

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br>RAJINI KANTH CHIMARLA | Social security number<br>421-65-1725          |
| Spouse's name<br>LAXMI AMULYA GUNDALA    | Spouse's social security number<br>675-89-9726 |

## 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 . . . . .   | 1 | 169,883. |
| 2 Total tax . . . . .   | 2 | 19,957.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 19,958.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 1.       |
| 5 Amount you owe . . . . .  | 5 |          |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 1 | 7 | 2 | 5 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 9 | 7 | 2 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### 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 | 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 electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial: **RAJINI KANTH** Last name: **CHIMARLA** Your social security number: **421 | 65 | 1725**

If joint return, spouse's first name and middle initial: **LAXMI AMULYA** Last name: **GUNDALA** Spouse's social security number: **675 | 89 | 9726**

Home address (number and street). If you have a P.O. box, see instructions. **2017 CRAMPTON GROVE WAY** Apt. no. \_\_\_\_\_  
 City, town, or post office. If you have a foreign address, also complete spaces below. **CARY** State: **NC** ZIP code: **27519**  
 Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

**Filing Status**  Single  Head of household (HOH)  
 Married filing jointly (even if only one had income)  
 Married filing separately (MFS)  Qualifying surviving spouse (QSS)  
 Check only one box.  
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness You:**  Were born before January 2, 1959  Are blind **Spouse:**  Was born before January 2, 1959  Is blind

**Dependents** (see instructions):

| If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name Last name |          | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                             |
|--|--------------------------|----------|----------------------------|-------------------------|--|-----------------------------|
|  |                          |          |                            |                         | Child tax credit                                       | Credit for other dependents |
|  | AARUSH REDDY             | CHIMARLA | 822-94-8994                | Son                     | <input checked="" type="checkbox"/>                    | <input type="checkbox"/>    |
|  |                          |          |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                          |          |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                          |          |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

**Income**

|  |           |          |
|--|-----------|----------|
| <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)                | <b>1a</b> | 140,517. |
| <b>b</b> Household employee wages not reported on Form(s) W-2                    | <b>1b</b> |          |
| <b>c</b> Tip income not reported on line 1a (see instructions)                   | <b>1c</b> |          |
| <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | <b>1d</b> |          |
| <b>e</b> Taxable dependent care benefits from Form 2441, line 26                 | <b>1e</b> |          |
| <b>f</b> Employer-provided adoption benefits from Form 8839, line 29             | <b>1f</b> |          |
| <b>g</b> Wages from Form 8919, line 6  | <b>1g</b> |          |
| <b>h</b> Other earned income (see instructions)                                  | <b>1h</b> | 0.       |
| <b>i</b> Nontaxable combat pay election (see instructions)                       | <b>1i</b> |          |
| <b>z</b> Add lines 1a through 1h   | <b>1z</b> | 140,517. |

|                            |                                    |                   |                             |              |
|----------------------------|------------------------------------|-------------------|-----------------------------|--------------|
| Attach Sch. B if required. | <b>2a</b> Tax-exempt interest      | <b>2a</b>         | <b>b</b> Taxable interest   | <b>2b</b>    |
|                            | <b>3a</b> Qualified dividends      | <b>3a</b>         | <b>b</b> Ordinary dividends | <b>3b</b>    |
|                            | <b>4a</b> IRA distributions        | <b>4a</b>         | <b>b</b> Taxable amount     | <b>4b</b>    |
|                            | <b>5a</b> Pensions and annuities   | <b>5a</b> 10,391. | <b>b</b> Taxable amount     | <b>5b</b> 0. |
|                            | <b>6a</b> Social security benefits | <b>6a</b>         | <b>b</b> Taxable amount     | <b>6b</b>    |

**Standard Deduction for—**

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

|  |           |          |
|--|-----------|----------|
| <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | <b>7</b>  |          |
| <b>8</b> Additional income from Schedule 1, line 10  | <b>8</b>  | 31,599.  |
| <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                | <b>9</b>  | 172,116. |
| <b>10</b> Adjustments to income from Schedule 1, line 26   | <b>10</b> | 2,233.   |
| <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                    | <b>11</b> | 169,883. |
| <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)   | <b>12</b> | 45,352.  |
| <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A  | <b>13</b> |          |
| <b>14</b> Add lines 12 and 13  | <b>14</b> | 45,352.  |
| <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>              | <b>15</b> | 124,531. |

Tax and Credits table with rows 16-24. Includes Tax (18,012), Amount from Schedule 2 (18,012), Child tax credit (2,000), Amount from Schedule 3 (520), Add lines 19 and 20 (2,520), Subtract line 21 (15,492), Other taxes (4,465), and total tax (19,957).

Payments table with rows 25-33. Includes Federal income tax withheld (19,958), 2023 estimated tax payments, Earned income credit (NO), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, and total other payments and refundable credits (19,958).

Refund table with rows 34-36. Includes refund amount (1), routing number (051000017), account number (435002985044), and amount applied to 2024 estimated tax (36).

Amount You Owe table with rows 37-38. Includes amount you owe (37) and estimated tax penalty (38).

Third Party Designee section with checkboxes for Yes/No and fields for Designee's name, phone no., and personal identification number (PIN).

Sign Here section with declaration and signature fields for taxpayer and spouse, including occupation (SOFTWARE ENGINEER) and contact information (Phone: (251) 656-3667, Email: RAJINIKANTH.CHIMARLA@GMAIL.COM).

Paid Preparer Use Only section with fields for Preparer's name (SYAM PRIYA RAM SAGAR GUPTA), signature, date (04/15/2024), PTIN (P02082703), firm's name (GLOBAL TAXES LLC), address (245 ROONEY CT E BRUNSWICK NJ 08816), phone no. (678) 965-9522, and firm's EIN (84-3171965).

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
RAJINI KANTH CHIMARLA & LAXMI AMULYA GUNDALA

Your social security number  
421-65-1725

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  | 31,599. |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  |         |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | 31,599. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |        |
|------------|--|------------|--------|
| <b>11</b>  | Educator expenses . . . . .  | <b>11</b>  |        |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  | <b>12</b>  |        |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   | <b>13</b>  |        |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  | <b>14</b>  |        |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | <b>15</b>  | 2,233. |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | <b>16</b>  |        |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   | <b>17</b>  |        |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   | <b>18</b>  |        |
| <b>19a</b> | Alimony paid . . . . .   | <b>19a</b> |        |
| <b>b</b>   | Recipient's SSN . . . . .  |            |        |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |        |
| <b>20</b>  | IRA deduction . . . . .  | <b>20</b>  |        |
| <b>21</b>  | Student loan interest deduction . . . . .  | <b>21</b>  |        |
| <b>22</b>  | Reserved for future use . . . . .  | <b>22</b>  |        |
| <b>23</b>  | Archer MSA deduction . . . . .   | <b>23</b>  |        |
| <b>24</b>  | Other adjustments:   |            |        |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |        |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |        |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |        |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |        |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |        |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |        |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |        |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |        |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |        |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |        |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |        |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |        |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   | <b>25</b>  |        |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    | <b>26</b>  | 2,233. |

**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](http://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: **RAJINI KANTH CHIMARLA & LAXMI AMULYA GUNDALA**  
Your social security number: **421-65-1725**

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .            | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .  | <b>4</b>  | 4,465. |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .  | <b>5</b>  |        |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .  | <b>6</b>  |        |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .   | <b>7</b>  |        |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . . | <b>8</b>  |        |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .  | <b>9</b>  |        |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .   | <b>10</b> |        |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .  | <b>11</b> |        |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .  | <b>12</b> |        |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                          | <b>13</b> |        |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .                                       | <b>14</b> |        |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                    | <b>15</b> |        |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .   | <b>16</b> |        |

*(continued on page 2)*

**Part II Other Taxes** *(continued)*

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

4,465.

**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](http://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<br>RAJINI KANTH CHIMARLA & LAXMI AMULYA GUNDALA | Your social security number<br>421-65-1725 |
|---|--|

**Part I Nonrefundable Credits**

|  |           |  |  |  |  |           |      |
|--|-----------|--|--|--|--|-----------|------|
| <b>1</b> Foreign tax credit. Attach Form 1116 if required . . . . .  |           |  |  |  |  | <b>1</b>  |      |
| <b>2</b> Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          |           |  |  |  |  | <b>2</b>  | 520. |
| <b>3</b> Education credits from Form 8863, line 19 . . . . .   |           |  |  |  |  | <b>3</b>  |      |
| <b>4</b> Retirement savings contributions credit. Attach Form 8880 . . . . .                                       |           |  |  |  |  | <b>4</b>  |      |
| <b>5a</b> Residential clean energy credit from Form 5695, line 15 . . . . .  |           |  |  |  |  | <b>5a</b> |      |
| <b>b</b> Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                |           |  |  |  |  | <b>5b</b> |      |
| <b>6</b> Other nonrefundable credits:  |           |  |  |  |  |           |      |
| <b>a</b> General business credit. Attach Form 3800 . . . . .   | <b>6a</b> |  |  |  |  |           |      |
| <b>b</b> Credit for prior year minimum tax. Attach Form 8801 . . . . .   | <b>6b</b> |  |  |  |  |           |      |
| <b>c</b> Adoption credit. Attach Form 8839 . . . . .   | <b>6c</b> |  |  |  |  |           |      |
| <b>d</b> Credit for the elderly or disabled. Attach Schedule R . . . . .   | <b>6d</b> |  |  |  |  |           |      |
| <b>e</b> Reserved for future use . . . . .   | <b>6e</b> |  |  |  |  |           |      |
| <b>f</b> Clean vehicle credit. Attach Form 8936 . . . . .  | <b>6f</b> |  |  |  |  |           |      |
| <b>g</b> Mortgage interest credit. Attach Form 8396 . . . . .  | <b>6g</b> |  |  |  |  |           |      |
| <b>h</b> District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |  |  |  |  |           |      |
| <b>i</b> Qualified electric vehicle credit. Attach Form 8834 . . . . .   | <b>6i</b> |  |  |  |  |           |      |
| <b>j</b> Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |  |  |  |  |           |      |
| <b>k</b> Credit to holders of tax credit bonds. Attach Form 8912 . . . . .   | <b>6k</b> |  |  |  |  |           |      |
| <b>l</b> Amount on Form 8978, line 14. See instructions . . . . .  | <b>6l</b> |  |  |  |  |           |      |
| <b>m</b> Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |  |  |  |  |           |      |
| <b>z</b> Other nonrefundable credits. List type and amount: _____  | <b>6z</b> |  |  |  |  |           |      |
| <b>7</b> Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      |           |  |  |  |  | <b>7</b>  |      |
| <b>8</b> Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . |           |  |  |  |  | <b>8</b>  | 520. |

*(continued on page 2)*



**Part II Other Payments and Refundable Credits**

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

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

RAJINI KANTH CHIMARLA & LAXMI AMULYA GUNDALA

Your social security number

421-65-1725

|                                    |   |  |          |                   |
|------------------------------------|---|--|----------|-------------------|
| <b>Medical and Dental Expenses</b> | <b>Caution:</b> Do not include expenses reimbursed or paid by others. |  |          |                   |
|                                    | <b>1</b>  | Medical and dental expenses (see instructions) . . . . .   |          |                   |
|                                    | <b>2</b>  | Enter amount from Form 1040 or 1040-SR, line 11  | <b>2</b> |                   |
|                                    | <b>3</b>  | Multiply line 2 by 7.5% (0.075) . . . . .  |          | <b>3</b>          |
|                                    | <b>4</b>  | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-  |          | <b>4</b>          |
| <b>Taxes You Paid</b>              | <b>5</b>  | State and local taxes.   |          |                   |
|                                    | <b>5a</b>   | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 6,088.   |                   |
|                                    | <b>5b</b>   | State and local real estate taxes (see instructions) . . . . .   | 4,907.   |                   |
|                                    | <b>5c</b>   | State and local personal property taxes . . . . .  |          |                   |
|                                    | <b>5d</b>   | Add lines 5a through 5c . . . . .  | 10,995.  |                   |
|                                    | <b>5e</b>   | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .  | 10,000.  |                   |
|                                    | <b>6</b>  | Other taxes. List type and amount: _____   |          |                   |
|                                    | <b>7</b>  | Add lines 5e and 6 . . . . .   |          | 10,000.           |
| <b>Interest You Paid</b>           | <b>8</b>  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>   |          |                   |
|                                    | <b>8a</b>   | Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .  | 35,352.  |                   |
|                                    | <b>8b</b>   | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .                        |          |                   |
|                                    | <b>8c</b>   | Points not reported to you on Form 1098. See instructions for special rules . . . . .  |          |                   |
|                                    | <b>8d</b>   | Reserved for future use . . . . .  |          |                   |
|                                    | <b>8e</b>   | Add lines 8a through 8c . . . . .  | 35,352.  |                   |
|                                    | <b>9</b>  | Investment interest. Attach Form 4952 if required. See instructions  |          |                   |
| <b>10</b>                          | Add lines 8e and 9 . . . . .  |  | 35,352.  |                   |
| <b>Gifts to Charity</b>            | <b>11</b>   | Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .  |          |                   |
|                                    | <b>12</b>   | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .   |          |                   |
|                                    | <b>13</b>   | Carryover from prior year . . . . .  |          |                   |
|                                    | <b>14</b>   | Add lines 11 through 13 . . . . .  |          | <b>14</b>         |
| <b>Casualty and Theft Losses</b>   | <b>15</b>   | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .   |          | <b>15</b>         |
| <b>Other Itemized Deductions</b>   | <b>16</b>   | Other—from list in instructions. List type and amount: _____   |          | <b>16</b>         |
| <b>Total Itemized Deductions</b>   | <b>17</b>   | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .   |          | <b>17</b> 45,352. |
|                                    | <b>18</b>   | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>   |          |                   |

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment  
Sequence No. **09**

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

|  |  |
|--|--|
| Name of proprietor<br><b>LAXMI AMULYA GUNDALA</b>  | Social security number (SSN)<br>675-89-9726          |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br>SOFTWARE SERVICES  | <b>B</b> Enter code from instructions<br>5 1 9 2 0 0 |
| <b>C</b> Business name. If no separate business name, leave blank.   | <b>D</b> Employer ID number (EIN) (see instr.)       |
| <b>E</b> Business address (including suite or room no.) <u>2017 CRAMPTON GROVE WAY</u><br>City, town or post office, state, and ZIP code <u>CARY, NC 27519</u>   |  |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____   |  |
| <b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>H</b> If you started or acquired this business during 2023, check here . . . . . <input type="checkbox"/>   |  |
| <b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       |  |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

**Part I Income**

|   |          |         |
|---|----------|---------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/> | <b>1</b> | 41,004. |
| <b>2</b> Returns and allowances . . . . .   | <b>2</b> |         |
| <b>3</b> Subtract line 2 from line 1 . . . . .  | <b>3</b> | 41,004. |
| <b>4</b> Cost of goods sold (from line 42) . . . . .  | <b>4</b> |         |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .   | <b>5</b> | 41,004. |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .   | <b>6</b> |         |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .   | <b>7</b> | 41,004. |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|   |            |        |   |            |         |
|---|------------|--------|---|------------|---------|
| <b>8</b> Advertising . . . . .  | <b>8</b>   |        | <b>18</b> Office expense (see instructions) . . . . .                               | <b>18</b>  |         |
| <b>9</b> Car and truck expenses (see instructions) . . . . .  | <b>9</b>   |        | <b>19</b> Pension and profit-sharing plans . . . . .                                | <b>19</b>  |         |
| <b>10</b> Commissions and fees . . . . .  | <b>10</b>  |        | <b>20</b> Rent or lease (see instructions):   |            |         |
| <b>11</b> Contract labor (see instructions) . . . . .   | <b>11</b>  |        | <b>a</b> Vehicles, machinery, and equipment   | <b>20a</b> |         |
| <b>12</b> Depletion . . . . .   | <b>12</b>  |        | <b>b</b> Other business property . . . . .  | <b>20b</b> |         |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .  | <b>13</b>  |        | <b>21</b> Repairs and maintenance . . . . .   | <b>21</b>  |         |
| <b>14</b> Employee benefit programs (other than on line 19) . . . . .   | <b>14</b>  |        | <b>22</b> Supplies (not included in Part III) . . . . .                             | <b>22</b>  |         |
| <b>15</b> Insurance (other than health) . . . . .   | <b>15</b>  |        | <b>23</b> Taxes and licenses . . . . .  | <b>23</b>  |         |
| <b>16</b> Interest (see instructions):  |            |        | <b>24</b> Travel and meals:   |            |         |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16a</b> |        | <b>a</b> Travel . . . . .   | <b>24a</b> | 1,520.  |
| <b>b</b> Other . . . . .  | <b>16b</b> |        | <b>b</b> Deductible meals (see instructions)  | <b>24b</b> | 1,375.  |
| <b>17</b> Legal and professional services   | <b>17</b>  |        | <b>25</b> Utilities . . . . .   | <b>25</b>  |         |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b . . . . .   | <b>28</b>  |        | <b>26</b> Wages (less employment credits)   | <b>26</b>  |         |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .  | <b>29</b>  | 9,405. | <b>27a</b> Other expenses (from line 48) . . . . .                                  | <b>27a</b> | 6,510.  |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____<br>and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .                           | <b>30</b>  |        | <b>27b</b> Energy efficient commercial bldgs deduction (attach Form 7205) . . . . . | <b>27b</b> |         |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  |        |   |            | 31,599. |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |        |   |            |         |

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  **Yes**     **No**

|  |           |  |
|--|-----------|--|
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . | <b>35</b> |  |
| 36 Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |  |
| 37 Cost of labor. Do not include any amounts paid to yourself . . . . .  | <b>37</b> |  |
| 38 Materials and supplies . . . . .  | <b>38</b> |  |
| 39 Other costs . . . . .   | <b>39</b> |  |
| 40 Add lines 35 through 39 . . . . .   | <b>40</b> |  |
| 41 Inventory at end of year . . . . .  | <b>41</b> |  |
| <b>42 Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .       | <b>42</b> |  |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) \_\_\_\_\_

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_

45 Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

46 Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

47a Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

|  |           |        |
|--|-----------|--------|
| BACK OFFICE OPERATION EXPENSES                                       |           | 6,510. |
|  |           |        |
|  |           |        |
|  |           |        |
|  |           |        |
|  |           |        |
|  |           |        |
|  |           |        |
|  |           |        |
|  |           |        |
| <b>48 Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 6,510. |

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)  
LAXMI AMULYA GUNDALA

Social security number of person  
with **self-employment** income 675-89-9726

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 31,599.

**3** Combine lines 1a, 1b, and 2 **3** 31,599.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 29,182.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 29,182.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

**6** Add lines 4c and 5b **6** 29,182.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 17,207.

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d** 17,207.

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 142,993.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 3,619.

**11** Multiply line 6 by 2.9% (0.029) **11** 846.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 4,465.

**13** **Deduction for one-half of self-employment tax.**  
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 2,233.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

**Part II** **Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$9,840, **or (b)** your net farm profits<sup>2</sup> were less than \$7,103.

|  |           |       |
|--|-----------|-------|
| <b>14</b> Maximum income for optional methods . . . . .  | <b>14</b> | 6,560 |
| <b>15</b> Enter the <b>smaller</b> of: two-thirds ( $\frac{2}{3}$ ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,560. Also, include this amount on line 4b above . . . . . | <b>15</b> |       |

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$7,103 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

|   |           |  |
|---|-----------|--|
| <b>16</b> Subtract line 15 from line 14 . . . . .   | <b>16</b> |  |
| <b>17</b> Enter the <b>smaller</b> of: two-thirds ( $\frac{2}{3}$ ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above . . . . . | <b>17</b> |  |

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

# Child and Dependent Care Expenses

Attach to Form 1040, 1040-SR, or 1040-NR.  
 Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return: RAJINI KANTH CHIMARLA & LAXMI AMULYA GUNDALA  
 Your social security number: 421-65-1725

**A** You can't claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under *Married Persons Filing Separately*. If you meet these requirements, check this box

**B** If you or your spouse was a student or was disabled during 2023 and you're entering deemed income of \$250 or \$500 a month on Form 2441 based on the income rules listed in the instructions under *If You or Your Spouse Was a Student or Disabled*, check this box

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
 If you have more than three care providers, see the instructions and check this box

| 1 (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Was the care provider your household employee in 2023? For example, this generally includes nannies but not daycare centers. (see instructions) | (e) Amount paid (see instructions) |
|----------------------------|---|-------------------------------------|---|------------------------------------|
| THE GODDARD SCHOOL         | 4027 DAVIS DR<br>MORRISVILLE NC 27560                             | 86-2038997                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 8,000.                             |
|                            |   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |
|                            |   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |

Did you receive dependent care benefits?  **No** Complete only Part II below.  
 **Yes** Complete Part III on page 2 next.

**Caution:** If the care provider is your household employee, you may owe employment taxes. For details, see the Instructions for Schedule H (Form 1040). If you incurred care expenses in 2023 but didn't pay them until 2024, or if you prepaid in 2023 for care to be provided in 2024, don't include these expenses in column (d) of line 2 for 2023. See the instructions.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than three qualifying persons, see the instructions and check this box

| (a) Qualifying person's name |          | (b) Qualifying person's social security number | (c) Check here if the qualifying person was over age 12 and was disabled. (see instructions) | (d) Qualified expenses you incurred and paid in 2023 for the person listed in column (a) |
|------------------------------|----------|--|--|--|
| First                        | Last     |  |  |  |
| AARUSH REDDY                 | CHIMARLA | 822-94-8994                                    | <input type="checkbox"/>   | 7,600.   |
|                              |          |  | <input type="checkbox"/>   |  |
|                              |          |  | <input type="checkbox"/>   |  |

|   |   |   |
|---|---|---|
| <b>3</b> Add the amounts in column (d) of line 2. <b>Don't</b> enter more than \$3,000 if you had one qualifying person or \$6,000 if you had two or more persons. If you completed Part III, enter the amount from line 31 | <b>3</b>  | 2,600.  |
| <b>4</b> Enter your <b>earned income</b> . See instructions   | <b>4</b>  | 123,465.  |
| <b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4                         | <b>5</b>  | 46,418.   |
| <b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5   | <b>6</b>  | 2,600.  |
| <b>7</b> Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11  | <b>7</b>  | 169,883.  |
| <b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7.   | <b>8</b>  | X .20   |
| <b>If line 7 is:</b>  | <b>If line 7 is:</b>                              | <b>If line 7 is:</b>                              |
| <b>Over</b> But not over <b>Decimal amount is</b>   | <b>Over</b> But not over <b>Decimal amount is</b> | <b>Over</b> But not over <b>Decimal amount is</b> |
| \$0—15,000 .35  | \$25,000—27,000 .29                               | \$37,000—39,000 .23                               |
| 15,000—17,000 .34   | 27,000—29,000 .28                                 | 39,000—41,000 .22                                 |
| 17,000—19,000 .33   | 29,000—31,000 .27                                 | 41,000—43,000 .21                                 |
| 19,000—21,000 .32   | 31,000—33,000 .26                                 | 43,000—No limit .20                               |
| 21,000—23,000 .31   | 33,000—35,000 .25                                 |   |
| 23,000—25,000 .30   | 35,000—37,000 .24                                 |   |
| <b>9a</b> Multiply line 6 by the decimal amount on line 8   | <b>9a</b>   | 520.  |
| <b>b</b> If you paid 2022 expenses in 2023, complete Worksheet A in the instructions. Enter the amount from line 13 of the worksheet here. Otherwise, enter -0- on line 9b and go to line 9c                                | <b>9b</b>   | 0.  |
| <b>c</b> Add lines 9a and 9b and enter the result   | <b>9c</b>   | 520.  |
| <b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions   | <b>10</b>   | 18,012.   |
| <b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9c or line 10 here and on Schedule 3 (Form 1040), line 2  | <b>11</b>   | 520.  |

**Part III Dependent Care Benefits**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>12</b> | Enter the total amount of <b>dependent care benefits</b> you received in 2023. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . . | <b>12</b> | 400.     |
| <b>13</b> | Enter the amount, if any, you carried over from 2022 and used in 2023 during the grace period. See instructions . . . . .   | <b>13</b> |          |
| <b>14</b> | If you forfeited or carried over to 2024 any of the amounts reported on line 12 or 13, enter the amount. See instructions . . . . .   | <b>14</b> | ( )      |
| <b>15</b> | Combine lines 12 through 14. See instructions . . . . .   | <b>15</b> | 400.     |
| <b>16</b> | Enter the total amount of <b>qualified expenses</b> incurred in 2023 for the care of the <b>qualifying person(s)</b> . . . . .  | <b>16</b> | 8,000.   |
| <b>17</b> | Enter the <b>smaller</b> of line 15 or 16 . . . . .   | <b>17</b> | 400.     |
| <b>18</b> | Enter your <b>earned income</b> . See instructions . . . . .  | <b>18</b> | 123,465. |
| <b>19</b> | Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>                                     | <b>19</b> | 46,418.  |
| <b>20</b> | Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .   | <b>20</b> | 400.     |
| <b>21</b> | Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). However, don't enter more than the maximum amount allowed under your dependent care plan. See instructions . . . . .   | <b>21</b> | 5,000.   |
| <b>22</b> | Is any amount on line 12 or 13 from your sole proprietorship or partnership?<br><input checked="" type="checkbox"/> <b>No.</b> Enter -0-.<br><input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .   | <b>22</b> | 0.       |
| <b>23</b> | Subtract line 22 from line 15 . . . . .   | <b>23</b> | 400.     |
| <b>24</b> | <b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .  | <b>24</b> | 0.       |
| <b>25</b> | <b>Excluded benefits.</b> If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0- . . . . .   | <b>25</b> | 400.     |
| <b>26</b> | <b>Taxable benefits.</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, enter this amount on Form 1040, 1040-SR, or 1040-NR, line 1e . . . . .  | <b>26</b> | 0.       |

To claim the child and dependent care credit, complete lines 27 through 31 below.

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>27</b> | Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .  | <b>27</b> | 3,000. |
| <b>28</b> | Add lines 24 and 25 . . . . .  | <b>28</b> | 400.   |
| <b>29</b> | Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2022 expenses in 2023, see the instructions for line 9b . . . . . | <b>29</b> | 2,600. |
| <b>30</b> | Complete line 2 on page 1 of this form. <b>Don't</b> include in column (d) any benefits shown on line 28 above. Then, add the amounts in column (d) and enter the total here . . . . .   | <b>30</b> | 7,600. |
| <b>31</b> | Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11 . . . . .  | <b>31</b> | 2,600. |



**SCHEDULE 8812  
(Form 1040)**

**Credits for Qualifying Children  
and Other Dependents**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Attachment  
Sequence No. **47**

Name(s) shown on return

Your social security number

RAJINI KANTH CHIMARLA & LAXMI AMULYA GUNDALA

421-65-1725

| <b>Part I Child Tax Credit and Credit for Other Dependents</b>   |   |           |          |
|--|---|-----------|----------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  | <b>1</b>  | 169,883. |
| <b>2a</b>  | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |
| <b>b</b>   | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |
| <b>c</b>   | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |
| <b>d</b>   | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |
| <b>3</b>   | Add lines 1 and 2d . . . . .  | <b>3</b>  | 169,883. |
| <b>4</b>   | Number of qualifying children under age 17 with the required social security number   | <b>4</b>  | 1        |
| <b>5</b>   | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.   |
| <b>6</b>   | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 0        |
| <b>Caution:</b> 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.                |   |           |          |
| <b>7</b>   | Multiply line 6 by \$500 . . . . .  | <b>7</b>  |          |
| <b>8</b>   | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,000.   |
| <b>9</b>   | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000. |
| <b>10</b>  | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• 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. } | <b>10</b> | 0.       |
| <b>11</b>  | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |
| <b>12</b>  | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 2,000.   |
| <input type="checkbox"/> <b>No. STOP.</b> 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. |   |           |          |
| <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.  |   |           |          |
| <b>13</b>  | Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 17,492.  |
| <b>14</b>  | Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .   | <b>14</b> | 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 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.

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|            |  |            |    |
|------------|--|------------|----|
| <b>15</b>  | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . <input type="checkbox"/>   |            |    |
| <b>16a</b> | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .   | <b>16a</b> | 0. |
| <b>b</b>   | Number of qualifying children under 17 with the required social security number: _____ x \$1,600.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16b</b> |    |
|            | <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.  |            |    |
| <b>17</b>  | Enter the <b>smaller</b> of line 16a or line 16b . . . . .   | <b>17</b>  |    |
| <b>18a</b> | Earned income (see instructions) . . . . .   | <b>18a</b> |    |
| <b>b</b>   | Nontaxable combat pay (see instructions) . . . . .   | <b>18b</b> |    |
| <b>19</b>  | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b>  |    |
| <b>20</b>  | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,800 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> 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. | <b>20</b>  |    |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>21</b> | 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. . . . . |           |  |
| <b>22</b> | 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 . . . . .   | <b>22</b> |  |
| <b>23</b> | Add lines 21 and 22 . . . . .  | <b>23</b> |  |
| <b>24</b> | <b>1040 and</b><br><b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }   | <b>24</b> |  |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .  | <b>25</b> |  |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.   | <b>26</b> |  |

**Part II-C Additional Child Tax Credit**

|           |  |  |  |
|-----------|--|--|--|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . |  |  |
|-----------|--|--|--|

# Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.  
 Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

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

Social security number of HSA beneficiary.  
 If both spouses have HSAs, see instructions.  
 421-65-1725

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

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|    |  |   |
|----|--|---|
| 1  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .   | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> 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. <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 <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , 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 . . . . .  | 9 2,100.  |
| 10 | Qualified HSA funding distributions . . . . .  | 10  |
| 11 | Add lines 9 and 10 . . . . .   | 11 2,100.   |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 5,650.   |
| 13 | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | 13 0.   |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|     |  |     |
|-----|--|-----|
| 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |     |
| b   | <b>Additional 20% tax</b> (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 III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, 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 | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | 21 |

**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](http://www.irs.gov/Form8867) for instructions and the latest information.**

|  |   |
|--|---|
| Taxpayer name(s) shown on return<br>RAJINI KANTH CHIMARLA & LAXMI AMULYA GUNDALA | Taxpayer identification number<br>421-65-1725   |
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA                                    | Preparer tax identification number<br>P02082703 |

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

|   | Yes                                 | No                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>1</b> Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.<br><ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |
| <b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| <b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .<br>List those documents provided by the taxpayer, if any, that you relied on:<br>_____<br>_____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          |
| <b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . .<br><b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>a</b> Did you complete the required recertification Form 8862? . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <b>9a</b> 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? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>b</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? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>c</b> 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)? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

|   | Yes                                 | No                       | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| <b>10</b> 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? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>11</b> 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? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>12</b> 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? . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI Eligibility Certification**

**You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer’s responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- 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 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer’s eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer’s responses, to determine the taxpayer’s eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

**If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).**

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |