALVESTON ST BROKEN ARROW OK 74	1012							
В	15-1509/4 ARUNAGIRI NAGAR ANDHRA PRAD	DESH]	IN 5170	01					
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental a	ınd			r Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f			В		365		0	
С	quaimed joint venture. Gee institu	ictions.		С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Royaltic	es	8	Other (descri	ibe)		
						Propertie			
Incor	no		Α			В	73.		С
3	Rents received	3		4,28	2.1		,110.		
4	Royalties received	4		7,20	51.		, 110.		
	nses:	-			-				
<u>-хре</u> 5	Advertising	5			-				
6	Auto and travel (see instructions)	6							
7	,	7			00.	2	,744.		
8	Cleaning and maintenance	8		0.0	00.		, / 44.		
9		9			-				
	Insurance	10			-				
10 11	Legal and other professional fees	11		1 5	20		,928.		
	•	12		1,52			,928.		
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest	13		3,0	19.				
		14		3,2	70	2	005		
14	Repairs	15		3,2	70.		,885.		
15	Supplies	16		2 [22	4	,087.		
16 17	Taxes	17		2,52	44.	2	,577.		
18	Depreciation expense or depletion	18	1	0,18	22		,377.		
19	·	19			50.	0	,300.		
20	Other (list) HOA Total expenses. Add lines 5 through 19	20	າ	2,02		23	,601.		
		20		Z, U2	23.		,001.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	_	7,74	42.	-22	,491.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (7,74			491.)	(
23a	Total of all amounts reported on line 3 for all rental prope	<u> </u>			23a		,391.		,
b	Total of all amounts reported on line 4 for all royalty prop			- +	23b				
c	Total of all amounts reported on line 12 for all properties			- +	23c	3	,679.		
d	Total of all amounts reported on line 18 for all properties			- H	23d		,562.		
e	Total of all amounts reported on line 20 for all properties			- H	23e		,624.		
24	Income. Add positive amounts shown on line 21. Do not						24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		iter to	al losses here		(30,233.
26	Total rental real estate and royalty income or (loss).							,	/
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar	t apply	to you, al	so er	nter th	is amount o			-30,233.
							,	i	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **47**

Your social security number

ESW.	ANTH VATTIKUNTA & TEJASWI NARRAVULA	L32-87-	-3586	
Pai	Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	242,231.	
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	. 2d	0.	
3	Add lines 1 and 2d	. 3	242,231.	
4	Number of qualifying children under age 17 with the required social security number 4	1		
5	Multiply line 4 by \$2,000	. 5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	nt		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	. 7		
8	Add lines 5 and 7	. 8	2,000.	
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 \(\)	. 9	400,000.	
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.	
11	Multiply line 10 by 5% (0.05)	. 11	0.	
12	Is the amount on line 8 more than the amount on line 11?	. 12	2,000.	
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	lit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	. 13	38,261.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	2,000.	
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional	al child ta	ax credit	
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR			
	(also complete Schedule 3, line 11) before completing Part II-A.			
or Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO	Schedule	8812 (Form 1040) 202	
J	rwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO Schedule 8812 (Form 1040) 2020			

Schedule 8812 (Form 1040) 2023

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

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

TEJASWI NARRAVULA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 273-87-0211

beior	e you begin: Complete Form 6653, Archer MSAs and Long-Term Care insurance Contracts, in	requ	irea.
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	lf-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	
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	3,120.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	4,630.
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.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part		rate l	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		
10	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%	10	
	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	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
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	

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55**

Name(s) shown on return	Your taxpayer identification nu
YESWANTH VATTIKUNTA & TEJASWI NARRAVULA	132-87-3586

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

	T. T			
1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
V				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)	2		
3	Qualified business net (loss) carryforward from the prior year	3 (
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)			
U	(see instructions)	6 11.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	11.		
•	year	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	,		
0	or less, enter -0	8 11.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	0 11.	9	2.
10	Qualified business income deduction before the income limitation. Add lines 5 ar		10	2.
11	Taxable income before qualified business income deduction (see instructions)	1	10	۷.
		11 214,531.		
12	Enter your net capital gain, if any, increased by any qualified dividends	12 292.		
40	(see instructions)			
13	Subtract line 12 from line 11. If zero or less, enter -0	,	4.4	40 040
14	Income limitation. Multiply line 13 by 20% (0.20)		14	42,848.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also		45	2
40	the applicable line of your return (see instructions)		15	2.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		16	(0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a			
	zero, enter -0		17	(0.

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

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

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

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

Sequence No. 70

Taxpayer identification number

YESV	WANTH VATTIKUNTA & TEJASWI NARRAVULA	132-87-3586	5		
repare	's name	Preparer tax identifica	ition numb	per	
	I PRIYA RAM SAGAR GUPTA	P02082703			
Part	·				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply). \square EIC \boxtimes CTC/AC		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided by	by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Sched 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.	nust do both of			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	, a copy of any o prepare Form provided by the tus or to figure			
	the amount(s) of the credit(s)		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous	vear?	×	\dashv	
-	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	,	ك ا		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a				
	correct Schedule C (Form 1040)?				

orm 88	367 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			Part \	//
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s an t	Dert	\/I \
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part		-		
·	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses or s) and/o	the ret or HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's int(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
	,	orm 88		11-2023

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return Your social security number YESWANTH VATTIKUNTA & TEJASWI NARRAVULA 132-87-3586 Part I Additional Medicare Tax on Medicare Wages Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 1 280,073. 2 2 3 3 4 4 280,073. 5 Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 250,000. 6 6 30,073. Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to 7 271. Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you 8 Enter the following amount for your filing status: Married filing separately Single, Head of household, or Qualifying surviving spouse . . . \$200,000 9 10 10 11 12 12 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and 13 Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 15 Enter the following amount for your filing status: Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse . . . \$200,000 15 16 16 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). 17 17 Total Additional Medicare Tax Part IV Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS 18 271 Withholding Reconciliation Part V Medicare tax withheld from Form W-2, box 6. If you have more than one Form 19 W-2, enter the total of the amounts from box 6 4,061. 20 20 280,073. Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax 21 21 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 22 0. Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 23 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,

BAA

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Additional Information From 2023 Federal Tax Return

Schedule 1: Additional Income and Adjustments to Income Other Income

Continuation Statement

Description	Amount
Substitute Payment from 1099-Misc	3.
Other Income from box 3 of 1099-Misc	250.
Total	253.