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 security	number	
SAI SUJITH KAMMARI	441-73-	4826	
Spouse's name	'	al security numbe	r
LAKSHMI PRIYANKA CHAPALA	048-91-		
, , ,	er year you ar	e authorizing	.)
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income			,085.
 Total tax			987.
4 Amount you want refunded to you		4	3 , 972.
5 Amount you want retained to you			,015.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and			
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboreturn (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transr to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the LAGENT Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incompayment 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 terminar payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recompanies days prior 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 personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent.	ove are the amo nitter, or electro jection of the tra J.S. Treasury ar dicated in the ta ion to debit the te the authoriza quests must be pe processing of payment. I furth	unts from the in nic return origina ansmission, (b) to d its designated x preparation so entry to this acception. To revoke received no lat the electronic paper acknowledge	come tax ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
Taxpayer's PIN: check one box only		1000	
▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN	4 8 2 6	as my
ERO firm name		er five digits, but 't enter all zeros	•
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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.			
Your signature ► Date ►	02 Apr 2024		
Spouse's PIN: check one box only			
X I authorize GLOBAL TAXES LLC to enter or generate ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	5 3 8 2 er five digits, but 't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.			
Spouse's signature ► Lakulmi Piyanka chapala Date ► Practitioner PIN Method Returns Only—continue below	02 Apr 2024		
Practitioner PIN Method Returns Only—continue below	v		
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	Don't ente		9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	n in accordance	
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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20		See sep	parate instructions.	
Your first name and middle initial Last name You					Your so	cial security number					
SAI SUJ	гтн		KAM	MARI					441	73 4826	
		s first name and middle initial	Last n					\neg		s social security numb	
LAKSHMI	PRT	YANKA	CHA:	PALA					048	91 5382	
		er and street). If you have a P.O. box, see					Apt. no.			ntial Election Campaig	
700 CRO	CKET	T ST					201		Check h	ere if you, or your	
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code		spouse if filing jointly, want		
SEATTLE				WA	4	98109			this fund. Checking a ow will not change		
Foreign country	y name			Foreign province/state/	/count	У	Foreign postal of			or refund.	
										You Spous	
Filing Status	s [Single				Head of ho	ousehold (HOI	H)			
Check only	×	Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				Qualifying	surviving spo	use (0	QSS)		
	lf :	you checked the MFS box, enter the	name	of your spouse. If yo	u che	ecked the HOH	or QSS box,	enter	r the chil	d's name if the	
	qι	ualifying person is a child but not you	ır depe	ndent:							
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	s a reward. award. or	r pavn	nent for proper	tv or services	 s): or ((b) sell.		
Assets		nange, or otherwise dispose of a digi	,				•	,	. ,	☐ Yes 区 No	
Standard	Son	neone can claim:	pender	nt Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alien						
Age/Blindnes	s You	: Were born before January 2, 19	959	Are blind Sp	ouse	· Was borr	n before Janu	arv 2	1959	s blind	
Dependent		<u> </u>	000	<u> </u>			(4) Ob l -		-	fies for (see instructions	
•	•	First name Last name		(2) Social security number	y	(3) Relationshi to you	Child			Credit for other dependen	
If more than four								П			
dependents,								一			
see instruction and check	s —							一			
here											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instructions) .					1a	409,444.	
	b	Household employee wages not re	eportec	d on Form(s) W-2 .					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	Tip income not reported on line 1a (see instruction						1c		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see	instru	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits for	rom Fo	orm 2441, line 26					1e		
was withheld.	f	Employer-provided adoption bene-	fits fro	m Form 8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instructi	ions)						1h	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>1i</u>				400	
	z	Add lines 1a through 1h							1z	409,444.	
Attach Sch. B if required.	2a	· —	2a	375.		axable interest			2b	286.	
	3a	· '	3a	3/3.		rdinary dividen			3b	375.	
Standard	4a	-	4a			axable amount			4b	+	
Deduction for—	5a	-	5a			axable amount			5b		
Single or Married filing	6a	,	6a	mathad abadi bara		axable amount		· -	6b		
separately, \$13,850	_ C	If you elect to use the lump-sum el		·	•	,		•	-	-20	
Married filing	7 8	Capital gain or (loss). Attach Scheol Additional income from Schedule 1						. ∟	 	-20.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	410,085.	
surviving spouse, \$27,700	10	Add liftes 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Scheo		•					10	410,003.	
Head of	11	Subtract line 10 from line 9. This is			 me				11	410,085.	
household, \$20,800	12	Standard deduction or itemized	-						12		
If you checked any box under	13	Qualified business income deducti		•	,	5-A			13	27,700.	
Standard Deduction,	14				555				14	27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer				avable incom			15	382 385	

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	79,963.
Credits	17	Amount from Schedule 2, lir	ne 3					. 17	
	18	Add lines 16 and 17						. 18	79,963.
	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	. If zero or less,	enter -0				. 22	79,963.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			. 23	24.
	24	Add lines 22 and 23. This is	your total tax					. 24	79,987.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 78	3,61	7.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c	35	5.	
	d	Add lines 25a through 25c						. 25d	78,972.
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)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	2 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	78,972.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		. 34	
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	ck here	[35a	
Direct deposit?	b	Routing number X X X	XXXXX	XX	c Type:	Checking	Saving	js 💮	
See instructions.	d	Account number X X X	X X X X	X X X X	X X X X	XX			
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						. 37	1,015.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		you want to allow another	•		n with the IRS?		omple	te below.	× No
Designee		signee's		Phone			•	entification	
		me		no.			ber (PII		
Sign Here		der penalties of perjury, I declare to lief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
Joint return?		My		02 Apr 2024	SOFTWARE E	ENGINEER		rotection F see inst.)	PIN, enter it here
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.		Lakuhmi Phiyanka Chapal	. ــه				see inst.)		
		one no. (585)200-905		Email address	KSAISUJITH				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	VENI	KATA SAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI			170833	Self-employed
Use Only	Fir	m's name GLOBAL TA					F	hone no.	(678)965-9522
-	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							irm's EIN	88-2145487

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

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

SAI SUJITH KAMMARI & LAKSHMI PRIYANKA CHAPALA

Your social security number 441-73-4826

Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	24.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontini	ied on page 2)

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

Part II Other Taxes (continued)

7	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	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	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	04	0.4
	011 0111 1040 01 1040-30, IIIIE 23, 01 F0111 1040-110, IIIIE 23D		21	24.

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Your social security number

SA	I SUJITH KAMMARI & LAKSHMI PRIYANKA CH	APALA		441-	-73-	4826
,	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona	•	•	_		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			iii 6 2, 60idii	· · (9)	with column (g)
	Totals for all transactions reported on Form(s) 8949 with Box A checked	9,540.	9,560.			-20.
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 5	Short-term gain from Form 6252 and short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions				6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	-20.
Par	t II Long-Term Capital Gains and Losses—Ge	nerally Assets H	leld More Than	One Year	(see i	instructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a					

Schedule D (Form 1040) 2023 Page 2

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

8949

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SAI SUJITH KAMMARI & LAKSHMI PRIYANKA CHAPALA

Social security number or taxpayer identification number

441-73-4826

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

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

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

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

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

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

(C) Short-term transactions	not reported	to you on F	orm 1099-B							
1 (a) Description of property	(b) (c) Date sold or	Doto cold or	(D) Doto cold or	(c) (d) Cost or other basis		If you enter an amount in column (enter a code in column (f).		1		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).			
FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	9,540.	9,560.			-20.			
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	9,540.	9,560.			-20.			

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

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 52

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

LAKSHMI PRIYANKA CHAPALA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

048-91-5382

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	elf-only 🗷 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,100.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	6,650.
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.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
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, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
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 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

Additional Medicare Tax

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

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

OMB No. 1545-0074 Attachment Sequence No. **71**

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

SAI SUJITH KAMMARI & LAKSHMI PRIYANKA CHAPALA

Your social security number

SAI	SUJITH KAMMARI & LAKSHMI PRIYANKA CHAPALA	441-73-482	6
Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
		448.	
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4		448.	
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
^		,000.	•
6	Subtract line 5 from line 4. If zero or less, enter -0		0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and		0.
Part	Part II	1	· ·
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
O	had a loss, enter -0		
9	Enter the following amount for your filing status:		
_	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter her		
	go to Part III		
Part		on	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0		
17	Enter here and go to Part IV		
Part			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040)	40-SS	
	filers, see instructions), and go to Part V		0.
Part			
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6	827.	
20		448.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
		472.	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare		
	withholding on Medicare wages		355.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2		
	14 (see instructions)		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount fodoral income tox withholding on Form 1040, SR, or 1040 NR, line 35c (Form 1040, SR,		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS see instructions)		355.
	000 11011 101101101 1 1 1 1 1 1 1 1 1 1	47	333.

BAA

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

Attachment Sequence No. **72**

OMB No. 1545-2227

Department of the Treasury Internal Revenue Service

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

Name(s)	shown on your tax return			y number or EIN
SAI	SUJITH KAMMARI & LAKSHMI PRIYANKA CHAPALA	441	-73-482	6
Part	Investment Income ☐ Section 6013(g) election (see instructions)			
	☐ Section 6013(h) election (see instructions)			
	☐ Regulations section 1.1411-10(g) election (see instructions)			
1	Taxable interest (see instructions)		1	286.
2	Ordinary dividends (see instructions)		2	375.
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or			
	businesses, etc. (see instructions)			
b	Adjustment for net income or loss derived in the ordinary course of a non-			
	section 1411 trade or business (see instructions) 4b			
С	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions) 5a	-20.		
b	Net gain or loss from disposition of property that is not subject to net			
-	investment income tax (see instructions)			
С	Adjustment from disposition of partnership interest or S corporation stock (see			
·	instructions)			
d	Combine lines 5a through 5c		5d	-20.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	641.
Part			1 - 1	
9a	Investment interest expenses (see instructions) 9a			
b	State, local, and foreign income tax (see instructions) 9b			
C	Miscellaneous investment expenses (see instructions) 9c			
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	
	Tax Computation		1	
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines	3–17		
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		12	641.
	Individuals:			
13		,085.		
14	, , ,	,000.		
15	,	,085.		
16	Enter the smaller of line 12 or line 15		16	641.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and in			
••	on your tax return (see instructions)		17	24.
	Estates and Trusts:			
18a	Net investment income (line 12 above)			
b	Deductions for distributions of net investment income and charitable			
b	deductions (see instructions)		_	
С	Undistributed net investment income. Subtract line 18b from line 18a (see			
40	instructions). If zero or less, enter -0			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter her			
	include on your tax return (see instructions)		21	