Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	5 , 268.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	5 , 268.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	5 , 268.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	5,268.
Payments	25	Federal income tax withheld	I from:						
-	а	Form(s) W-2				25a 8	,648.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	8,648.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	B, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	8,648.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,380.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	ck here	. 🗆 🛚	35a	3,380.
Direct deposit?	b	Routing number 0 2 1	2 0 0 3	3 9	c Type: 🛛	Checking :	Savings		
See instructions.	d	Account number 3 8 1	0 4 2 0	8 3 5	9 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 am o	ount you owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See	,		
Designee	ins	structions				. 🗌 Yes. Co	omplete be	low.	⋈ No
		signee's		Phone			onal identifica	ation	
0:	naı		hat I have everning	no.	accompanying coho		per (PIN)	boot	of my knowledge and
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	•	Date	Your occupation			•	nt you an Identity
	10	ui signature		Date	Tour occupation				IN, enter it here
Joint return?					SOFTWARE E	INGINEER	(see ins		
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on			nt your spouse an
Keep a copy for your records.							Identity (see ins		ection PIN, enter it here
,		(405) 000 500							
		one no. (425) 829–566		Email address	KPAVAN1220	@GMAIL.COM			Charle if
Paid		eparer's name	Preparer's signat		OUDER	Date	PTIN	, , ,	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	RAM SAGAR	GUPTA TALLAM	02/11/2024	P020827		Self-employed
Use Only		m's name GLOBAL TA			T 00015				678) 965-9522
			Y CT E BRU	NSWICK N			Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

KANAKA PAVAN KUMAR KOLAPALLI

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

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

	Sequence No. 01
Your soc	ial security number
661-06	-5977

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	356.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-10,145.
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	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s ()	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
•	Tatal ather incomes. Add lines On the south On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter		40	_0 700
	1040, 1040-SR, or 1040-NR, line 8		10	-9 , 789.

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			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	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	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		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				
	-	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			
				-	
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	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE A (Form 1040)

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Seguence No. 07

Department of the Treasury Internal Revenue Service

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

internal nevertue of	ervice	Caution. If you are claiming a net qualified disaster loss off form 4004, see the	HISTIUCTIONS TOT TIME	10.	Sequence No. U1
Name(s) shown on	Form	1040 or 1040-SR		Your s	ocial security number
KANAKA PA	VAN	KUMAR KOLAPALLI		661-	-06-5977
Medical		Caution: Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	1		
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2			
Expenses		Multiply line 2 by 7.5% (0.075)	3		
•		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		4	
Taxes You		State and local taxes.			
Paid	а	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		9.	
		State and local real estate taxes (see instructions)	5b 7,61	5.	
		State and local personal property taxes	5c	_	
		I Add lines 5a through 5c	5d 8,52	4.	
	е	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing			
		separately)	5e 5,00	0.	
	6	Other taxes. List type and amount:			
			6		
	7	Add lines 5e and 6		7	5,000.
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	a b c d e	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	8a 10,05 8b 8c 8d 8e 10,05		
	10	Add lines 8e and 9		10	10,059.
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 12 13		
	14	Add lines 11 through 13		14	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	8 of that form. Se		3
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:			
				16	
Total Itemized		Add the amounts in the far right column for lines 4 through 16. Also, e Form 1040 or 1040-SR, line 12		17	15,059.
Deauctions	18	If you elect to itemize deductions even though they are less than your s	siandard deductio	n.	

check this box

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

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

Attachment Sequence No. **09**

	of proprietor						security number (SSN)				
	AKA PAVAN KUMAR KOL				-1'		-06-5977				
Α	Principal business or profession		uaing product or service (se	e instru	uctions)		B Enter code from instructions 4 8 5 3 0 0				
	RIDESHARE SERVICES						1 8 5 3 0 0				
С	Business name. If no separate business name, leave blank.						ployer ID number (EIN) (see instr.)				
E	Business address (including s	uite or	room no.) 3704 ELI	IBERI	IS						
	City, town or post office, state	, and 2		ONIO,	TX 78261						
F	Accounting method: (1)	⋌ Cas	h (2) 🗌 Accrual (3	3) 🗌	Other (specify)						
G	Did you "materially participate	in the	e operation of this business	during	2023? If "No," see instructions for I	mit on l	osses . X Yes 🗌 No				
Н			_								
I	Did you make any payments is	n 2023	that would require you to fil	le Form	n(s) 1099? See instructions		🗌 Yes 🔀 No				
J		e requir	red Form(s) 1099?		<u> </u>		Yes . No				
Par	t I Income										
1					this income was reported to you or		7 606				
•					1		7,696.				
2							7 (0(
3							7,696.				
4							7 606				
5	•						7,696.				
6	_		•		refund (see instructions)		7.000				
7 Part	Gross Income. Add lines 5 ar	10 b .	es for business use of yo	our bo		. 7	7,696.				
8	Advertising	8	is for business use of yo	18	Office expense (see instructions)	. 18					
9	Car and truck expenses			19	Pension and profit-sharing plans						
9	(see instructions)	9		20	Rent or lease (see instructions):						
10	Commissions and fees .	10		a	Vehicles, machinery, and equipmen	20a					
11	Contract labor (see instructions)	11		b	Other business property		3,500.				
12	Depletion	12		21	Repairs and maintenance						
13	Depreciation and section 179			22	Supplies (not included in Part III)						
	expense deduction (not			23	Taxes and licenses						
	included in Part III) (see instructions)	13		24	Travel and meals:						
14	Employee benefit programs			а	Travel	. 24a	740.				
	(other than on line 19) .	14		b	Deductible meals (see instructions		1,200.				
15	Insurance (other than health)	15		25	Utilities	. 25	1,900.				
16	Interest (see instructions):			26	Wages (less employment credits)	26					
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48) .	. 27a					
b	Other	16b		b	Energy efficient commercial bldgs	3					
17	Legal and professional services	17			deduction (attach Form 7205) .						
28	Total expenses before expen	ses for	r business use of home. Add	d lines 8	3 through 27b	. 28	7,340.				
29	Tentative profit or (loss). Subt	ract lin	e 28 from line 7			. 29	356.				
30	Expenses for business use of unless using the simplified me	-	•	e expe	nses elsewhere. Attach Form 8829)					
	Simplified method filers only	/: Enter	r the total square footage of	(a) you	ır home:	_					
	and (b) the part of your home Method Worksheet in the instr		•		. Use the Simplified ine 30	. 30					
31	Net profit or (loss). Subtract		-	.0. 0111	30	. 50	+				
	If a profit, enter on both Sch checked the box on line 1, see	edule	1 (Form 1040), line 3, and o			31	356.				
	• If a loss, you must go to line		.oo., Lotatoo and tracto,	J. 1.01 U							
32	If you have a loss, check the b		at describes vour investment	in this	activity. See instructions.						
02	• If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3.	e loss o	on both Schedule 1 (Form	1040),	line 3, and on Schedule	32a 32b					
	• If you checked 32b, you mu	st atta	ch Form 6198. Your loss ma	ay be li	mited.		at risk.				

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ıch ex	nlanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	y?	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 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 during 2023, enter the number of miles your vehicle during 2023, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the number of miles your vehicle during 2024, enter the num	ehicle	e for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?			☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			☐ No
47a	Do you have evidence to support your deduction?			☐ No
b	If "Yes," is the evidence written?		Tes	☐ No
Part	If "Yes," is the evidence written?	27b,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number

KAN	AKA PAVAN KUMAR KOLAPALLI						661-0	6-5977	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you a	re an indiv	ridual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	See ins	structions .		. 🗌 Ye	s 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZII								
Α	DOOR # 41-12-17B VIJAYAWADA ANDHRA PRA		<u> </u>	0013					
B	DOOR # 41-12-17B VIOATAWADA ANDIRA FRA	ADE SI.	1 111 32	.0013					
C									
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С	quaimed joint venture. See instru	JCHONS	·.	С					
Туре	of Property:		'						
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descr	ibe)		
	•		,						
				•		Propertie	es:		
Incor				<u>A</u>	<u>с</u> г	В			С
3	Rents received	3		6	65.				
4 5	Royalties received	4							
	nses:	-							
5	Advertising	5 6							
6	Auto and travel (see instructions)	7		1 0	71				
7	Cleaning and maintenance	8		1,8	74.				
8	Commissions	9							
9	Insurance	10							
10	Legal and other professional fees	11		0	0.0				
11	Management fees	12		9	80.				
12 13	Mortgage interest paid to banks, etc. (see instructions) Other interest	13							
14		14		2 7	89.				
15	Repairs	15			42.				
16	Supplies	16		⊥,⊥	42.				
17	Utilities	17		1 6	31.				
18	Depreciation expense or depletion	18			94.				
19	Other (list)	19		4,5	74.				
20	Total expenses. Add lines 5 through 19	20		10,8	1 0				
		20		10,0	10.				
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	-	-10,1	45.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,14	5.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		665.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d	2	,394.		
е	Total of all amounts reported on line 20 for all properties				23e	10	,810.		
24	Income. Add positive amounts shown on line 21. Do not	t includ	de any los	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	e losse	es from lin	e 22. Eı	nter to	tal losses here	25	(10,145.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resu	lt 🗌		
	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the tot	al on li	ne 41	on page 2	. 26		-10,145.

Additional Information From 2023 Federal Tax Return

Schedule C (RIDESHARE SERVICES): Profit or Loss from Business Line 20b

Itemization Statement

Description	Amount
RENT PAID	3,500.
 Total	3,500.

Schedule C (RIDESHARE SERVICES): Profit or Loss from Business

Line 24a Itemization Statement

Description	Amount
	740.
Total	740.

Schedule C (RIDESHARE SERVICES): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
PHONE BILLS	1,120.
INTERNET BILLS	780.
Total	1,900.