Form **8879**

(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	y number
REVANTH CHERUKURI	350-06-	-5604
Spouse's name	Spouse's soci	al security number
RAMYASRI MANDEPUDI	375-49-	-3118
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you ar	e 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		1 134,693.
2 Total tax		2 10,153.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 10,697.
4 Amount you want refunded to you		4 544.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	t and keep a copy	of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pareturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amen Electronic Funds Withdrawal Consent.	, transmitter, or electron for rejection of the traze the U.S. Treasury arount indicated in the tainstitution to debit the erminate the authorization requests must be do in the processing of to the payment. I furtil	nic return originator (ERO) ansmission, (b) the reason its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only		
	enerate my PIN	5 6 0 4 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.		
Your signature ▶	ate ▶	
Spouse's PIN: check one box only		
• _	enerate my PIN 9	2 1 1 0 22 my
X I authorize GLOBAL TAXES LLC to enter or ge		3 1 1 1 8 as my er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PI below.		
Spouse's signature ▶ Da	ate ▶	
Practitioner PIN Method Returns Only—continue	below	
Part III Certification and Authentication — Practitioner PIN Method Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 Don't ente	5 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual ir authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the provided in	ım submitting this retu	rn in accordance with the
ERO's signature ▶ Da	ate ▶	
FRO Must Retain This Form — See Instructi	ons	

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

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 Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See	separa	ate instructions.
Your first name	and m	uiddle initial	Last na	ame				You	r social	security number
REVANTH			CHEE	RUKURI				35	0 0	6 5604
					_		cial security numbe			
RAMYASRI			MANI	DEPUDI				37	5 4	9 3118
		er and street). If you have a P.O. box, see					Apt. no.			Election Campaig
272 GILI	ER '	WOODS DRIVE						Che	ck here	if you, or your
		ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	ate	ZIP code			ing jointly, want \$3
GARNER					NO	2	27529	1 -		s fund. Checking a will not change
Foreign country	name			Foreign province/state/	coun	ty	Foreign postal coo		tax or	
										You Spouse
Filing Status	, [Single				☐ Head of ho	ousehold (HOH)			
Check only	×	Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)				Qualifying	surviving spous	e (QSS)	
	lf y	you checked the MFS box, enter the	name (of your spouse. If yo	u che	ecked the HOH	or QSS box, er	nter the	child's	name if the
	qu	ualifying person is a child but not you	ır depei	ndent:						
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	pavr	ment for proper	tv or services):	or (b) se	 ell.	
Assets		nange, or otherwise dispose of a dig	•				,.	` '	. —	Yes 🛛 No
Standard	Som	neone can claim:	penden	t Your spous	e as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alier	ı				
Age/Rlindness	You	: Were born before January 2, 1	959 [Are blind Sp	ouse	w	n before Januar	v 2 10F	50 F	ls blind
Dependents			000 [(4) Ob 1: 4b -			for (see instructions):
•	•	First name Last name		(2) Social security number	У	(3) Relationshi to you	Child tax			dit for other dependents
If more than four	IRA			709-29-5567		Daughter	X]	+	
dependents,	LA			089-37-9089		Daughter X				
see instructions and check	s —]		
here]		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .					1a	134,640.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .					1b	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see in	structions)					1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted c	on Form(s) W-2 (see i	nstru	uctions)		.	1d	
1099-R if tax	е	Taxable dependent care benefits f		·				.	1e	
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8839, line 29	٠.				1f	
If you did not get a Form	g	Wages from Form 8919, line 6 .						.	1g	
W-2, see	h	Other earned income (see instruct	ions)				\cdot \cdot \cdot \cdot	.	1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>l 1i</u>		_		124 640
	<u>z</u>	Add lines 1a through 1h						·	1z	134,640.
Attach Sch. B if required.	2a	•	2a	8.		axable interest		•	2b	
	3a_		3a	0.		Ordinary dividen		.	3b	53.
Standard	4a		4a			axable amount		. -	4b	
Deduction for—	5a		5a			axable amount axable amount		. -	5b	
Single or Married filing	6a c	If you elect to use the lump-sum e	6a	method chock have				<u></u>	6b	
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•	`	,		H	7	
Married filing	8	Additional income from Schedule				-		□	8	0.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						. -	9	134,693.
surviving spouse, \$27,700	10	Add liftes 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		•				.	10	
Head of household,	11	Subtract line 10 from line 9. This is	-					·	11	134,693.
\$20,800	12	Standard deduction or itemized	•	-				·	12	27,700.
If you checked any box under	13	Qualified business income deduct		•	,	 05-A .		_	13	27,700.
Standard Deduction,	14							_	14	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer				tavable incom		·	15	106 993

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		. 16	14,153.
Credits	17	Amount from Schedule 2, lir	ne 3				 .	. 17	7
	18	Add lines 16 and 17						. 18	14,153.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	4,000.
	20	Amount from Schedule 3, lir	ne 8					. 20)
	21	Add lines 19 and 20						. 21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	10,153.
	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	
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	10,6	97.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25	d 10,697.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			. 26	3
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable cre	dits .	. 32	2
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	10,697.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you over	aid .	. 34	544.
	35a	Amount of line 34 you want			is attached, che	ck here .		☐ 35:	a 544.
Direct deposit?	b	Routing number 0 5 3			c Type:	Checking	☐ Sav	ings	
See instructions.	d	Account number 0 0 8	1 3 5 4	0 2 5 2	2 1				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			. 37	7
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?				
Designee	ins	nstructions							
		Designee's Phone Personal ide name no. number (PIN						on	
Cian		der penalties of perjury, I declare the	hat I have examined		accompanying sche	dules and stat			est of my knowledge and
Sign		lief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation			If the IRS	sent you an Identity
					·				PIN, enter it here
Joint return?					SITE RELIAB		INEER	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			sent your spouse an otection PIN, enter it here
your records.					HOME MAKEI	2		(see inst.)	otection File, enter it here
	———Ph	one no. (312)203-780	1	Email address	REVANTHCHE		COM	, ,	
		eparer's name	Preparer's signat	l	VEAUNTHOUR	Date	PT	īN	Check if:
Paid		KATA SAI PAVAN KUMAR DUDIPALLI	'		AR DUDIPALLI			247083	l <u>—</u>
Preparer		m's name GLOBAL TA		111V11IV ICUI	INC DODITION	1	110	Phone no.	
Use Only			Y CT E BRU	NSWICK N.	J 08816			Firm's EIN	
	1 11	III J GUUICOO Z T J I TOONE	- C1 11 11KU	TANANT CIV IN	, 000±0			I IIIII 9 LIIV	00-214340/

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR REVANTH CHERUKURI & RAMYASRI MANDEPUDI

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

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

	Sequence No. 01
Your soc	ial security number
350-06	-5604

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. Att	ach Schedule E .	5	0.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
_	T. I.	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	0.
				0.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	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		-	
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:				
05	Tatal allows allow to some Add lines Ode thousands Ode	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	. ∟nter	nere and on		
				26	I. 4 (F 1010) 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

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

Name(s)) shown on return						Your socia	al security r	number
REVA	ANTH CHERUKURI & RAMYASRI MANDEPUDI						350-0	6-5604	
Part	Income or Loss From Rental Real Esta Note: If you are in the business of renting personal rental income or loss from Form 4835 on page 2, lir	property, use		c . See	instruc	ctions. If you a	ıre an indiv	/idual, repo	ort farm
Α	Did you make any payments in 2023 that would requir	e you to file	Form(s)	1099? S	See ins	tructions .		. \[Ye	s 🛛 No
B I	f "Yes," did you or will you file required Form(s) 1099	?							s 🗌 No
1a	Physical address of each property (street, city, sta								
			•	- 0 7 0 0	<u> </u>				
_ <u>A</u>	7-1-49/A SAHAKARA NAGARA KHAMMAM	TELANGAI	NA IN S	50 / 00.	۷				
B_									
C					_	1			
1b	Type of Property (from list below) 2 For each rental real estate above, report the number of				Fa	ir Rental	Person		QJV
	The second secon					Days	Da	-	
_ <u>A</u>	gersonal use days. Check the requirement			A B		365		0	
B C	qualified joint venture. See			С					
	of Duos outs			C					
	of Property: Single Family Residence 3 Vacation/Short-Tern	- Dantal	5 Land		7	Self-Rental			
	· ,	n Heniai					(مطن		
	Multi-Family Residence 4 Commercial		6 Roya	aities	0	Other (descr	ibe)		
						Properti	es:		
Incom	ne:			Α		В			С
3	Rents received	. 3		5	40.				
4	Royalties received	. 4							
Exper	nses:								
5	Advertising	. 5							
6	Auto and travel (see instructions)	. 6							
7	Cleaning and maintenance	. 7		1,3	80.				
8	Commissions	. 8							
9	Insurance	. 9							
10	Legal and other professional fees	. 10							
11	Management fees	. 11		1,0	50.				
12	Mortgage interest paid to banks, etc. (see instruction	ons) 12							
13	Other interest	. 13							
14	Repairs	. 14		5,7	70.				
15	Supplies	. 15		6,6	50.				
16	Taxes	. 16							
17	Utilities	. 17		6,5	00.				
18	Depreciation expense or depletion	. 18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	. 20		21,3	50.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royaltie								
	result is a (loss), see instructions to find out if you r								
	file Form 6198			-20,8	10.				
22	Deductible rental real estate loss after limitation, if								
	on Form 8582 (see instructions)		(0.))	(
23a	Total of all amounts reported on line 3 for all rental				23a		540.		
b	Total of all amounts reported on line 4 for all royalty				23b				
С	Total of all amounts reported on line 12 for all proper				23c				
d	Total of all amounts reported on line 18 for all proper				23d				
е	Total of all amounts reported on line 20 for all proper				23e	21	,350.		
24	Income. Add positive amounts shown on line 21. D		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real							(0.)
26	Total rental real estate and royalty income or (lo								
	here. If Parts II, III, and IV, and line 40 on page 2 of Schedule 1 (Form 1040), line 5. Otherwise, include the						1 1		0
	Constant in the 1040, line of Otherwise, include	นาเอ ฉหาบนกไ	נווט נט	ıaı UII II	110 41	on paye 2	. 26		0.

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

2023

OMB No. 1545-0074

Attachment Sequence No. **47**

Your social security number

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

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

350-06-5604 REVANTH CHERUKURI & RAMYASRI MANDEPUDI **Child Tax Credit and Credit for Other Dependents** Part I 1 Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 1 134,693. Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 . . . b 2b 0 c Enter the amount from line 15 of your Form 4563 Add lines 2a through 2c 2d3 3 134,693. 2 4 Number of qualifying children under age 17 with the required social security number 5 5 4,000. Number of other dependents, including any qualifying children who are not under age 6 17 or who do not have the required social security number Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 7 8 8 Add lines 5 and 7 4,000. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. Subtract line 9 from line 3. 10 • 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 11 0. Is the amount on line 8 more than the amount on line 11? . . . 12 4,000. No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **X** Yes. Subtract line 11 from line 8. Enter the result. 13 Enter the amount from Credit Limit Worksheet A 13 14,153. Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents 4,000. 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 child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27

(also complete Schedule 3, line 11) before completing Part II-A.

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
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		
	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	
Dort	Next, enter the smaller of line 17 or line 26 on line 27. II-C Additional Child Tax Credit		
		27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	21	

(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

REV	ANTH CHERUKURI & RAMYASRI MANDEPUDI	350-06-560	4		
Prepare	r's name	Preparer tax identifica	ation numb	oer	
	KATA SAI PAVAN KUMAR DUDIPALLI	P02470833			
Part	·	-			
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided to reasonably obtained by you?	by the taxpayer	Yes	No	N/A
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	X		
	 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. 	•			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If "No," go to question 5.)	tent? (If "Yes,"		V	
•	Did you make reasonable inquiries to determine the correct, complete, and consistent inf			×	
a b	Did you contemporaneously document your inquiries? (Documentation should include				
D	you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	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 starting the control of the credit (s) and/or HOH filing starting the control of the credit (s) and/or HOH filing starting the control of the credit (s) and/or HOH filing starting the credit (s) and control or credit (s) and cont	ment, you must ', a copy of any o prepare Form provided by the			
	the amount(s) of the credit(s)	=	×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you got the taypayay whathay ha/aha aguid marida da consentation to substantiate	aliaibility factor			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		×		
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				

orm 88	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	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	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		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	×		
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	statement to the return?		 Part \	/\ /\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part			Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and, on the return of the taxpayer identified above if you:	or HO	I filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsing your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the 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 880 Document Retention.	37 instru	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applical obtained.	ble worl	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the taxle determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit of the credit o	cayer'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 eac 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?	· .	Yes	No

REV 02/11/24 PRO

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Identifying number

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

2023
Attachment Sequence No. 858

OMB No. 1545-1008

REVANTH CHERUKURI & RAMYASRI MANDEPUDI 350							-06-5604		
Par									
	Caution: Complete Parts IV an	d V before comple	eting Part I.						
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities			tive participation, s	ee Special				
1a	Activities with net income (enter the ar	mount from Part I\							
b	Activities with net loss (enter the amou)				
С	Prior years' unallowed losses (enter th								
d		nd 1c							
All Ot	her Passive Activities								
2a	Activities with net income (enter the ar	mount from Part V	column (a))	2a	0.				
b	Activities with net loss (enter the amount of the amount o				20,810.)				
C	•			,)				
d		ars' unallowed losses (enter the amount from Part V, column (c)) <u>2c (</u>) e lines 2a, 2b, and 2c							
						2d	-20,810.		
3	3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules								
	normally used		3	-20,810.					
	If line 3 is a loss and: • Line 1d is a le	oss, go to Part II.							
	• Line 2d is a l	oss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.				
Cauti	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	ne during the	year,	do not complete		
Part II	. Instead, go to line 10.								
Par	Special Allowance for Ren	ntal Real Estate	Activities With	Active Particip	ation				
	Note: Enter all numbers in Part	t II as positive amo	ounts. See instruc	tions for an examp	ole.				
4	Enter the smaller of the loss on line 1	d or the loss on lin	ie 3			4			
5	Enter \$150,000. If married filing separa	ately, see instructi							
6	Enter modified adjusted gross income								
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	ter -0-					
	on line 9. Otherwise, go to line 7.								
7	Subtract line 6 from line 5	ract line 6 from line 5							
8	Multiply line 7 by 50% (0.50). Do not er	nter more than \$25	8						
9	Enter the smaller of line 4 or line 8. If		9	0.					
Par	Total Losses Allowed								
10	-	d the income, if any, on lines 1a and 2a and enter the total							
11	Total losses allowed from all passive out how to report the losses on your to	ions to find	11	0.					
Part	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	See instructions.					
	Name of activity	Currer	nt year	Prior years	Ove	overall gain or loss			
	Name of activity	(a) Net income (b) Net loss (line 1a) (line 1b)		(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss		
Total.	Enter on Part I, lines 1a, 1b, and 1c								

Form 8582 (2023) Page **2**

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Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			
	Name of activity		Currer				Overall g		ain or loss	
			(a) Net income (line 2a)				Net loss ne 2b)	(d) Gain		(e) Loss
7-1-49/A	SAHAKARA NAGARA		0.		20,810.					20,810.
	on Part I, lines 2a, 2b, and 2c		0.		20,810.					
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.			
	Name of activity	ar to	rm or schedule ad line number be reported on see instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).
Total					1.00)			
Part VII	Allocation of Unallowed L	os:	ses. See instr	uction	s.					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio		(c) Unallowed loss	
7-1-49/A SAHAKARA NAGARA			E Ln 2	2	20,810.		1.0000000			20,810.
Total						20,810.		1.00		20,810.
Part VIII	Allowed Losses. See instr	ucti	ons.							
Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		((c) Allowed loss	
7-1-49/A	SAHAKARA NAGARA		E Ln 2:	2	:	20,810.		20,810.		0.
Total					1 :	20.810	1	20.810.		0.

REV 02/11/24 PRO