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.

Submission Identification Number (SID)

| Тахрау | /er's name | Social securi | ity numb | er | |
|--------|------------------------------------------------------------------------|-----------------|-----------|--------------|--|
| PRE | PREMKUMAR VANKUDOTH 479-87-3 | | | | |
| Spouse | o's name | Spouse's so | cial secu | irity number | |
| Par | t I Tax Return Information – Tax Year Ending December 31, 2023 (Er | iter year you a | are aut | thorizing.) | |
| Enter | whole dollars only on lines 1 through 5. | | | | |
| Note | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| 1 | Adjusted gross income | | 1 | 127,643. | |
| 2 | Total tax | | 2 | 20,771. | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 24,735. | |
| 4 | Amount you want refunded to you | | 4 | 3,964. | |
| 5 | Amount you owe | | 5 | | |
| Par | Taxpayer Declaration and Signature Authorization (Be sure you get an | d keep a cor | ov of v | our return) | |

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

| X | l authorize | GLOBAL TAXES | LLC | to enter or generate my PIN | _ / |
|---------|--------------|--------------|---------------|-----------------------------|-----|
| <u></u> | 1 4441101120 | | ERO firm name | | Er |

| | 7 | 3 | 7 | 1 | 3 | as | | |
|----------------------------------------------|---|---|---|---|---|----|--|--|
| Enter five digits, but don't enter all zeros | | | | | | | | |

my

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 > | Date ► | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|--|
| Practitioner PIN Method Return | is Only—continue below | |
| Part III Certification and Authentication – Practitioner P | N Method Only | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit s | elf-selected PIN. 2 2 2 4 9 6 6 1 9 8 9 Don't enter all zeros | |

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

| ERO's signature > | | Date 🕨 | |
|-----------------------------------------------------------------------|-----|------------------|--------------------------|
| ERO Must Retain This F Don't Submit This Form to the I | | | |
| For Paperwork Reduction Act Notice, see your tax return instructions. | BAA | REV 01/21/24 PRO | Form 8879 (Rev. 01-2021) |

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use Only | y−Do not v | /rite or sta | aple in this space. |
|---------------------------------|--------------|-----------------------------------------------------------------------------------|---------|-----------|-------------------|-------|------------------|----------|---------------|------------|--------------|-------------------------------------|
| For the year Jan | . 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | See se | parate | instructions. |
| Your first name | and m | iddle initial | Last r | name | | | | | | Your so | cial sec | curity number |
| PREMKUMA | AR | | VAN | KUDOTH | I | | | | | 479 | 87 | 3713 |
| | | s first name and middle initial | Last r | | | | | | | | | l security numbe |
| | | | | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | | A | pt. no. | Preside | ntial Ele | ection Campaigr |
| <u>410 KEAT</u> | ING | ST | | | | | | 6 | 301 | | , | ou, or your |
| City, town, or p | ost offi | ice. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ite | ZIP co | ode | | | jointly, want \$3 nd. Checking a |
| Morrisvi | lle | | | | | NC | 2 | 275 | 60 | 1 0 | | not change |
| Foreign country | / name | | | Foreign p | rovince/state/o | count | ty | Foreig | n postal code | your ta: | | _ |
| | | | | | | | | | | | | ou Spouse |
| Filing Status | ; 🗵 | Single | | | | | Head of he | ouseh | old (HOH) | | | |
| Check only | | Married filing jointly (even if only or | ne hac | l income) | | | □ • ··· · | | | () | | |
| one box. | L | Married filing separately (MFS) | | | | | | | ing spouse | . , | | |
| | | you checked the MFS box, enter the alifying person is a child but not you | | | | | | | | | | |
| | - qu | anying person is a child but not you | ii uepi | | | | | | | | | |
| Digital | | ny time during 2023, did you: (a) rece | | | | | | | | | _ | F |
| Assets | | nange, or otherwise dispose of a digi | | | | | | et)? (Se | e instructio | ns.) | | es 🛛 No |
| Standard | _ | neone can claim: 🗌 You as a de | • | | • | | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate return | n or yo | ou were a | dual-status | alien | 1 | | | | | |
| Age/Blindness | s You | : 🗌 Were born before January 2, 1 | 959 | Are bl | lind Spo | ouse | : 🗌 Was bor | n befo | ore January | 2, 1959 | | s blind |
| Dependents | s (see | instructions): | | (2) 5 | Social security | , | (3) Relationsh | ip (4 |) Check the b | ox if qual | fies for | (see instructions): |
| If more | (1) F | irst name Last name | | | number | | to you | | Child tax o | redit | Credit fo | or other dependents |
| than four | | | | | | | | | | | | |
| dependents, see instructions | s —— | | | | | | | | | | | |
| and check | - | | | | | | | | | | | |
| here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | | | , | | | | | | | 146,994. |
| Attach Form(s) | b | Household employee wages not re | | | | | | | | . 1b | - | |
| W-2 here. Also attach Forms | C L | Tip income not reported on line 1a (see instructions) | | | | | | | · · · | . 10 | | |
| W-2G and | d | Taxable dependent care benefits for | | | | | | • • | | · 10 | - | |
| 1099-R if tax was withheld. | e f | Employer-provided adoption bene | | - | | | | • • | | · 16 | - | |
| If you did not | 'n | Wages from Form 8919, line 6 . | | | , | | | • • | | . 1g | - | |
| get a Form | h | Other earned income (see instructi | | | | | | | | . 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (see instructions) | | | | | | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 1z | : | 146,994. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | bТ | axable interest | t. | | . 2b |) | |
| if required. | 3a | Qualified dividends | 3a | | | b C | Ordinary divider | nds . | | . 3b |) | |
| | 4a | IRA distributions | 4a | | | bΤ | axable amount | t | | . 4b |) | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | bΤ | axable amoun | t | | . 5b | | |
| Single or | 6a | Social security benefits | 6a | | | bΤ | axable amoun | t | | . 6b | • | |
| Married filing separately, | С | If you elect to use the lump-sum e | lectior | n method, | check here | (see | instructions) | | [| | | |
| \$13,850 • Married filing | 7 | Capital gain or (loss). Attach Schee | | • | • | | - | | [| 7 | | |
| jointly or Qualifying | 8 | Additional income from Schedule | | | | | | | | . 8 | _ | -19,351. |
| surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | | | | | | • • | | . 9 | - | 127,643. |
| \$27,700 • Head of | 10 | Adjustments to income from Sche | | | | | | | · · · | . 10 | | 100 640 |
| household, \$20,800 | 11 | Subtract line 10 from line 9. This is | • | - | - | | | • • | | . 11 | - | 127,643. |
| If you checked | 12 | Standard deduction or itemized | | | | | | • • | | . 12 | _ | 13,850. |
| any box under Standard | 13 14 | Qualified business income deducti Add lines 12 and 13 | | | SAD OL FOLM | 099 | ю-А | • • | | . 13 | | 13,850. |
| Deduction, see instructions. | 14 15 | Add lines 12 and 13 Subtract line 14 from line 11. If zer | | | _∩_ Thie ie v | | taxahle incom | 16 | | · 14 | | 113,850. |
| | 13 | | | | 0 1115 15 Y | Jui | | . 5 | | . 10 | · | , <i>193</i> . |

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

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | Page 2 |
|--------------------------------------|---------|------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|------------------------|-------------------|--------|--------------------------------------------|
| Tax and | 16 | Tax (see instructions). Check if any from Form | n(s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 20,710. |
| Credits | 17 | Amount from Schedule 2, line 3 | | | | [| 17 | |
| | 18 | Add lines 16 and 17 | | | | [| 18 | 20,710. |
| | 19 | Child tax credit or credit for other depender | nts from Sched | ule 8812 | | [| 19 | |
| | 20 | Amount from Schedule 3, line 8 | | | | [| 20 | |
| | 21 | Add lines 19 and 20 | | | | [| 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, | enter -0 | | | [| 22 | 20,710. |
| | 23 | Other taxes, including self-employment tax | , from Schedule | e 2, line 21 . | | [| 23 | 61. |
| | 24 | Add lines 22 and 23. This is your total tax | | | | [| 24 | 20,771. |
| Payments | 25 | Federal income tax withheld from: | | | | | | |
| | а | Form(s) W-2 | | | 25a 24 | ,735. | | |
| | b | Form(s) 1099 | | | 25b | · | | |
| | С | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | 25d | 24,735. |
| 15 | 26 | 2023 estimated tax payments and amount a | | | | | 26 | , |
| If you have a L qualifying child, | 27 | Earned income credit (EIC) | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from Schedule 881 | | - | 28 | | | |
| | 29 | American opportunity credit from Form 886 | | | 29 | | | |
| | 30 | Reserved for future use | - | | 30 | | | |
| | 31 | Amount from Schedule 3, line 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31. These are you | | | - | | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your t | • | - | | · · - | 33 | 24,735. |
| Defund | 34 | If line 33 is more than line 24, subtract line 2 | | | | · · | 34 | 3,964. |
| Refund | 35a | Amount of line 34 you want refunded to yo | | | , . | ··· | 35a | 3,964. |
| Direct deposit? | b | Routing number 0 7 2 0 0 3 | | | | Savings | 55a | 5,501. |
| See instructions. | b | Account number 5 2 6 7 6 5 8 | | | | Savings | | |
| | а 36 | | | d tox | | | | |
| A | | Amount of line 34 you want applied to your | | | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i> | | | | | 07 | |
| rou Owe | 00 | | | | 1 1 | · · · | 37 | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | |
| Third Party | | you want to allow another person to dis | | rn with the IRS? | | mplete bel | | × No |
| Designee | | signee's | · · · · · Phone | | | onal identifica | | |
| | nai | 0 | no. | | | ber (PIN) | ation | |
| Sign | Un | der penalties of perjury, I declare that I have examine | ed this return and | accompanying sche | edules and statement | s, and to the | best (| of my knowledge and |
| Here | bel | ief, they are true, correct, and complete. Declaration | of preparer (othe | r than taxpayer) is b | ased on all informatio | n of which p | repare | er has any knowledge. |
| пеге | Yo | ur signature | Date | Your occupation | | If the IF | אS ser | nt you an Identity |
| | | | | | | | | N, enter it here |
| Joint return? | | | | SOFTWARE | | (see ins | , | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | tion | | | t your spouse an ection PIN, enter it here |
| your records. | | | | | | (see ins | | cuon Fin, enter it here |
| | Ph | one no. (269)267-4392 | Email address | עאזאנאור∩ידיםם | M1998@GMAIL.CC | ` | | |
| | | eparer's name Preparer's signa | | VAINCODUITPRE | Date | | | Check if: |
| Paid | | | | דיזגחדחווח סגו | | | 222 | Self-employed |
| Preparer | | | L PAVAN KUM | IAR DUDIPALLI | | P024708 | | |
| Use Only | | n's name GLOBAL TAXES LLC | TNOUT OF M | T 0001C | | Phone Firme la | | 678)965-9522 |
| | | m's address 245 ROONEY CT E BRI | JNSWICK N | | | Firm's | EIN | 88-2145487 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the latest information. | | BAA | REV 01/21/24 PRO | | | Form 1040 (2023) |

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

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 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number PREMKUMAR VANKUDOTH 479-87-3713

| 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Date of original divorce or separation agreement (see instructions): 2a 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule C 3 5 Rental real estate, royalites, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 8a 0 Other income: 8a a Net operating loss 8a 7 6 Groreign earned income exclusion from Form 2555 8d 7 Bae 8a 8a 9 Ataska Permanent Fund dividends 8a 8a 9 Total other inclusion (see instructions) 8a 8a 1 Income from Form 8889 8a 8a 8a 1 Income from Form 8889 8a 8a 8a 8a 1 Income from Form 8889 8a | Par | t I Additional Income | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------|-----|----------|
| 2a Alimony received 2a b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss), Attach Schedule C 3 4 | 1 | Taxable refunds, credits, or offsets of state and local income taxes | . 1 | |
| b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 | 2a | | | |
| 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -19,657. 6 Farm income or (loss). Attach Schedule F 5 -19,657. 6 7 Unemployment compensation 8a () 8 Net operating loss 8a () 9 Gambling 8a () 6 6 7 7 Other income: 8a () 8 Net operating loss 8a () 6 Gambling 8a () 7 Other from Form 8853 8e () 9 Income from Form 8889 8g () 1 Activity not engaged in for profit income 8i () 1 Income from the rental of personal property if you engaged in the rental al for profit but were not in the business of renting such property | b | | | |
| 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -19,657. 6 Timicome or (loss). Attach Schedule F 6 7 7 Unemployment compensation 7 8 Other income: 8a (7 9 Total other income or (loss). Attach Schedule F 7 7 Unemployment compensation 8a (7 8 Other income: 8a (7 9 Total other income or (loss). Attach Schedule F 7 7 Total other income. Add lines 8a through 8z 8a (7 9 306. 8a (7 | 3 | Business income or (loss). Attach Schedule C | . 3 | |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -19, 657. 6 Farm income or (loss). Attach Schedule F 7 8 Other income: 8a (7 9 Gambling 8a (7 9 Total other income or (loss). Attach Schedule F 8a (7 6 Other income: 8a (7 7 8b 6 8 7 8b 6 8 6 Cancellation of debt 8a (7 7 8b 8a (7 8 Gambling 8a (7 9 Total other income Resclusion from Form 2555 8d (7 9 Activity not engaged in for profit income 8d (7 8 1 Income from Torm 8889 8d (8d 1 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 8d 8d 1 Income from 10 (lusion (see instructions) 8d 8d 8d 1 Income from 10 Alusion (see ins | | | | |
| 6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 7 8 Other income: a Net operating loss 7 a Net operating loss 8a (7 b Gambling 8a (7 c Cancellation of debt 8c 8d (c Cancellation of debt 8c 8d (c Cancellation of debt 8c 8d (f Income from Form 8853 8e 306. g Alaska Permanent Fund dividends 8g 306. h Jury duty pay 8h 8i 8d i Prizes and awards 8i 8d 8d i Income from Ther Bagaed in for profit income 8i 8d 8d i Income from the rental of personal property if you engaged in the rental for profit but were not in the buisness of renting such property 8d 8d 8d m Olympic and Paralympic medals and USOC prize money (see instructions) 8n 8a 8d 8d 8d 8d 8d 8d 8d 8d 8d | 5 | | | -19,657. |
| 7 Unemployment compensation 7 8 Other income: 8a (9 Total other income seclusion from Form 2555 8a (0 Bab 8c 0 Cancellation of debt 8c 1 Cancellation of debt 8d (2 Cancellation of debt 8d (3 Cancellation of debt 8d (4 Foreign earned income exclusion from Form 2555 8d (9 Alaska Permanent Fund dividends 8d 1 Income from Form 8889 8f 306. 8g 8d 8d 8d 1 Income from the rental for profit income 8i 8d 1 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 8d 8d 1 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 8d 8d 1 Income from A261(a) inclusion (see instructions) 8d 8d 8d 2 Section 951A(a) inclusion (see instructions) 8d 8d 8d <t< th=""><th>6</th><th></th><th></th><th></th></t<> | 6 | | | |
| 8 Other income: Ba Image: Sample of the system of th | | | | |
| b Gambling Bb c Cancellation of debt Bc d Foreign earned income exclusion from Form 2555 Bd d Foreign earned income exclusion from Form 2555 Bd f Income from Form 8853 Be f Income from Form 8869 Bf g Alaska Permanent Fund dividends Bf j Activity not engaged in for profit income Bi j Activity not engaged in for profit income Bi j Activity not engaged in for profit income Bi j Activity not engaged in for profit income Bi j Activity not engaged in for profit income Bi j Activity not engaged in for profit income Bi j Activity not engaged in for profit income Bi j Moreinal State Bi j Stock options Bi Bi j Moreinal State Bi Bi j Stock options Bi Bi j Section 951(a) inclusion (see instructions) Bi Bi j Scholarship and fel | 8 | Other income: | | |
| c Cancellation of debt 8c d Foreign earned income exclusion from Form 2555 8d (e Income from Form 8853 8e f 1ncome from Form 8859 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 8i 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 8k l 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8a g Taxable distributions from an ABLE account (see instructions) 8a g Taxable distributions from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t g Total other income. Add lines 8a through 8z 8z g Total other income. Add line | а | Net operating loss |) | |
| d Foreign earned income exclusion from Form 2555 8d (e Income from Form 8883 86 f Income from Form 8889 8f g Alaska Permanent Fund dividends 8f h Jury duty pay 8f i Prizes and awards 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Comme from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951A(a) inclusion (see instructions) 8n s Section 951A(a) inclusion (see instructions) 8a g Taxable distributions from an ABLE account (see instructions) 8a 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 8a y <td< th=""><th>b</th><th>Gambling</th><th></th><th></th></td<> | b | Gambling | | |
| e 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 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i k Stock options 8k l 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n f Taxable distributions from an ABLE account (see instructions) 8g 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 (u Wages earned while incarcerated 8u 8z g Total other income. Add l | С | Cancellation of debt | | |
| f Income from Form 8889 889 306. g Alaska Permanent Fund dividends 8 h Jury duty pay 306. i Prizes and awards 8i i Prizes and awards 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Cock options 8i 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 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8i m Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Scholarship and fellowship grants not reported on Form W-2 8r 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 8u u Wages earned while incarcerated 8u d Total other income. Add lines | d | Foreign earned income exclusion from Form 2555 |) | |
| f Income from Form 8889 889 306. g Alaska Permanent Fund dividends 8 h Jury duty pay 306. i Prizes and awards 8i i Prizes and awards 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Activity not engaged in for profit income 8i j Cock options 8i 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 8i m Olympic and Paralympic medals and USOC prize money (see instructions) 8i m Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Scholarship and fellowship grants not reported on Form W-2 8r 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 8u u Wages earned while incarcerated 8u d Total other income. Add lines | е | Income from Form 8853 | | |
| h Jury duty pay h Bh i Prizes and awards Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi j Activity not engaged in for profit income Bi Bi k Stock options Bi Bi 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 Bi m Olympic and Paralympic medals and USOC prize money (see instructions) Bi n Section 951(a) inclusion (see instructions) Bn o Section 951(a) inclusion (see instructions) Bo g Taxable distributions from an ABLE account (see instructions) Ba g Taxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Ba g Total other income. List type and amount: Bz g Total other income. Add lines 8a through 8z Ba g Total other income. Add lines 8a through 8z Ba g <th>f</th> <th></th> <th>06.</th> <th></th> | f | | 06. | |
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| j Activity not engaged in for profit income k Stock options l 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 m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) o Section 951(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment g Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form 1040, line 1a or 1d w Wages earned while incarcerated u Wages earned while incarcerated c Other income. List type and amount: g Total other income. Add lines 8a through 8z t Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 c -19, 351. | h | Jury duty pay | | |
| k Stock options 8k 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 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8n p Section 461(l) excess business loss adjustment 8g 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 8u u Wages earned while incarcerated 8u z Other income. List type and amount: 8z m Total other income. Add lines 8a through 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -19, 351. | i | Prizes and awards | | |
| 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) 81 n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n p Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8g 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 (u Wages earned while incarcerated 8u z Other income. List type and amount: 8z 9 Total other income. Add lines 8a through 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 -19, 351. | j | Activity not engaged in for profit income | | |
| for profit but were not in the business of renting such property 8 m Olympic and Paralympic medals and USOC prize money (see instructions) 8 n Section 951(a) inclusion (see instructions) 8 o Section 951A(a) inclusion (see instructions) 8 p Section 461(l) excess business loss adjustment 80 g Taxable distributions from an ABLE account (see instructions) 8 r Scholarship and fellowship grants not reported on Form 1040, line 1a or 1d 8 t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8 u Wages earned while incarcerated 8 z Other income. List type and amount: 8 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 | k | Stock options | | |
| m Olympic and Paralympic medals and USOC prize money (see instructions) m m n Section 951(a) inclusion (see instructions) 8n 8n o Section 951A(a) inclusion (see instructions) 8o 8n p Section 951A(a) inclusion (see instructions) 8o 8p q Taxable distributions from an ABLE account (see instructions) 8q 8q r Scholarship and fellowship grants not reported on Form W-2 8r 8s (s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (9 t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t 8u 8z g Total other income. List type and amount: 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 -19, 351. | I | | | |
| Instructions) Image: Section 951(a) inclusion (see instructions) Image: Section 461(l) excess business loss adjustment Image: Se | | | | |
| n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8o p Section 461(l) 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 (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 8z 9 Total other income. Add lines 8a through 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -19, 351. | m | | | |
| o Section 951A(a) inclusion (see instructions) 80 p Section 461(l) excess business loss adjustment 80 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 z Other income. List type and amount: 8u 8u 9 Total other income. Add lines 8a through 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 -19, 351. | | | | |
| p Section 461(l) 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 (t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 8z 9 Total other income. Add lines 8a through 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 -19,351. | n | | | |
| qTaxable distributions from an ABLE account (see instructions)8qrScholarship and fellowship grants not reported on Form W-28rsNontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d8rtPension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan8tuWages earned while incarcerated8uyOther income. List type and amount:8zgTotal other income. Add lines 8a through 8z9306.10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 810-19,351. | 0 | | | |
| r Scholarship and fellowship grants not reported on Form W-2 8r 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s 9 t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t 8t u Wages earned while incarcerated 8u 8t 8u 8t o Other income. List type and amount: 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -19,351. | р | | | |
| 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 8t u Wages earned while incarcerated 8u 8u 8u o Other income. List type and amount: 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 306. | q | | | |
| 1040, line 1a or 1d 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 <th>r</th> <th></th> <th></th> <th></th> | r | | | |
| t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t 8t u Wages earned while incarcerated 8u 8u 8u z Other income. List type and amount: 8z 9 306. 9 Total other income. Add lines 8a through 8z 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 306. | S | | | |
| 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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 306. | | |) | |
| 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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 10 -19,351. | t | | | |
| z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 8z | | • | | |
| 9 Total other income. Add lines 8a through 8z. 9 306. 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 306. | u | | | |
| 9Total other income. Add lines 8a through 8z | z | Other income. List type and amount: | | |
| 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10 -19,351. | _ | | | |
| 1040, 1040-SR, or 1040-NR, line 8 | | | | 306. |
| | 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Fo | rm | 10 050 |
| | | | | |

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

Schedule 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 govern | ment | | |
| | 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 | | | 19a | |
| b | Recipient's SSN | | | |
| с | Date of original divorce or separation agreement (see instructions): | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| | rental of personal property engaged in for profit | | | |
| с | Nontaxable amount of the value of Olympic and Paralympic medals | | | |
| | and USOC prize money reported on line 8m. | | | |
| d | Reforestation amortization and expenses | | | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | | |
| f | Contributions to section 501(c)(18)(D) pension plans | | | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | | |
| ĥ | 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 here a | nd on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | BAA REV 01/21/24 PRO | | Schedule 1 (F | orm 1040) 202 |

| SCHE | DULE | 2 |
|-------|-------|---|
| (Form | 1040) | |

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Department of the Treasury

Additional Taxes

OMB No. 1545-0074

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12

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

| Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information. | | | | Sequence No. 02 |
|--------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|--------|----------------------|
| Name | e(s) shown on Fo | orm 1040, 1040-SR, or 1040-NR | | cial security number |
| 1 | MKUMAR VANK | UDOTH | 479-8 | 7-3713 |
| Pa | rt I Tax | | | |
| 1 | Alternative r | minimum tax. Attach Form 6251 | [| 1 |
| 2 | Excess adv | ance 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 1 | 7 | 3 |
| Pa | rt II Other | Taxes | | |
| 4 | Self-employ | ment tax. Attach Schedule SE | [| 4 |
| 5 | | arity and Medicare tax on unreported tip income. | | |
| 6 | Uncollected Form 8919 | I social security and Medicare tax on wages. Attach 6 | | |
| 7 | Total addition | | 7 | |
| 8 | Additional ta | ax on IRAs or other tax-favored accounts. Attach Form 5329 if req | uired. | |
| | If not requir | ed, check here | . 🗆 🛛 | 8 |
| 9 | Household | [| 9 | |
| 10 | Repayment | [| 10 | |
| 11 | Additional N | /ledicare Tax. Attach Form 8959 | | 11 |

Uncollected social security and Medicare or RRTA tax on tips or group-term life

Interest on tax due on installment income from the sale of certain residential lots

Interest on the deferred tax on gain from certain installment sales with a sales price

Recapture of low-income housing credit. Attach Form 8611

| For Paperwork Reduction Act Notice, see your tax return instructions. | |
|-----------------------------------------------------------------------|--|
| TO FADE WORK NEULUIN ACLINULCE. SEE YOU LAA TELUIN INSULUCIONS. | |
| Tor raperwork neutron Act Notice, see your tax return instructions. | |

(continued on page 2)

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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 61. | | |
| 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 | | |
| Т | 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 | 61. |
| 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 total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | es. Enter here and | 21 | 61. |
| | BAA | REV 01/21/24 PRO | Schedu | ule 2 (Form 1040) 2023 |

| (Form | 1040) | 040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) | | | | | ୭୮ | 99 | 2 | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------|----------------------------------------------------------|----------|------------|--------------|---------|-------------------|-------------------------------|-------------|--------------|-------|----------|
| Department of the Treasury Attach to Form 1040, 104 Internal Revenue Service Go to www.irs.gov/ScheduleE for ins | | | | | · · | | | | | | Attachment Sequence No. 13 | | | | |
| | 5 | | | | | | | I security i | | | | | | | |
| | | | | | | | 7-3713 | lumber | | | | | | | |
| Part | | | | From Bon | tal Real Estate ar | d Ro | valties | | | | | , 07 | 5715 | | |
| | Note: If yo rental inco | ou are | e in th r loss | e business of from Form 4 | renting personal prope 835 on page 2, line 40. | rty, use | Schedule | | | | | | | | |
| | | | | | nat would require you ed Form(s) 1099? . | | | | | structions . | | | _ | | No No |
| 1a | Physical addr | ess o | of ea | ch property | (street, city, state, ZI | P code | e) | | | | | | | | |
| Α | 18-152 KA | RALN | MARI | KS COLONY | BHUPALPALLY ' | TELAN | NGANA I | N 50 | 6169 | | | | | | |
| В | | | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | | | |
| 1b | Type of Prope (from list belov | | 2 | above, repo | ntal real estate prope ort the number of fair | rental | and | | Fa | ir Rental Days | Per | sona Day | al Use /s | QJV | |
| Α | 3 | | | | e days. Check the Q | | | Α | | 365 | | | 0 | | |
| В | | | | | the requirements to nt venture. See instru | | | В | | | | | | Ľ | |
| С | | | | quaimed joi | | JULIONE | 5. | С | | | | | | |] |
| Туре | of Property: | | | | | | | | | | | | | | |
| | Single Family R | | | | tion/Short-Term Rer | ntal | 5 Land | | | Self-Rental | | | | | |
| 2 | Multi-Family Re | sider | nce | 4 Com | mercial | | 6 Roya | lties | 8 | Other (desc | ribe) _ | | | | |
| | | | | | | | | | | Propert | | | | | |
| Incom | ne: | | | | | | | Α | | B | | | | С | |
| 3 | Rents received | s. | | | | 3 | | 5 | 80. | | | | | | |
| 4 | Royalties recei | ived | | | | 4 | | | | | | | | | |
| Exper | | | | | | | | | | | | | | | |
| 5 | Advertising . | | | | | 5 | | | | | | | | | |
| 6 | Auto and trave | el (see | e ins | tructions) | | 6 | | | | | | | | | |
| 7 | | | | | | 7 | | 1,8 | 56. | | | | | | |
| 8 | Commissions | | | | | 8 | | | | | | | | | |
| 9 | | | | | | 9 | | | | | | | | | |
| 10 | - | | | | | 10 | | | | | | | | | |
| 11 | - | | | | | 11 | | 1,2 | 35. | | | | | | |
| 12 | | - | | | c. (see instructions) | 12 | | | | | | | | | |
| 13 | Other interest | | | | | 13 | | | 75 | | | | | | |
| 14 15 | | | | | | 14 | | 5,8 | | | | | | | |
| 15 16 | Supplies Taxes | • • | • • | | | 15 16 | | 5,2 | 40. | | | | | | |
| 17 | | • • | • • | | | 17 | | 6,0 | 25 | | | | | | |
| 18 | | | | | | 18 | | 0,0 | 25. | | | | | | |
| 19 | Other (list) | - | | - | | 19 | | | | | | | | | |
| 20 | · · · | | | | 19 | 20 | | 20,2 | 37. | | | | | | |
| 21 | | | | | nd/or 4 (royalties). If | | | | | | | | | | |
| | | | | (/ | find out if you must | | | | | | | | | | |
| | file Form 6198 | Ś., | | | | 21 | - | -19,6 | 57. | | | | | | |
| 22 | | | | | ter limitation, if any, | 22 | (| 19,65 | 57.) | (| |)(| | |) |
| 23a | | nounts reported on line 3 for all rental properties 23a 580. | | | | | | | / | | | | | | |
| b | | amounts reported on line 4 for all royalty properties 23b | | | | | | | | | | | | | |
| c | | all amounts reported on line 12 for all properties | | | | | | | | | | | | | |
| d | | of all amounts reported on line 18 for all properties | | | | | | | | | | | | | |
| е | | otal of all amounts reported on line 20 for all properties | | | | | | 7. | | | | | | | |
| 24 | | | | | wn on line 21. Do no | | de any los | sses | | | | 24 | | | |
| 25 | | | | | 1 and rental real estat | | - | | nter to | tal losses he | re 💈 | 25 (| 1 | L9,65 | 57.) |

Supplemental Income and Loss

SCHEDULE E

Т

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 . -19,657. NPA For Paperwork Reduction Act Notice, see the separate instructions.

-19,657. 26

Schedule E (Form 1040) 2023

OMB No. 1545-0074

8 Form Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

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

| | Sequence No. 52 |
|-------------|---------------------------|
| | ber of HSA beneficiary. |
| spouses hav | e HSAs, see instructions. |
| 170 07 | 2712 |

2

| | | | | number of HSA beneficiary. have HSAs, see instructions. | | | | |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|------------------------------------------------------------|--|--|--|--|
| PREMKUMAR VANKUDOTH 479-8 | | | | | | | | |
| Befor | re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Cor | ntracts, if | requi | red. | | | | |
| Part | HSA Contributions and Deduction. See the instructions before completing this and both you and your spouse each have separate HSAs, complete a separate F | | | | | | | |
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) durin See instructions | | × Se | lf-only 🗌 Family | | | | |
| 2 | HSA contributions you made for 2023 (or those made on your behalf), including those made unextended due date of your tax return that were for 2023. Do not include employer contributions through a cafeteria plan, or rollovers. See instructions | outions, | 2 | 0. | | | | |
| 3 | If you were under age 55 at the end of 2023 and, on the first day of every month during 20 were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7 family coverage). All others , see the instructions for the amount to enter | ,750 for | 3 | 3,850. | | | | |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 20 include any amount contributed to your spouse's Archer MSAs | 23, also | 4 | 0. | | | | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0 | | 5 | 3,850. | | | | |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and have coverage under an HDHP at any time during 2023, see the instructions for the amount to enter | | 6 | 3,850. | | | | |
| 7 | If you were age 55 or older at the end of 2023, married, and you or your spouse had family counder an HDHP at any time during 2023, enter your additional contribution amount. See instruct | | 7 | 0. | | | | |
| 8 | Add lines 6 and 7 | | 8 | 3,850. | | | | |
| 9 | | 2,033. | | | | | | |
| 10 | Qualified HSA funding distributions 10 | | | | | | | |
| 11 | Add lines 9 and 10 | | 11 | 2,033. | | | | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0 | + | 12 | 1,817. | | | | |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II | , line 13 | 13 | 0. | | | | |
| Part | Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | | ratal | | | | | |
| Fart | HSA Distributions. If you are filing jointly and both you and your spouse each has a separate Part II for each spouse. | ave sepa | rate r | 15AS, complete | | | | |
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) | | 14a | 306. | | | | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any | excess | | | | | | |
| | contributions (and the earnings on those excess contributions) included on line 14a that | | | | | | | |
| | withdrawn by the due date of your return. See instructions | 1 | 14b | | | | | |
| С | Subtract line 14b from line 14a | 1 | 14c | 306. | | | | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | | 15 | | | | | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, incluamount in the total on Schedule 1 (Form 1040), Part I, line 8f | | 16 | 306. | | | | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional Tax (see instructions), check here | 🗆 | | | | | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 1040), Part II, line 17c | 2 (Form | 17b | 61. | | | | |
| Part | | instruction | ons b | | | | | |
| 18 | Last-month rule | | 18 | | | | | |
| 19 | Qualified HSA funding distribution | 19 | | | | | | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line | • | 20 | | | | | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 1040), Part II, line 17d | 2 (Form | 21 | | | | | |

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