# 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

	1.01.01.00				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
PRUT	THVI SAI KRISHNA KASANI	474-77	-916	4	
Spouse's	s name	Spouse's soo	cial secu	urity numbe	r
Dout	Toy Detuye Information Toy Very Ending December 21 0000 /Finter		. KO OLI	th orizin a	`
Part	, ,	year you a	ire au	tnorizing	.)
	whole dollars only on lines 1 through 5.				
1	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  Adjusted gross income		1	1 21	,610.
2	Total tax		2		,762.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,460.
4	Amount you want refunded to you		4		,698.
5	Amount you owe		5		,000.
Part		еер а сор	y of y	our retu	ırn)
my knoreturn (eto send for any Agent to paymer authorize paymer business taxes to personal Electron		e are the ameter, or electrication of the test. Treasury a cated in the test the authorizests must be processing of ayment. I furn now author	ounts for our ounts for our ounts for our our our our our our our our our o	rom the in turn original ssion, (b) the designated paration so to this accor or revoke of ved no late ectronic paratically	come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	ERO firm name			digits, but er all zeros	
	signature on the income tax return (original or amended) I am now authorizing.				
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶				
Spous	e's PIN: check one box only				
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name	-	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0 er all ze	8 2 7	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	x return (orig tting this ret	inal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 2	20	s	ee sep	oarate in	structions.
Your first name	and m	iddle initial	Last na	ıme					Y	our so	cial secu	rity number
PRUTHVI	SAI	KRISHNA	KASA	ANI					,	474	77	9164
		s first name and middle initial	Last na	ıme					S	pouse's	s social s	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt	. no.	Р	reside	ntial Elec	ction Campaig
_1850 ME	RCER	PARKWAY					14	207	- 1			u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP cod	е				ointly, want \$3 d. Checking a
FARMERS	BRAI	NCH			ТХ	Σ	7523	4		•		ot change
Foreign country	y name			Foreign province/state/o	count	ty	Foreign	oostal co	ode y	our tax	or refun	
											You	ı Spous
Filing Status	s 🗵	Single				☐ Head of he	ousehol	HOH) b	)			
Check only		Married filing jointly (even if only or	ne had i	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	survivin	g spou	se (Q	SS)		
	lf y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOF	or QSS	box, e	enter t	he chi	ld's nan	ne if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavr	ment for prope	rtv or se	rvices)	or (b)	) sell.		
Assets		ange, or otherwise dispose of a digi									☐ Yes	s 🛚 No
Standard		eone can claim: You as a de		_ <u>_</u>			, ,			<u>*</u>		
Deduction	_	Spouse itemizes on a separate return		•		•						
				<b>-</b>								
		: Were born before January 2, 1	959 _	Are blind Spo	ouse	: U Was bor						blind
Dependent				(2) Social security	,	(3) Relationsh	ip (4) (					ee instructions
If more	(1) ⊢	irst name Last name		number		to you		Child ta	nx cred	IIL	Credit for	other dependent
than four dependents,								L	<del> </del>			<del> </del>
see instruction	s —							L	┽			<del> </del>
and check	1 —							L	┽			<del> </del>
here L	4 -	T-t-	1 /	- :t				L		<u> </u>	Τ.	 143,758.
Income	1a	Total amount from Form(s) W-2, bo	•	,						1a 1b		143,730.
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a		, ,						1c		
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	•	•						1d		
W-2G and	e	Taxable dependent care benefits for		, , , ,	istiu	ictions)				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		•						1f		
If you did not	g g	Wages from Form 8919, line 6.								1g		
get a Form	h	Other earned income (see instructi								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	Ì					
	z	Add lines to through th								1z		143,758.
Attach Sch. B	 2a	1	2a		b T	axable interest	t .			2b		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divider	nds .			3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum el	lection r	method, check here (	(see	instructions)			. 🗆			
\$13,850	7	Capital gain or (loss). Attach Sched	dule D it	f required. If not requ	ired.	, check here			. 🗆	7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	0						8		-22,148.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	ome	e				9		121,610.
\$27,700 Head of	10	Adjustments to income from Schee	dule 1, l	line 26						10		
household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne					11	:	121,610.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)					12		13,850.
any box under Standard	13	Qualified business income deducti	ion from	n Form 8995 or Form	899	5-A				13		
Deduction,	14	Add lines 12 and 13								14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	taxable incom	ie .			15		107,760.

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	19,262.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	19,262.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	7,500.
	21	Add lines 19 and 20						21	7,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,762.
	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 <b>total tax</b>					24	11,762.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 27	7,460		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	27,460.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	!		28			
	29	American opportunity credit	from Form 8863	3, line 8 .     .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	27,460.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	15,698.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	15,698.
Direct deposit?	b	Routing number 0 8 1			,, <u> </u>	Checking	Savings	3	
See instructions.	d	Account number 3 5 5	0 1 2 4	9 4 0 3	3 2				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	_	-		1 1		37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•			_		la alama	₩.
Designee						<del>_</del>	•		⊠ No
		signee's me		Phone no.			onai ider ber (PIN)	ntification	
Sign	Un	der penalties of perjury, I declare the	hat I have examined	d this return and	accompanying sched	dules and statemen	ts, and to	the best	of my knowledge and
_	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informati	on of whi	ch prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE E			e inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on	Ide		nt your spouse an ection PIN, enter it here
-		010)402 100	0	Franil addus		ITOCOGNATI G			
		one no. (810)423-199 eparer's name	0 Preparer's signat	Email address	PRUTHVIKASAN	IIU6@GMAIL.C Date	PTIN		Check if:
Paid		•	'		OIIDMA MATTAL			00700	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/20/2024	<b>'</b>	82703	
Use Only		m's name GLOBAL TA			T 00016				678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

PRUTHVI SAI KRISHNA KASANI

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

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

Your social security number 474-77-9164

Par	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	-22,148.
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		
ı	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	4	
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	4	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	4	
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 (	4	
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:	0_		
0		8z	9	
9 10	Total other income. Add lines 8a through 8z	horo and an Earm	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-22,148.
	1010, 1010 011, 01 1070 1111, 11110 0		10	,,,,

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		-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> 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 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR PRUTHVI SAI KRISHNA KASANI

Your social security number 474-77-9164

Par	Nonrefundable Credits					
1	Foreign tax credit. Attach Form 1116 if required				1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	l, lin	e 11. 	Attach	2	
3	Education credits from Form 8863, line 19				3	
4	Retirement savings contributions credit. Attach Form 8880				4	
5a	Residential clean energy credit from Form 5695, line 15				5a	
b	Energy efficient home improvement credit from Form 5695, line 32				5b	
6	Other nonrefundable credits:					
а	General business credit. Attach Form 3800	6a				
b	Credit for prior year minimum tax. Attach Form 8801	6b				
С	Adoption credit. Attach Form 8839	6c				
d	Credit for the elderly or disabled. Attach Schedule R	6d				
е	Reserved for future use	6e				
f	Clean vehicle credit. Attach Form 8936	6f		7,500.		
g	Mortgage interest credit. Attach Form 8396	6g				
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h				
i	Qualified electric vehicle credit. Attach Form 8834	6i				
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j				
k	Credit to holders of tax credit bonds. Attach Form 8912	6k				
1	Amount on Form 8978, line 14. See instructions	6I				
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m				
z	Other nonrefundable credits. List type and amount:					
		6z				
7	Total other nonrefundable credits. Add lines 6a through 6z				7	7,500.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040,	1040-	SR, or		
	1040-NR, line 20				8	7,500.
				(cc	ntinu	ed on page 2)

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

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions) .			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	•	15	

# SCHEDULE E (Form 1040)

#### **Supplemental Income and Loss**

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

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

2023
Attachment
Sequence No. 13

Your social security number

OMB No. 1545-0074

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

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

PRU	THVI SAI KRISHNA KASANI						474	1-77-91	64	
Par	Note: If you are in the business of renting personal pro	perty, use		e C. See	instru	ctions. If you a	are an	individual,	report farm	
	rental income or loss from Form 4835 on page 2, line 4								57	
	Did you make any payments in 2023 that would require you									
В	If "Yes," did you or will you file required Form(s) 1099?							🗀	Yes   No	)
1a	Physical address of each property (street, city, state,	ZIP cod	e)							
Α	D.NO:4/159FLAT 102,B BLOCK GOLLAPUDI	,VIJA	YWADA	ANDHI	RA P	RADESH II	N 52	1225		
В										
С										
1b	(from list below) above, report the number of fa	air rental	and	Fair Rental Days			Per	rsonal Us Days	e QJV	
Α	g personal use days. Check the			Α		365		0		
В	if you meet the requirements t qualified joint venture. See ins			В						
C	qualified joint venture. Gee ind	oti dotioi i	J.	С						
Type	e of Property:									
	Single Family Residence 3 Vacation/Short-Term R	lental	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	ribe) <sub>-</sub>			
						Properti	ies:			
Incor	me:			Α		В			С	
3	Rents received	3			70.					
4	Royalties received	4								
Expe	enses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,8	55.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,5	62.					
12	Mortgage interest paid to banks, etc. (see instructions)	) 12								
13	Other interest	13								
14	Repairs	14		5,2						
15	Supplies	15		5,5	30.					
16	Taxes	16								
17	Utilities	17		5,6						
18	Depreciation expense or depletion	18		3,0	32.					
19	Other (list)	19		00.0	1.0					
20	Total expenses. Add lines 5 through 19	20		22,8	18.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you must file From 2422.	st		00 1	4.0					
	file Form 6198	21		-22,1	40.					
22	Deductible rental real estate loss after limitation, if any on <b>Form 8582</b> (see instructions)	22	(	22,14		(		)(		)
23a	·				23a		67	0.		
b		-			23b					
C	·				23c					
d					23d		,03			
e	·				23e	22	81,81			
24	Income. Add positive amounts shown on line 21. Do r							24	00 140	
25	Losses. Add royalty losses from line 21 and rental real es						_	25 (	22,148	. )
26	Total rental real estate and royalty income or (loss here. If Parts II, III, and IV, and line 40 on page 2 do									
	Schedule 1 (Form 1040), line 5. Otherwise, include this							26	-22,148	8.

## Form **8889**

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.

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

OMB No. 1545-0074

2023

Attachment Sequence No. 52

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

PRUTHVI SAI KRISHNA KASANI

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

474-77-9164

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 $\square$ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the		··· ····, <u> </u>
	unextended due date of your tax return that were for 2023. <b>Do not</b> 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	3,850.
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	<u>0.</u> 3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		3,000.
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
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	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023	_	
10	Qualified HSA funding distributions	44	1 700
11 12	Add lines 9 and 10	11	1,700. 2,150.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	2,150.
10	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	10	0.
Part		arate 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	
C	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20%	10	
174	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 instruction 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	<b>Total income.</b> 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	

### **Clean Vehicle Credits**

OMB No. 1545-2137

Attach to your tax return. Department of the Treasury Internal Revenue Service Attachment Sequence No. **69** Go to www.irs.gov/Form8936 for instructions and the latest information. Name(s) shown on return Identifying number PRUTHVI SAI KRISHNA KASANI 474-77-9164

Notes	<ul> <li>Complete a separate Schedule A (Form 8936) for each clean vehicle placed</li> </ul>	in servic	ce during the tax	year.	
	• Individuals completing Parts II, III, or IV, must also complete Part I. See "Not	e" text l	below.		
Part	Modified Adjusted Gross Income Amount				
1a	Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR	1a	121,610.		
b	Enter any income from Puerto Rico you excluded	1b			
С	Enter any amount from Form 2555, line 45	1c			
d	Enter any amount from Form 2555, line 50	1d			
е	Enter any amount from Form 4563, line 15	1e			
2	Add lines 1a through 1e			2	121,610.
3a	Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR	3a	95,397.		
b	Enter any income from Puerto Rico you excluded	3b			
С	Enter any amount from Form 2555, line 45	3c			
d	Enter any amount from Form 2555, line 50	3d			
е	Enter any amount from Form 4563, line 15	3e			
4	Add lines 3a through 3e			4	95,397.
5	Enter the <b>smaller</b> of line 2 or line 4			5	95,397.
Part					
	Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than	\$150,0	000 (\$300,000 if r	married	I filing jointly or a
	qualifying surviving spouse; \$225,000 if head of household).				
6	Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)			6	0.
7	New clean vehicle credit from partnerships and S corporations (see instructions)			7	
8	Business/investment use part of credit. Add lines 6 and 7. Partnerships and S of	corporat	tions, stop here		
	and report this amount on Schedule K. All others, report this amount on Form 380	00, Part	III, line 1y	8	0.
Part	Credit for Personal Use Part of New Clean Vehicles				
	Note: You can't claim the Part III credit if Part I, line 5, is more than \$	150,000	0 (\$300,000 if m	arried	filing jointly or a
	qualifying surviving spouse; \$225,000 if head of household).				
9	Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) .			9	7,500.
10	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18			10	19,262.
11	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)			11	·
12	Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't	claim th	e personal use		
	part of the credit			12	19,262.
13	Personal use part of credit. Enter the smaller of line 9 or line 12 here and	on Sch	nedule 3 (Form		
	1040), line 6f. If line 12 is smaller than line 9, see instructions			13	7,500.
Part	V Credit for Previously Owned Clean Vehicles				
	Note: You can't claim the Part IV credit if Part I, line 5, is more than	\$75,000	(\$150,000 if m	arried	filing jointly or a
	qualifying surviving spouse; \$112,500 if head of household).				
14	Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)			14	
15	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18			15	
16	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)			16	
17	Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't c			17	
18	Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040)				
	smaller than line 14, see instructions			18	
Part					
19	Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)			19	
20	Qualified commercial clean vehicle credit from partnerships and S corporations (s			20	
21	Add lines 19 and 20. Partnerships and S corporations, stop here and report this		•		
	K. All others, report this amount on Form 3800, Part III, line 1aa			21	

#### **SCHEDULE A** (Form 8936)

### **Clean Vehicle Credit Amount**

OMB No. 1545-2137

Attachment Sequence No. **69A** 

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Name(s	shown on return	Identifying number					
	THVI SAI KRISHNA KASANI		474-7	7-916	54		
Par	Vehicle Details						
1a	Year			2023			
b	Make	TESLA					
С	Model	MODEL Y					
2	Vehicle identification number (VIN) (see instructions) 7 S A Y G D E E 8	8	P A	1 1	2	4	0 6
3	Enter date vehicle was placed in service (MM/DD/YYYY)		03/02	/2023	}		
4	Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions.  ☐ Yes. Stop here. You can't claim a credit amount for a vehicle used primarily outside the United States.  ☒ No.						
5	Does the VIN entered on line 2 belong to a <b>new clean vehicle</b> placed in service during the tax definitions.  ✓ <b>Yes.</b> Go to Part II.  ✓ <b>No.</b> Go to line 6.	ye	ar? See	e instru	ction	s for	
6	Does the VIN entered on line 2 belong to a <b>previously owned clean vehicle</b> acquired after 202 the tax year? See instructions for definitions.	22	and pla	aced in	serv	ice dı	uring
7 Part	Does the VIN entered on line 2 belong to a <b>qualified commercial clean vehicle</b> acquired after during the tax year? See instructions for definitions.  Yes. Go to Part V.  No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described.  Credit Amount for Business/Investment Use Part of New Clean Vehicle						e 
8	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.  ☑ Yes.  ☐ No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or t resale.						
9	Tentative credit amount (see instructions)		9		7	7,50	0.
10	Business/investment use percentage (see instructions)	_	10				%
11	Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below		11				0.
Part	Credit Amount for Personal Use Part of New Clean Vehicle	_					
12	Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936		12			7,50	0.

Schedu	e A (Form 8936) 2023		Page 2
Part			
13a	Is the sales price of the vehicle more than \$25,000?		
	Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.		
	∐ No.		
b	Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehic	le fror	n another person.
	☐ Yes.		
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a	cquire	ed for resale.
С	Can you be claimed as a dependent on another person's tax return, such as your parent's return	rn?	
	☐ <b>Yes. Stop here.</b> You can't claim a credit amount if you can be claimed as a dependent.		
	□ No.		
d	Is the vehicle a qualified fuel cell motor vehicle? See instructions.		
	☐ Yes.		
	☐ No.		
		[	
14	Enter the sales price of the vehicle	14	
15	Multiply line 14 by 30% (0.30)	15	
16	Maximum vehicle credit amount	16	4,000.
10	Waximum vehicle credit amount	10	4,000.
17	Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line		
	14 in Part IV of Form 8936	17	
Part	V Credit Amount for Qualified Commercial Clean Vehicle		
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exceentities discussed in the instructions applies.  Yes.  No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception		
b	Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.  Yes.  No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.		_
С	Is the vehicle also powered by gas or diesel? See instructions.  Yes.  No.	ı	
19	Enter the cost or other basis of the vehicle. See instructions	19	
20	Section 179 expense deduction (see instructions)	20	
21	Subtract line 20 from line 19	21	
	M III I II OA I 450( (0.45) [000( (0.00) (1) II		
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22	
23	Enter the incremental cost of the vehicle. See instructions	23	
24	Enter the smaller of line 22 or line 23	24	
25	<b>Maximum credit.</b> Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)	25	
00	, ,		
26	Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V		

26

# Form **4562**

Department of the Treasury Internal Revenue Service **Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number PRUTHVI SAI KRISHNA KASANI Sch E D.NO:4/159FLAT 102,B BLOCK 474-77-9164 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 87,000. 3,032 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,032. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.