## Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		•		
Taxpayer's name	Social securit	y numbei	•	
BADARINATH R PEDDIREDDY	754-16-	-9544		
Spouse's name	Spouse's soc	ial securi	ty numbe	r
GREESHMA DASARI	781-67	-6928		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re auth	orizing.	.)
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		1	72	,205.
2 Total tax		2	2	,703.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10	,007.
4 Amount you want refunded to you		4	7	,304.
5 Amount you owe		5		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of yo	ur retu	rn)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reje for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements and support to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizatests must be processing of ayment. I furt	onic returnansmission dits de ax prepara entry to ation. To e receive the electer ackr	n origina fon, (b) the signated ration soft this accordance revoke ( d no late stronic para nowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or generate r	nv PIN 6	-	4   4	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five di n't enter a		,
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.				
Your signature ▶ Date ▶				
Spouse's PIN: check one box only				
I authorize GLOBAL TAXES LLC to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	Ent dor ow authorizin		all zeros ck this k	
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below				
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 PIN. 2 2	2 4 9 Don't ente		3 2 7 s	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tal authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	rn in ac	cordance	
ERO's signature ▶ Date ▶				
ERO's signature ► Date ►  ERO Must Retain This Form — See Instructions				

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

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20						See se	parate inst	ructions.
Your first name	and mi	iddle initial	Last na	ame					1	Your so	cial securit	ly number
BADARINA	TH I	3	PEDI	DIREDDY						754	16 9	544
If joint return, sp	oouse's	s first name and middle initial	Last na	ame					:	Spouse'	s social sec	curity number
GREESHMA	1		DASA	ARI						781	67 6	928
		er and street). If you have a P.O. box, see	instructi	ions.			Apt.	no.		Preside	ntial Election	on Campaign
241 KELI	ogg	BLVD E					603	3	- 1	Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code			•	· ·	ntly, want \$3
SAINT PA	UL				MN	1	55101			to go to this fund. Checking a box below will not change		
Foreign country name Foreign prov					count	У	Foreign p	ostal c		1		
											You	Spouse
Filing Status	,	Single				Head of ho	ousehold	(HOF	<del></del>			
_		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving	spou	ıse (C	QSS)		
	If y	ou checked the MFS box, enter the	name (	of your spouse. If you	u che	ecked the HOH	or QSS	box,	enter	the chi	ild's name	if the
	qu	alifying person is a child but not you	r deper	ndent:								
Digital	Δt ar	ny time during 2023, did you: (a) rece	ive (as	a reward award or	navn	nent for prope	rtv or ser	vices)	. or (	h) sell		
		ange, or otherwise dispose of a digi									Yes	⊠ No
	_	eone can claim: You as a dep					, (			,		
	_	Spouse itemizes on a separate return				•						
		Were born before January 2, 19	959	Are blind Spo	ouse:	: U Was bor	n before				∐ Is bli	
Dependents				(2) Social security	<i>'</i>	(3) Relationsh	ip					instructions):
If more	(1) F	irst name Last name		number		to you		Child to	ax cre	ait	Credit for oth	her dependents
								L	4		L	┽──
see instructions	s ——							L	<del> </del>		L	
and check								L	┽		L	
-		Table and the section of the section						L				
Income	1a	Total amount from Form(s) W-2, bo	•	,						1a		80,750.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b			
	c C	·	•	•				•		1c		
W-2G and	d	Medicaid waiver payments not rep  Taxable dependent care benefits fi		. ,	nstru	ictions)		•		1e		
1099-R if tax	e f	•		·				•		1f		
	g	Employer-provided adoption benefits from Form 8839, line 29							1g			
get a Form	9 h	Other earned income (see instructi						•		1h		0.
	i	Nontaxable combat pay election (s	,			1i	i	•				
instructions.	z	Add lines to through th		ruotionoj						1z		30,750.
Attach Sch. B		ı ı	2a		b Ta	axable interest	· · ·	·		2b		18.
if required.	3a	· —	3a			rdinary divider				3b		
	4a		<del>l</del> a			axable amount				4b		
Standard	5a		5a			axable amount				5b	,	
Single or	6a		Sa Sa			axable amount				6b	,	
Check only one box.  Digital Assets Standard Deductior Age/Blindnes Dependen If more than four dependents, see instructio and check here [ Income Attach Forms W-26 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  Attach Sch. B if required.  Standard Deduction for—	С	If you elect to use the lump-sum el		method, check here					. 🗆			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ıired,	, check here			. $\square$	7		
	8	Additional income from Schedule 1	I, line 1	0						8	-	-8,563.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come	e				9		72,205.
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26						10		
	<u>11</u>	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incor	ne					11	- 5	72,205.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		27,700.
any box under	13	Qualified business income deducti				5-A				13		
Standard Deduction,	14	Add lines 12 and 13								14	. 2	27,700.
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is y	our <b>t</b>	axable incom	ie			15	; <u> </u>	44,505.

Form 1040 (2023	3)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any fro	om Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			16	4,903.
Credits	17	Amount from Schedule 2, line 3 .							17	
	18	Add lines 16 and 17							18	4,903.
	19	Child tax credit or credit for other de	penden	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, line 8 .	·						20	2,200.
	21	Add lines 19 and 20							21	2,200.
	22	Subtract line 21 from line 18. If zero	or less,	enter -0					22	2,703.
	23	Other taxes, including self-employment							23	0.
	24	Add lines 22 and 23. This is your total							24	2,703.
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2				25a	10	,007		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c				·			25d	10,007.
If you have a	26	2023 estimated tax payments and ar	mount a	pplied from 20	22 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from Sched	ule 8812	2		28				
	29	American opportunity credit from Fo	rm 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15 .				31				
	32	Add lines 27, 28, 29, and 31. These a	are your	total other pa	ayments and refu	ındable	credits		32	
	33	Add lines 25d, 26, and 32. These are	your <b>to</b>	otal payments					33	10,007.
Refund	34	If line 33 is more than line 24, subtra	ct line 2	4 from line 33.	This is the amou	nt you <b>c</b>	verpaid		34	7,304.
	35a	Amount of line 34 you want refunde			is attached, ched	ck here		. $\square$	35a	7,304.
Direct deposit?	b	Routing number 0 2 1 2 0			c Type: 🛛 🗙	Check	ing 🗌	Savings	s .	
See instructions.	d	Account number 9 7 6 1 3	8 1	4 6 7						
	36	Amount of line 34 you want applied	to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is	the amo	ount you owe.						
You Owe		For details on how to pay, go to www	w.irs.go	v/Payments or	see instructions .				37	
	38	Estimated tax penalty (see instruction	ns) .			38				
Third Party		you want to allow another person				-	¬.,			
Designee		structions				٠ ـ ـ	_ Yes. C	•		⊠ No
		Designee's Phone Personal ide name no. Personal ide number (PII)								
Sign	Un	der penalties of perjury, I declare that I have	examine	d this return and	accompanying sche	dules an	d statemen	s, and to	the best	of my knowledge and
Here	be	lief, they are true, correct, and complete. Dec	claration	of preparer (other	r than taxpayer) is ba	ased on a	all information	n of wh	ich prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation					nt you an Identity
									otection P e inst.)	PIN, enter it here
Joint return? See instructions.			A -1	Dete	POS TESTER			`		-1
Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> mus	t sign.	Date	Spouse's occupati	ion				nt your spouse an ection PIN, enter it here
your records.								(se	e inst.)	
	Ph	Phone no. (805)952-9197 Email address BADRIREDDY1992@GMAIL.COM								
Doid	Pre	eparer's name Prepare	r's signat	ture		Date		PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM	PRIY	A RAM SAG	GAR GUPTA	03/2	8/2024	P020	82703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TAXES L	LC					Ph	one no.	(678)965-9522
Use Only	Fir	m's address 245 ROONEY CT	E BRU	NSWICK N	J 08816			Fir	m's EIN	
<u> </u>		1010 ( ) 1 1 1 1 1 1 1 1 1								- 1010

#### **SCHEDULE 1** (Form 1040)

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01** 

Your social security number

BADA	BADARINATH R PEDDIREDDY & GREESHMA DASARI 754-16-9  Part I Additional Income				954	4
Par	t I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes				-	
2a	Alimony received				1	
b	Date of original divorce or separation agreement (see instructions):					
3	Business income or (loss). Attach Schedule C			3		
4	Other gains or (losses). Attach Form 4797			4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach S	Schedule E	5 . 5		-8,563.
6	Farm income or (loss). Attach Schedule F			6		
7	Unemployment compensation			7		
8	Other income:					
а	Net operating loss	8a	(	)		
b	Gambling	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d	(	)		
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
ı	Income from the rental of personal property if you engaged in the rental					
	for profit but were not in the business of renting such property	81				
m	Olympic and Paralympic medals and USOC prize money (see					
	instructions)	8m				
n	Section 951(a) inclusion (see instructions)	8n				
0	Section 951A(a) inclusion (see instructions)	80				
р	Section 461(I) excess business loss adjustment	8р				
q	Taxable distributions from an ABLE account (see instructions)	8q				
r	Scholarship and fellowship grants not reported on Form W-2	8r				
s	Nontaxable amount of Medicaid waiver payments included on Form					
	1040, line 1a or 1d	8s	(	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
u	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:					
		8z				
9	Total other income. Add lines 8a through 8z			9		
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here	e and on I	Form	T	
	1040, 1040-SR, or 1040-NR, line 8		<u> </u>	10	<u>)</u>	-8,563.

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

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889			. 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	<del>-</del>	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

#### **SCHEDULE 3** (Form 1040)

Department of the Treasury Internal Revenue Service

#### **Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 03

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

Your social security number BADARINATH R PEDDIREDDY & GREESHMA DASARI 754-16-9544

**Nonrefundable Credits** Part I 1 Foreign tax credit. Attach Form 1116 if required 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 3 2,000. 4 Retirement savings contributions credit. Attach Form 8880 . . . . . . . . . . . . . . . 4 200. **5a** Residential clean energy credit from Form 5695, line 15 5a **b** Energy efficient home improvement credit from Form 5695, line 32 5b Other nonrefundable credits: a General business credit. Attach Form 3800 6a **b** Credit for prior year minimum tax. Attach Form 8801 . . . . 6b c Adoption credit. Attach Form 8839 . . . . . . . . . . . . . . . . 6c **d** Credit for the elderly or disabled. Attach Schedule R . . . . . 6d 6e Clean vehicle credit. Attach Form 8936 . . . . . . . . . . . . . . 6f Mortgage interest credit. Attach Form 8396 . . . . . . . . 6g District of Columbia first-time homebuyer credit. Attach Form 8859 6h Qualified electric vehicle credit. Attach Form 8834 6i Alternative fuel vehicle refueling property credit. Attach Form 8911 6j k Credit to holders of tax credit bonds. Attach Form 8912 . . . 6k Amount on Form 8978, line 14. See instructions . . . . . . 61 m Credit for previously owned clean vehicles. Attach Form 8936. **z** Other nonrefundable credits. List type and amount: 6z 7 7 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 8 2,200. (continued on page 2) Schedule 3 (Form 1040) 2023 Page **2** 

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

#### **SCHEDULE E** (Form 1040)

#### Supplemental Income and Loss

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

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

Attachment

Your social security number

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

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

Sequence No. 13

OMB No. 1545-0074

754-16-9544 BADARINATH R PEDDIREDDY & GREESHMA DASARI 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) BALAJI COMPLEX, NANDYAL KURNOOL ANDHRA PRADESH IN 518501 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 521. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,426. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,012. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,013. 14 Repairs . . . . 15 Supplies 15 2,316. 16 16 Taxes 17 Utilities . . . . . . . 17 2,317. 18 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . 9,084. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -8,563. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 8,563.) 521. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,084. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 8,563. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-8,563.

26

#### **Education Credits** (American Opportunity and Lifetime Learning Credits)

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

you complete Parts I and II.

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form8863 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **50** 

Your social security number

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CA	777	
$G_{i}$	ш	UN

BADARINATH R PEDDIREDDY & GREESHMA DASARI 754 16 9544 Complete a separate Part III on page 2 for each student for whom you're claiming either credit before

Part	• • • • • • • • • • • • • • • • • • • •		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
6	If line 4 is:		
	• Equal to or more than line 5, enter 1.000 on line 6		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to	6	
_	at least three places)		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and		
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	
Part	II Nonrefundable Education Credits		
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If		
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	16,425.
11	Enter the smaller of line 10 or \$10,000	11	10,000.
12	Multiply line 11 by 20% (0.20)	12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for		
	the amount to enter instead	_	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on		
	line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 )		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see		<u> </u>
	instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000.

Name(s) shown on return	Your social	security i	number
DADADINATU D DEDDIDEDDY ( CDEECUMA DACADI	75/	16	9511



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown	on page 1 of
	GREESHMA	your tax return)		
	DASARI	781-67-6928		
	Educational institution information (see instructions)	T	. /: c	
ŧ	Name of first educational institution	<b>b.</b> Name of second educational institution	ion (it a	any)
	Concordia University St.Paul  1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.	O hov	City town or
,	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.		
	1282 Concordia Avenue			
	SAINT PAUL MN 55104			
(	2) Did the student receive Form 1098-T       from this institution for 2023?       ∀ Yes       No	(2) Did the student receive Form 1098 from this institution for 2023?	;-T _	] Yes 🗌 No
(	Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2022 with b 7 checked?		] Yes 🗌 No
(	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortuni	ty credit or if you
	41-0696906			
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\square$ Yes — <b>Stop!</b> Go to line 31 for this student. $\bowtie$ No	— Go	to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		— <b>Sto</b> his stu	<b>p!</b> Go to line 31 ident.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	X Yes − Stop!     Go to line 31 for this student.    No	– Go	to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?			nplete lines 27 ) for this student.
CAUT	You <b>can't</b> take the American opportunity credit and the layou complete lines 27 through 30 for this student, don't don't don't		in the	same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor		27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28	
29	, , , ,		29	
30	If line 28 is zero, enter the amount from line 27. Otherwise,		_	
	enter the result. Skip line 31. Include the total of all amounts f <b>Lifetime Learning Credit</b>	rom all Parts III, line 30, on Part I, line 1.	30	
21	•	udo the total of all amounts from all Dorts		
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	16,425.

## Form **8880**

### **Credit for Qualified Retirement Savings Contributions**

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 54

(b) Your spouse

Name(s) shown on return

Your social security number

754-16-9544

(a) You

BADARINATH R PEDDIREDDY & GREESHMA DASARI



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

						(a) You	l	(b) Your	spouse
		contributions, and ABI 023. <b>Do not</b> include ro		,	1				
•	•				1				
	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) 2 2 , 490								
			•	,	3	2,4			
		red after 2020 and			_	2,1	<del>50.</del>		
		return (see instruction		,					
,	•	oth columns. See instr	,	•	4				
Subtract line	e 4 from line 3. If	zero or less, enter -0-			5	2,4	90.		
		naller of line 5 or \$2,00			6	2,0			
		f zero, <b>stop</b> ; you can't					7	2	2,000.
Enter the an	nount from Form	1040, 1040-SR, or 10	40-NR, line 11*	8		72,205.			
Enter the ap	plicable decimal	amount from the table	e below.						
lf lir	If line 8 is — And your filing status is —								
	But not	Married	Head of	Single, Marr	ied filii	ng			
Over—	over—	filing jointly	household	separate					
		Enter on		Qualifying surviv		oouse			
	\$21,750	0.5	0.5	0.5					
\$21,750	\$23,750	0.5	0.5	0.2				ļ	
\$23,750	\$32,625	0.5	0.5	0.1			9	Х	.1
\$32,625	\$35,625	0.5	0.2	0.1					
\$35,625	\$36,500	0.5	0.1	0.1					
\$36,500	\$43,500	0.5	0.1	0.0					
\$43,500	\$47,500	0.2	0.1	0.0					
\$47,500	\$54,750	0.1	0.1	0.0					
\$54,750	\$73,000	0.1	0.0	0.0					
\$73,000		0.0	0.0	0.0					
		If line 9 is zero, <b>stop</b> ; y	ou can't take this cre	edit.				ļ.	
Multiply line	,						10		200.
		lity. Enter the amount f					11	2	,903.
Credit for c	jualified retiren	nent savings contribu	itions. Enter the sm	aller of line 10	or li	ne 11 here			

<sup>\*</sup> See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

200.

and on Schedule 3 (Form 1040), line 4