#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number
VINAY KUMAR ADIREDDY	042-91-7428
Spouse's name	Spouse's social security number
KIRANMAI KORUPOLU	031-02-1334
Part I Tax Return Information – Tax Year Ending December 31, 2023 (E	nter 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.	
<b>1</b> Adjusted gross income	<b>1</b> 347,947.
<b>2</b> Total tax	<b>. 2</b> 64,887.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 66,320.
4 Amount you want refunded to you	<b>4 4</b> ,942.
<b>5</b> Amount you owe	5

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

Under penalties of periury. 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

				EBO firm name	5 ,	E
X	I authorize	GLOBAL TA	AXES	LLC	to enter or generate my PIN	

1	7	4	2	8	
Ent dor	er fiv i't er	/e di nter a	gits, all ze	but ros	as

2 1 3 3 4

Enter five digits, but don't enter all zeros

my

as mv

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 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

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

X lauthorize GLOBAL TAXES LLC ERO firm name

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 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 ►	Da	te 🕨	•				 		
Practitioner PIN Method Returns Only—co	ntinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method	Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected F	PIN.	2	2			0 III zer	 2 7	' 1	

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 F Don't Submit This Form to the I		
Few Devices and Devices Act A	lation and company to contain the descellance	 DEV 00/07/04 DDO	Farm 8870 (Day, 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
VINAY KU	IMAR			REDDY						042		7428
		s first name and middle initial	Last									security number
KIRANMAI	Г		KOR	UPOLU						031	02	1334
		er and street). If you have a P.O. box, see						A	Apt. no.			ection Campaigr
12050 RE	SEA	RCH RD						8	3102			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	-	1 1	0	jointly, want \$3
FRISCO						ТΣ	ζ	750	33			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code		x or refu	•
											V Yo	ou 🗌 Spouse
Filing Status	; [	Single					Head of h	ouseh	old (HOH)	•		
Check only	_	Married filing jointly (even if only or	ne hac	d income)								
one box.		] Married filing separately (MFS)					Qualifying	surviv	ing spouse/	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	nent for prope	rty or	services); o	r (b) sell,		
Assets		nange, or otherwise dispose of a digi									<b>Y</b>	es 🛛 No
Standard Deduction		neone can claim:	•				a dependent					
		: Were born before January 2, 1		Are b		ouse		n hofe	ore January	2 1050		s blind
Dependents			000	<u> </u>	Social security		(3) Relationsh	14	,			(see instructions):
•	•	irst name Last name		(2)	number		to you		Child tax of	-	1	or other dependents
lf more than four												$\Box$
dependents,												
see instructions and check	s ——											
here	]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)					. 1a	1	368,462.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1b	)	
W-2 here. Also	С	Tip income not reported on line 1a	ι (see i	nstructior	ns)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	ictions)			. 10	1	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26 .					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	om Form 8	8839, line 29					. <u>1</u> f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 1g	ı	
get a Form W-2, see	h	Other earned income (see instructi	,					· ·		. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
	<u>z</u>	Add lines 1a through 1h	···		· · · ·	• •				. 1z	:	368,462.
Attach Sch. B if required.	2a	· · -	2a				axable interest			. 2b	-	
	<u>3a</u>	-	3a				ordinary divide				-	1.
Standard	4a	-	4a				axable amoun			. 4b	_	
Deduction for –	5a		5a				axable amoun			. 5b	-	
<ul> <li>Single or Married filing</li> </ul>	6a		6a				axable amoun	t		. 6b	)	
separately, \$13,850	с _	If you elect to use the lump-sum el				•	,	• •				2 000
<ul> <li>Married filing</li> </ul>	7	Capital gain or (loss). Attach Sched		•	•		-	• •				-3,000.
jointly or Qualifying	8	Additional income from Schedule						• •		. 8		-17,516.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-						. 9		347,947.
<ul> <li>Head of</li> </ul>	10	Adjustments to income from Sche						• •		. 10		247 047
household, [ \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11	-	347,947.
If you checked any box under	12	Standard deduction or itemized Qualified business income deducti					 5 A	• •		· 12		27,700.
Standard	13 14				ออว บา คบเพ	099	J-A	• •				27,700.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 _∩_ This is	 		 16		· 14		320,247.
			5 51 16		5 . 1113 13 y	5011				. 10		5201211.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	63,659.
Credits	17	Amount from Schedule 2, lin	ne3				[	17	
	18	Add lines 16 and 17					[	18	63,659.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ne8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	63,659.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	1,228.
	24	Add lines 22 and 23. This is			-			24	64,887.
Payments	25	Federal income tax withheld							
i aj monto	а	Form(s) W-2				<b>25a</b> 66	,117.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c	203.		
	d	Add lines 25a through 25c	,					25d	66,320.
	26	2023 estimated tax payment						26	,
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3. lin					,509.		
	32	Add lines 27, 28, 29, and 31					, 505.	32	3,509.
	33	Add lines 25d, 26, and 32. T		-	-			33	69,829.
Refund	34	If line 33 is more than line 24						34	4,942.
neiuliu	35a	Amount of line 34 you want	-			, ,		35a	4,942.
Direct deposit?	b	Routing number 0 7 2					Savings	000	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
See instructions.	d	Account number 8 2 0					Cavings		
	36	Amount of line 34 you want a			d tax	36			
Amount						50			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		-57	
Third Dorts									
Third Party Designee		you want to allow another	•				omplete be	-low.	× No
Designee		signee's		Phone			onal identific		
	nai			no.			oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation			• •	nt you an Identity
	10	ur signature		Date					IN, enter it here
Joint return?					DATA ENGI	NEER	(see in		
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your rooordo.					SOFTWARE		(see in	.st.)	
		one no. (440)840-599		Email address	ADIREDDYVINA	YKUMAR@GMAIL.CO		,	
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/30/2024	P02082		Self-employed
Use Only	Fir	m's name GLOBAL TAX							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

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 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 01 Your social security number

042-91-7428

Name(s)	shown or	n Form 1040,	104	40-SR, or 104	0-NR
VINAY	KUMAR	ADIREDDY	&	KIRANMAI	KORUPOLU

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received	[	2a	
b	Date of original divorce or separation agreement (see instructions):	Ī		
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. Attach Schedule E	. [	5	-17,516.
6	Farm income or (loss). Attach Schedule F.	[	6	
7	Unemployment compensation	[	7	
8	Other income:			
а	Net operating loss	)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555	)		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)         80			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions)   8q			
r	Scholarship and fellowship grants not reported on Form W-2 8r			
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	/		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u -				
Z	Other income. List type and amount: 8z			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on F			
10	1040, 1040-SR, or 1040-NR, line 8		10	-17,516.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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)		-	
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		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO	)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHE	DULE	2
(Form	1040)	

## **Additional Taxes**

OMB No. 1545-0074

23

20

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.				ttachment equence No. 02
Name	e(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soo	cial s	ecurity number
	AY KUMAR ADIREDDY & KIRANMAI KORUPOLU	042-91	L-74	28
Pa	rt I Tax			
1	Alternative minimum tax. Attach Form 6251		1	
2	Excess advance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	<b>'</b>	3	
Pa	rt II Other Taxes			
4	Self-employment tax. Attach Schedule SE	[	4	
5	Social security and Medicare tax on unreported tip income.Attach Form 41375			
6	Uncollected social security and Medicare tax on wages. AttachForm 89196			
7	Total additional social security and Medicare tax. Add lines 5 and 6 $\ldots$		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	ired.		
	If not required, check here		8	
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	1,228.
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-terr insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residentia and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales over \$150,000		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
		(coi	ntinu	ied on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)			
17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	_	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	_	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	1,228.
	BAA	REV 03/07/24 PRO	Schedu	ule 2 (Form 1040) 2023

Department of the Treasury

Internal Revenue Service

## **Additional Credits and Payments**

OMB No. 1545-0074

Attachment Sequence No. 03

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

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

	ne(s) shown on Form 1040, 1040-SR, or 1040-NR Your soc INAY KUMAR ADIREDDY & KIRANMAI KORUPOLU 042-9					
Par			I			
1	Foreign tax credit. Attach Form 1116 if required			1		
2	Credit for child and dependent care expenses from Form 244 <sup>-</sup> Form 2441	I, line	11. Attac	h 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		_		
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				
Т	Amount on Form 8978, line 14. See instructions	61				
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m				
z	Other nonrefundable credits. List type and amount:					
		6z				
7	Total other nonrefundable credits. Add lines 6a through 6z			7		
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20	040, 1 		8	ued on page 2	

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	3,509.
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	3,509.
	BAA REV	03/07/24 PRO	Schedule	e 3 (Form 1040) 2023

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

VINAY KUMAR ADIREDDY & KIRANMAI KORUPOLU

Your social security number 042-91-7428

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes No** If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

#### See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. (d) Adjustments Subtract column (e) (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . 2 Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 17,257. 17,403. -146. 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 4 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 -146.

## Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Par line 2, column (c		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked	24,195.	39,201.			-15,006.
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12 13	
	<b>13</b> Capital gain distributions. See the instructions					
14	<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> <b>Worksheet</b> in the instructions					( 3,120.)
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	-			15	-18,126.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-18,272.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	$\square$ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 (	3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

Department of the Treasury

Internal Revenue Service

## Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.



Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return	Social security number or taxpayer identification number
VINAY KUMAR ADIREDDY & KIRANMAI KORUPOLU	042-91-7428

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	rom column (d) and combine the result with column (g).
AMAZON COM LLC	01/01/23	12/31/23	17,257.	17,403.			-146.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box A	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	17,257.	17,403.			-146.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Form 8949 (2023)	Attachment Sequence No. 12A	Page <b>2</b>
Name(c) shown on roturn. Name and SSN or tax navor identification no. not required if shown on other side	Social security number or taxpayer identification num	her

VINAY KUMAR ADIREDDY & KIRANMAI KORUPOLU

Social security number or taxpayer identification number 042-91-7428

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

- X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	property Date acquired disposed of		<b>(d)</b> Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	Adjustment, If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Čo.)	(Mo., day, yr.)	(Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate instructions.	in the separate	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g).	
AMAZON COM LLC	01/01/22	12/31/23	24,195.	39,201.			-15,006.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		24,195.	39,201.			-15,006.	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 03/07/24 PRO

SCHEDULE E (Form 1040)		(Erom r	ontal real est	Supplementa ate, royalties, partnersl					tructo DEMIC	Se ata )		o. 1545-	0074	
		(FIOIIIII	entai reai est	Attach to Form 1040,		-				, etc.)	20	)2;	3	
	ent of the Treasury Revenue Service		Go to www			instructions and the latest information.					Attachr Seguer	nent ice No.	13	
Name(s) shown on return						Your s					social security number			
		IREDDY	2 & KIRAN	MAI KORUPOLU						042-	91-7428	L-7428		
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.													
Α				hat would require you	to file	Form(s) 1	099? \$	See ins	structions .		. 🗌 Ye	s X	No	
	•			ed Form(s) 1099? .		. ,							No	
1a	Physical addr	ess of ea	ach property	(street, city, state, ZIF	⊃ code	e)								
Α	VEPAGUNTA	POST	VISAKHA	PATNAM ANDHRA P	PRADE	ESH IN	5300	47						
В														
С														
1b	Type of Prope			ental real estate prope				Fa	ir Rental		onal Use	O.	JV	
	(from list below	N)		ort the number of fair se days. Check the Q					Days		ays			
	3			the requirements to f			<u>A</u>		365		0		<u> </u>	
<u>В</u> С				int venture. See instru			B C						<u></u>	
	of Property:						0							
	Single Family R	esidence	e 3 Vac	ation/Short-Term Ren	tal	5 Land		7	Self-Rental					
	Multi-Family Re			nmercial		6 Roya	lties	8	Other (descr	ibe)				
									Properti					
Incom	e:						Α		В			С		
3	Rents received	4			3		6	587.						
4	Royalties rece	ived			4									
Expen														
5	0				5									
6	Auto and trave				6									
7	Cleaning and r				7		1,7	'86.						
8	Commissions				8									
9 10					9 10									
11	0	•			11		1.3	869.						
12				c. (see instructions)	12		-,-							
13	00				13									
14					14		3,2	214.						
15	Supplies .				15		3,4	89.						
16					16									
17					17			978.						
18 19	•	•	•		18 19		4,3	354.						
19 20	Other (list)	s Add lir	nes 5 throug	n 19	20		18,1	90						
21			0	and/or 4 (royalties). If			-0,1							
				find out if you must										
	file Form 6198	É			21	-	-17,5	503.						
22				fter limitation, if any,										
		-	-		22	(	17,50	)3.)	(		)(		)	
23a				e 3 for all rental prope				687.	687.					
b				e 4 for all royalty prop				23b			-			
c d		I of all amounts reported on line 12 for all properties23cI of all amounts reported on line 18 for all properties23d4,354.												
e						23e		,190.						
24				wn on line 21. <b>Do not</b>						. 24				
25				21 and rental real estate				inter to	tal losses here			17,50	03.)	
26				ty income or (loss).										
				40 on page 2 do no										
			-	erwise, include this ar				ine 41		. 26		-17,5		
For Pa	perwork Reduct	ion Act N	lotice, see the	e separate instructions.		NF	Ά		-17,503	• s	chedule E (F	orm 104	40) 2023	

Schedule E (Form 1040) 2023

Schedul	e E (Form	1040) 2023				Attachment	Sequen	ce No. <b>13</b>	3						Page <b>2</b>	
Name(s)	ame(s) shown on return. Do not enter name and social security numbe					r if shown on other side.						our social security number				
VINA	VINAY KUMAR ADIREDDY & KIRANMAI KORUPOLU								042	042-91-7428						
		IRS compares amounts						s showr	n on S	Schedule(s) K-	1.					
Part	N/ th	ICOME OF LOSS From ote: If you report a loss, re e box in column (e) on line nount is not at risk, you m	eceive a dis 28 and att	tribution, di ach the req	spose uired	of stock, o basis com	or receiv	n. If you r	report	a loss from an a	it-risk	< acti				
27	Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yest										d "Yes,"					
28	see instructions before completing this section       (b) Enter P for partnership: S       (c) Check if foreign identification number         (a) Name       (b) Enter P for partnership: S       (c) Check if foreign identification number						bas	(e) Check if basis computation a			Check if mount is					
A	Gruh	alakshmi-2			for S	corporation P	partne	ership 7		-2902239		is required			at risk	
B	Of an					-		]	00	2702257			<u> </u>			
С								]					5			
D												[				
		Passive Income		-						sive Income a						
		<ul> <li>Passive loss allowed</li> <li>ch Form 8582 if required)</li> </ul>		assive income Schedule K-			ssive los Schedule	s allowed		(j) Section 179 exp eduction from For			(k) Nonpa from So			
Α	lana		nom			(366 (	Schedule	13.				~	1011 30	neuu	e IX-1	
B									•							
С																
D																
29a	Totals															
b	Totals							13.								
30		lumns (h) and (k) of line									1	30				
31		lumns (g), (i), and (j) of I										31 (	(		13.)	
32		artnership and S corp				). Combin	ne lines	30 and	31			32			-13.	
Part	III Ir	come or Loss From	I Estates										(b) Emp	lover		
33	(a) Name							i	dentificatio		ber					
Α																
B																
	(0)	Passive deduction or loss allo	Income a		Dessiv	o incomo		(0)		Ionpassive In	com			omo fr		
	(0)	(attach Form 8582 if required		(.)	(d) Passive income(e) Deduction or lossfrom Schedule K-1from Schedule K-1				(f) Other income from Schedule K-1				om			
Α																
В																
34a	Totals															
b	Totals															
35		lumns (d) and (f) of line							• •			35				
36		lumns (c) and (e) of line		· · · ·		· · ·		• •	• •			36	(		)	
37 Part		state and trust incom come or Loss From						Condu				37   dua		r		
38						1		s inclusior		(d) Taxable in						
00		<b>(a)</b> Name		identific	Employ ation n		Schedu	iles Q, line	e 2c	(net loss) fr Schedules Q.	om		(e) Ind Schedu	come f l <b>es Q</b> ,		
				1			10001		-1			-				
39	Combi	ne columns (d) and (e) c	only. Enter	the result	here	and inclu	de in th	he total	on lir	ne 41 below .	1	39				
Part	V S	ummary														
40	Net far	m rental income or (loss	s) from <b>Fo</b>	rm 4835. /	Also,	complete	line 42	2 below			4	40				
41		ncome or (loss). Combin 1040), line 5		6, 32, 37, 3		nd 40. Ent	er the r	result he	ere ar	nd on Schedule		41		-17,	516.	
42	farming (Form 1	ciliation of farming a g and fishing income rep (065), box 14, code B; S d Schedule K-1 (Form 1)	oorted on l Schedule k	Form 4835 <-1 (Form	5, line 1120-	7; Sched S), box 1	ule K-1 7, code									
43	profess reporte from al	ciliation for real estate sional (see instructions d anywhere on Form I rental real estate activ he passive activity loss	s), enter 1040, For vities in w	the net i m 1040-S hich you r	ncom R, or nater	e or (los Form 10 ially partie	ss) you 040-NF cipated	1 }								

8 Form Department of the Treasury Internal Revenue Service

# Health Savings Accounts (HSAs)

OMB No. 1545-0074 2023

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

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

	Attachment Sequence No. <b>52</b>
ity num	ber of HSA beneficiary.
ses hav	e HSAs, see instructions

			ocque	
		Social security num f both spouses hav 031-02-1	e HSAs, se	
	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (			
Part		his part. If you	J are fil	ing jointly
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du			
	See instructions	🗆	Self-or	nly 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those m unextended due date of your tax return that were for 2023. <b>Do not</b> include employer co contributions through a cafeteria plan, or rollovers. See instructions	ntributions,	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 were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 family coverage). <b>All others</b> , see the instructions for the amount to enter	2023, you (\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from I lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	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 coverage under an HDHP at any time during 2023, see the instructions for the amount to er	nter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had famil under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023	2,000.		
10	Qualified HSA funding distributions   10			
11	Add lines 9 and 10		1	2,000.
12	Subtract line 11 from line 8. If zero or less, enter -0		2	5,750.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		3	0.
Part	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Fart	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	i nave separa	е поа	is, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	1	4a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a contributions (and the earnings on those excess contributions) included on line 14a	any excess		
	withdrawn by the due date of your return. See instructions		4b	
с	Subtract line 14b from line 14a		4c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	1	5	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, i amount in the total on Schedule 1 (Form 1040), Part I, line 8f	nclude this	6	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Addition</b> <b>Tax</b> (see instructions), check here	al 20%		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	ine 16 that Ile 2 (Form	7b	
Part	III Income and Additional Tax for Failure To Maintain HDHP Coverage. See a completing this part. If you are filing jointly and both you and your spouse each complete a separate Part III for each spouse	the instructior ch have separ		
18			8	
19	Qualified HSA funding distribution		9	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,		20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu			
	1040). Part II. line 17d		н 🗌	

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

REV 03/07/24 PRO BAA

Form	8959

Department of the Treasury Internal Revenue Service

Name(s) shown on return

## **Additional Medicare Tax**

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

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

OMB No. 1545-0074
20 <b>23</b>
Attachment Sequence No. <b>71</b>

042-91-7428

Your social security number

VINA	AY KUMAR ADIREDDY & KIRANMAI KORUPOLU	042-91-	7428
Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
		6,496.	
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6         .         .         .         .         .         3		
4		6,496.	
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
		0,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0		<b>3</b> 136,496.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here an		
	Part II	7	1,228.
Part	II Additional Medicare Tax on Self-Employment Income		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	1	2
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter h	ere and	
	go to Part III		3
Part	<b>III</b> Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensa	tion	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0		6
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9%		
	Enter here and go to Part IV	1	7
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1		
_	filers, see instructions), and go to Part V	1	8 1,228.
Part	- · · · · · · · · · · · · · · · · · · ·		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
		5,807.	
20		6,496.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages <b>21</b>	5,604.	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medica		
	withholding on Medicare wages		<b>2</b> 203.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W 14 (see instructions)		3
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount	unt with	
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-S		
	see instructions)	2	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03	/07/24 PRO	Form 8959 (2023)

Form **8960** 

# Net Investment Income Tax— Individuals, Estates, and Trusts Attach to your tax return.

OMB No. 1545-2227

2023 Attachment Sequence No. **72** 

Go	to www.irs.gov/Form8960 for instructions and the latest information.

	Attach to your tax return.           Revenue Service         Go to www.irs.gov/Form8960 for instructions and the latest inform		Attachment Sequence No. 72			
			Vauraasia		urity number or EIN	
. ,	) shown on your tax return AY KUMAR ADIREDDY & KIRANMAI KORUPOLU		042-91		-	
Part				_ /	120	
Fart	Section 6013(h) election (see instructions)					
	$\square$ Regulations section 1.1411-10(g) election (see instructions)					
	Taxable interest (see instructions)		1			
1	Ordinary dividends (see instructions)			_	1	
2 3	Annuities (see instructions)			-	1.	
	· · · · · · · · · · · · · · · · · · ·		3	•		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)       4a	-17,	516.			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)       4b		13.			
С	Combine lines 4a and 4b			c	-17,503.	
5a	Net gain or loss from disposition of property (see instructions)	-3,0	000.			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)       5b					
С	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)					
d	Combine lines 5a through 5c		5	d	-3,000.	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)					
7	Other modifications to investment income (see instructions)			'		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	3	-20,502.	
Part		S		_		
9a	Investment interest expenses (see instructions)					
b	State, local, and foreign income tax (see instructions)					
С	Miscellaneous investment expenses (see instructions)					
d	Add lines 9a, 9b, and 9c			-		
10	Additional modifications (see instructions)			_		
11	Total deductions and modifications. Add lines 9d and 10		1'	1		
_	Tax Computation					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complet Estates and trusts, complete lines 18a–21. If zero or less, enter -0			2	0.	
	Individuals:					
13	Modified adjusted gross income (see instructions)	347,	947.			
14	Threshold based on filing status (see instructions)	250,				
15	Subtract line 14 from line 13. If zero or less, enter -0	97,				
16				6	0.	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here	e and inc	lude			
	on your tax return (see instructions)			7	0.	
	Estates and Trusts:					
18a	Net investment income (line 12 above)         1         18a					
b	Deductions for distributions of net investment income and charitable deductions (see instructions)					
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0					
19a	Adjusted gross income (see instructions)					
b	Highest tax bracket for estates and trusts for the year (see instructions) <b>19b</b>					
C	Subtract line 19b from line 19a. If zero or less, enter -0					
20	Enter the smaller of line 18c or line 19c		2	0		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). En	nter here	and			
	include on your tax return (see instructions)			1		
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	3/07/24 PRO			Form <b>8960</b> (2023)	