<b>1040</b>			-Internal Revenue Serv		turn	202	3	OMB No. 1545	-0074	IRS Use On	y—Do not w	rite or stap	ole in thi:	s space.
For the year Jan	1-Dec	. 31, 2023, or other ta	ax year beginning		, 2023, ending , 20				See separate instructions.			tions.		
Your first name	and mi	ddle initial		Last n	ame						Your social security number			umber
KRANTI K				CHI	NTAPAL	LY					325	02	775	7
		first name and mide	dle initial	Last n										y number
PUSHPAVA	тнт			NAG	ENDLA						639	13	8094	4
		r and street). If you I	have a P.O. box, see						A	Apt. no.				ampaign
42935 CO	URTI	LAND CHASE	SO									nere if yo		
			eign address, also co	omplete	spaces bel	ow.	Sta	ite	ZIP c	ode				want \$3
ASHBURN							VA	f	201	.48	U U	this fun ow will n		0
Foreign country	name				Foreign pr	ovince/state/	count	ty	Foreig	n postal code		or refur		
												Yo	a 🗌	Spouse
Filing Status		Single						Head of h	ouseh	old (HOH)				
Check only		Married filing join	ntly (even if only c	ne had	income)									
one box.		Married filing se	parately (MFS)					Qualifying	surviv	ing spouse	(QSS)			
	lf y	ou checked the N	/IFS box, enter the	e name	of your s	oouse. If you	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's nar	ne if th	ne
	qua	alifying person is a	a child but not yo	ur depe	endent:									
Digital	At an	v time durina 202	23, did you: (a) rec	eive (a	s a reward	award, or	pavr	ment for prope	rtv or	services): o	r (b) sell.			
Assets			e dispose of a dig									🗌 Ye	s 🛛	No
Standard		-	You as a de					a dependent						
Deduction	🗌 s	Spouse itemizes o	on a separate retu	n or yc	ou were a	dual-status	alien							
Age/Blindness	You:	Were born b	pefore January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 ls	blind	
Dependents					(2) 5	Social security	,	(3) Relationsh	up (4	) Check the	oox if quali	fies for (s	ee inst	ructions):
If more	<b>(1)</b> Fi	(1) First name Last name				number		to you		Child tax	credit	Credit for	other d	lependents
than four	TAN	TANVI CHINTAPALLY			313	-43-994	2	Daughter		X				
dependents, see instructions	SAH	CHINTAPALLY			082	-77-467	5	Daughter		X				
and check	, 													
here 🗌														
Income	1a		om Form(s) W-2, b	•				• • • • •			. <b>1</b> a		294,	,247.
Attach Form(s)	b		loyee wages not r						• •		. <u>1b</u>	-		
W-2 here. Also	c		reported on line 1						• •		. 10	-		
attach Forms W-2G and	d		r payments not rep				nstru	ictions)	• •		. 1d	-		
1099-R if tax	e	•	lent care benefits						• •		. 1e	-		
was withheld.	f		ded adoption bene						• •		. 1f	-		
lf you did not get a Form	g	-	m 8919, line 6 .		· · ·				• •		. 1g	_		0.
W-2, see	h		come (see instruct		· · ·		• •		· ·		. <u>1</u> h			
instructions.	i -		nbat pay election (	see ms	tructions)		• •	<b>1</b> i			. 1z		294	247.
	 2a	Add lines 1a thro Tax-exempt inte	Ŭ I	 2a		· · ·	 ьт	axable interest	• •		· 12		271,	474.
Attach Sch. B if required.	za 3a	Qualified divider		2a 3a	, 	149.		Ordinary divide		• • •	. 20 . 3b	-		149.
· · · · · · · · · · · · · · · · · · ·	4a	IRA distributions		4a				axable amoun			. 4b	-		<u> </u>
Standard	<del>т</del> а 5а	Pensions and an						axable amoun				-		
• Single or	6a	Social security b		6a				axable amoun			. 6b	-		
Married filing	c		se the lump-sum e		method	check here								
separately, \$13,850	7		loss). Attach Sche				•	,			7			
<ul> <li>Married filing jointly or</li> </ul>	8		ne from Schedule		•	•		-			. 8		-17.	,496.
Qualifying	9		, 3b, 4b, 5b, 6b, 7	-							. 9	_		374.
surviving spouse, \$27,700	10		income from Sche					• · · · ·			. 10		/	
<ul> <li>Head of household,</li> </ul>	11		from line 9. This i								. 11	-	277.	374.
\$20,800	12		ction or itemized								. 12			,700.
<ul> <li>If you checked any box under</li> </ul>	13	· · · · · · · · · · · · · · · · · · ·	ess income deduct					5-A			. 13			0.
Standard Deduction,	14	Add lines 12 and									. 14		27.	,700.
see instructions.	15		from line 11. If ze	ro or le	ss, enter -	-0 This is y	our	taxable incom	ne .			-		674.

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

Form **1040** (2023)

Form 1040 (2023	5)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3          .         .	16	46,708.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	46,708.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	4,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	42,708.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	827.
	24	Add lines 22 and 23. This is your total tax	24	43,535.
Payments	25	Federal income tax withheld from:		
, <b>,</b>	а	Form(s) W-2		
	b	Form(s) 1099		
	с	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	37,033.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15	1	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	1,372.
	33	Add lines 25d, 26, and 32. These are your total payments	33	38,405.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
noruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number X X X X X X X X X X X C Type: Checking Savings		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2024 estimated tax		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .		
You Owe	57	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	5,170.
	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	elow.	🗙 No
<b>j</b>	De	signee's Phone Personal identifi	ication	
	nar			
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the		
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
	Yo	S I I I I I I I I I I I I I I I I I I I		t you an Identity N, enter it here
Joint return?		SOFTWARE DEVELOPER (see i		, enter it here
See instructions.	Sp		IRS sent	your spouse an
Keep a copy for		Identi	ity Protec	ction PIN, enter it here
your records.		SOFTWARE DEVELOPER (see i	nst.)	
	Ph	one no. (309)868-0292 Email address KKREDDY.ETL@GMAIL.COM		
Paid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Preparer	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	)833	Self-employed
Use Only	Fin	n's name GLOBAL TAXES LLC Phon	ieno. (f	578)965-9522
	Fin	n's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm'	's EIN	88-2145487
Go to www.irs.go	ov/Forn	a1040 for instructions and the latest information. BAA REV 03/07/24 PRO		Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

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

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

OMB No. 1545-0074

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KRANTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA 325-02-7757 Part Additional Income 1 1 2a b Date of original divorce or separation agreement (see instructions): 3 3 -32,672. 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 15,176. 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: Net operating loss 8a а 8b b 8c С Foreign earned income exclusion from Form 2555 d 8d Income from Form 8853 8e е f 8f Alaska Permanent Fund dividends . . . . . . . . . . 8g g 8h h i Prizes and awards **8i** 8i 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 . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8a a Scholarship and fellowship grants not reported on Form W-2 . . . 8r r

8s

8t 8u

8z

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

Nontaxable amount of Medicaid waiver payments included on Form

Pension or annuity from a nonqualifed deferred compensation plan or

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

a nongovernmental section 457 planuWages earned while incarcerated

z Other income. List type and amount:

Schedule 1 (Form 1040) 2023

-17,496.

9

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Par	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:			
a		24a		
b	Deductible expenses related to income reported on line 8I from the			
_		24b	-	
С		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f		24f		
g		24g		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
		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 tax law violations	24i		
i		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 here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA	REV 03/07/24 PRO	Schedu	ile 1 (Form 1040) 2023

SCHE	DULE	2
(Form	1040)	

Department of the Treasury

## Additional Taxes

OMB No. 1545-0074

20

Attachment

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

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

Internal Revenue Service Sequence No. 02 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KRANTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA 325-02-7757 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . . . . . . . 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . . . . . 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 3 Part II **Other Taxes** 4 4 5 Social security and Medicare tax on unreported tip income. 5 Attach Form 4137 Uncollected social security and Medicare tax on wages. Attach 6 6 Form 8919 7 Total additional social security and Medicare tax. Add lines 5 and 6 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 9 Household employment taxes. Attach Schedule H . . . . . 9 . . . . . . . . Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . 10 10 Additional Medicare Tax. Attach Form 8959 11 11 803. 12 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 . . . . . . . . . . . . . . Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15 Recapture of low-income housing credit. Attach Form 8611 . . . . . . . . . . . . . 16 16 (continued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)					
17	Other additional taxes:					
а	Recapture of other credits. List type, form number, and amount:					
		17a				
b	Recapture of federal mortgage subsidy, if you sold your home					
	see instructions	17b		-		
-	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	<b>17</b> i				
j	Section 72(m)(5) excess benefits tax	17j				
k	Golden parachute payments	17k				
I	Tax on accumulation distribution of trusts	17I				
m	Excise tax on insider stock compensation from an expatriated corporation	17m				
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n				
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170				
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p				
q	Any interest from Form 8621, line 24	17q				
z	Any other taxes. List type and amount:					
		17z				
18	Total additional taxes. Add lines 17a through 17z			18		
19	Reserved for future use			19		
20	Section 965 net tax liability installment from Form 965-A	20				
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b>					
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b BAA		EV 03/07/24 PRO	21 Schedu	ule 2 (Form 10	827.
						,0

Department of the Treasury

## **Additional Credits and Payments**

OMB No. 1545-0074 20

23

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

	Go to www.irs.gov/Form1040 for instructions and the latest information.					
	. ,	orm 1040, 1040-SR, or 1040-NR				ecurity number
RRA Par		rapally & pushpavathi nagendla fundable Credits		325-0	2-7	/5/
-1					4	
2	-	credit. Attach Form 1116 if required		· ·	1	
2	Form 2441				2	
3	Education c	redits from Form 8863, line 19			3	
4	Retirement	savings contributions credit. Attach Form 8880			4	
5a	Residential	clean energy credit from Form 5695, line 15			5a	
b	Energy effic	ient home improvement credit from Form 5695, line 32			5b	
6	Other nonre	fundable credits:				
а	General bus	siness credit. Attach Form 3800	6a			
b	Credit for pr	rior year minimum tax. Attach Form 8801	6b			
С	Adoption cr	edit. Attach Form 8839...........	6c			
d	Credit for th	e elderly or disabled. Attach Schedule R	6d			
е	Reserved for	or future use	6e			
f	Clean vehic	le credit. Attach Form 8936 .........	6f			
g	Mortgage in	nterest credit. Attach Form 8396	6g			
h	District of Co	olumbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified ele	ectric vehicle credit. Attach Form 8834	6i			
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912	6k			
Ι	Amount on	Form 8978, line 14. See instructions	61			
m	Credit for pr	reviously owned clean vehicles. Attach Form 8936 .	ծՠ			
z	Other nonre	fundable credits. List type and amount:				
			6z			
7		nonrefundable credits. Add lines 6a through 6z		-	7	
8		through 4, 5a, 5b, and 7. Enter here and on Form 10	40, 1040-8	SR, or	~	
	1040-NR, lir	ne 20 · · · · · · · · · · · · · · · · · ·		•• [	8	
				(CO)	ntint	ued on page 2)

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits		;
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	1,372.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
а	Form 2439		
b	Credit for repayment of amounts included in income from earlier years		
С	Elective payment election amount from Form 3800, Part III, line         6, column (i)		
d	Deferred amount of net 965 tax liability (see instructions) 13d	7	
z	Other payments or refundable credits. List type and amount:		
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
	BAA         REV 03/07/24 PRO	15	1,372. ule 3 (Form 1040) 2023

SCHEDULE	С
(Form 1040)	

## **Profit or Loss From Business**

OMB No. 1545-0074 20 23

			(Sole Propri-	etorship)			
ch to Form 1040	1040-SR	1040-55	1040-NB or	1041 · nartnersh	nins must (	generally fil	e Fo

	nent of the Treasury					041; partnerships must generally file		Attachment		
	Revenue Service		ãO TO V	/ww.irs.gov/ScheduleC to	r instru	ctions and the latest information.		Sequence No. 09		
	of proprietor							ecurity number (SSN)		
	IPAVATHI NA							13-8094		
Α			on, incl	uding product or service (se	e instru	uctions)		code from instructions		
	SOFTWARE SERVICES 5 1									
С		•		ess name, leave blank.			D Emplo	yer ID number (EIN) (see instr.)		
	KRANTI SOF				זידיסדזר	AND CHASE SO				
E	City, town or po			room no.) 42935 CC ZIP code ASHBURN						
F	Accounting met		Cas			Other (specify)				
G	0	., -				2023? If "No," see instructions for I		ses . 🗙 Yes 🗌 No		
н						· · · · · · · · · · · · ·				
i				-		n(s) 1099? See instructions		Yes 🔀 No		
J							-			
Part		,								
1	Gross receipts o	or sales. See ii	nstruct	ions for line 1 and check the	e box if	this income was reported to you or				
•							1			
2	Returns and allo	wances					. 2			
3	Subtract line 2 f	rom line 1 .					. 3			
4	Cost of goods s	old (from line	42) .				. 4			
5	Gross profit. Su	ubtract line 4 f	rom lir	e3			. 5			
6		-		-		refund (see instructions)	. 6			
7	Gross income.	Add lines 5 ar	nd 6 .				. 7			
Part	Expense	es. Enter ex	pense	es for business use of yo	our ho					
8	Advertising		8		18	Office expense (see instructions)				
9	Car and truck	•			19	Pension and profit-sharing plans	. 19			
	(see instructions	-	9	4,913.	20	Rent or lease (see instructions):				
10	Commissions ar		10		a	Vehicles, machinery, and equipmen				
11	Contract labor (see		11		b	Other business property				
12 13	Depletion Depreciation and	 I section 179	12		21	Repairs and maintenance				
10	•	iction (not			22	Supplies (not included in Part III)				
	included in Pa	, ,	13		23 24	Taxes and licenses	. 23			
	,		13		24 a		. 24a			
14	Employee benet (other than on lir		14		b	Deductible meals (see instructions				
15	Insurance (other		15		25	Utilities	. 25	2,759.		
16	Interest (see inst	,			26	Wages (less employment credits)	26	,		
а	Mortgage (paid to		16a		27a	Other expenses (from line 48).	. 27a	25,000.		
b			16b		b	Energy efficient commercial bldg				
17	Legal and profess	ional services	17		1 ~	deduction (attach Form 7205) .				
28	Total expenses	before exper	ises fo	r business use of home. Add	d lines 8	8 through 27b	. 28	32,672.		
29	Tentative profit of	or (loss). Subt	ract lin	e 28 from line 7			. 29	-32,672.		
30	Expenses for bi	usiness use o	of your	home. Do not report these	e expe	nses elsewhere. Attach Form 8829	9			
	unless using the									
	Simplified meth	nod filers only	: Ente	r the total square footage of	(a) you		-			
	and (b) the part					. Use the Simplified				
				s to figure the amount to en	iter on l	ine 30	. 30			
31	Net profit or (lo					١				
				<b>1 (Form 1040), line 3,</b> and a actions.) Estates and trusts,			31	-32,672.		
	• If a loss, you <b>n</b>	0				J				
32	If you have a los	s, check the b	pox that	t describes your investment	t in this	activity. See instructions.				
	SE, line 2. (If you Form 1041, line	u checked the <b>3.</b>	box or		ctions.)	Estates and trusts, enter on	32a 🗡 32b 🗌			
	<ul> <li>If you checked</li> </ul>	32b. vou <b>mu</b>	st atta	ch <b>Form 6198.</b> Your loss ma	av be li	mited.		at risk.		

REV 03/07/24 PRO

Schedu	le C (Form 1040) 2023		Page <b>2</b>
Part	III Cost of Goods Sold (see instructions)		
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (attach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	. 🗌 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		
37	Cost of labor. Do not include any amounts paid to yourself		
38	Materials and supplies		
39	Other costs		
40	Add lines 35 through 39		
41	Inventory at end of year		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.		
43	When did you place your vehicle in service for business purposes? (month/day/year) 08/27/2019		
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle	e for:	
а	Business 7,500 b Commuting (see instructions) c Other		754
45	Was your vehicle available for personal use during off-duty hours?	🗌 Yes	🗙 No
46	Do you (or your spouse) have another vehicle available for personal use?		No No
	Do you have evidence to support your deduction?	🗙 Yes	No No
b Part	If "Yes," is the evidence written?	Yes	X No
Part	• Other Expenses. List below business expenses not included on lines 8–20, line 27b,		
BA	CK OFFICE OPERATIONAL EXPENSES		25,000.
48	Total other expenses. Enter here and on line 27a		25,000.

Schedul	e E (Form	1040) 2023			Attachment	Sequence	No. <b>13</b>						Page <b>2</b>
Name(s)	s) shown on return. Do not enter name and social security numbe			er if shov	if shown on other side.			Your so	Your social security number				
KRAN	TI K (	CHINTAPALLY & P	USHPAVATHI NA	GEND	LA					325-	-02-775	7	
-		RS compares amounts	s reported on your	tax ret	urn with a	mounts :	shown	on S	chedule(s) K-	1.			
Part		come or Loss Fron											
	th	ote: If you report a loss, r e box in column (e) on lin nount is <b>not</b> at risk, you <b>n</b>	e 28 and attach the r	equired	basis com	putation. I	lf you re	eport a	a loss from an a	at-risk a	activity for v		
27	Are you	reporting any loss no activity (if that loss w	t allowed in a prio	r year	due to the	at-risk (	or basi	s lim	tations, a pri	or yea	r unallowe		
	see inst	tructions before compl	leting this section								. 🗌	Yes 2	K No
28		<b>(a)</b> Name		par	Enter <b>P</b> for tnership; <b>S</b> corporation	(c) Chec foreigr partners	n		Employer	basis	) Check if computatior required	n any an	neck if nount is at risk
Α	BIGHA	AM ESTATES LLC			P		-	87-	3192600				
В	KALPA	A TECHNOLOGIES	INC		S			88-	1060165				
<b>C</b>	KALPA	A TECHNOLOGIES	INC		S				1060165				
D	BIGHA	AM ESTATES LLC			S			87-	3192600				
		Passive Incom					-		sive Income				
		) Passive loss allowed ch <b>Form 8582</b> if required)	(h) Passive inco from Schedule I			ssive loss a			j) Section 179 ex duction from <b>Fo</b>			passive ir <b>Schedule</b>	
Α	Juna			• •	(000)	bonouulo I	( <b>x</b> 1)					Jonodalo	0.
В												16.4	491.
С													832.
D						3,	,147.						
29a	Totals											18,3	323.
b	Totals					3,	,147.						
30	Add co	lumns (h) and (k) of line	e 29a							. 30	)	18,	323.
31		lumns (g), (i), and (j) of								. 31	(	3,1	47.)
32		artnership and S cor			s). Combir	ne lines 3	30 and	31		. 32	2	15,1	176.
Part	III In	come or Loss From	n Estates and T	rusts									
33			(a	) Name							(b) Err identificati	nployer ion numbe	er
Α													
В													
		Passive	Income and Loss	;				N	onpassive Ir	come	and Loss	s	
	(c)	Passive deduction or loss al (attach <b>Form 8582</b> if require			ve income edule K-1				tion or loss edule K-1		(f) Other in Sched	ncome fro Iule K-1	m
<u>B</u>	Tatala												
34a	Totals Totals					_							
b 35		lumns (d) and (f) of line	240							. 35			
36		lumns (c) and (e) of line					• •	• •		. 36			<u> </u>
37		state and trust incom		ne line	s 35 and 3	 36	• •	• •		. 37			/
Part		come or Loss From					Condu	its (I				er	
38		<b>(a)</b> Name	(t	) Emplo fication r	yer (	c) Excess in Schedule	nclusion	from 2c	(d) Taxable in (net loss) f Schedules Q	ncome rom	(e) II	ncome fro I <b>ules Q</b> , lin	
39		ne columns (d) and (e)	only. Enter the resu	ult here	and inclu	de in the	e total o	on lin	e 41 below	. 39	•		
Part	V S	ummary											
40	Net farr	m rental income or (los	s) from <b>Form 4835</b>	. Also,	complete	line 42 k	below			. 40	)		
41		<b>Come or (loss).</b> Comb 1040), line 5	oine lines 26, 32, 37	, 39, a	nd 40. Ent	er the re	sult he	re an 	d on Schedul	e   . <b>41</b>	1	15,1	176.
42	Recond farming (Form 1	ciliation of farming and fishing income re 065), box 14, code B; d Schedule K-1 (Form 1	ported on Form 48 Schedule K-1 (Forr	35, line n 1120	e 7; Sched -S), box 1	ule K-1 7, code	42						
43	profess reporte from al	ciliation for real estat ional (see instruction d anywhere on Form I rental real estate act he passive activity lose	s), enter the net 1040, Form 1040 ivities in which you	incom -SR, o i mate	ne or (los r Form 10 rially parti	ss) you 040-NR cipated	43						

#### SCHEDULE 8812 (Form 1040)

Department of the Treasury

## Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2023 Attachment Sequence No 47

Internal	Revenue Service		
Name(s	) shown on return Yo	ur social	security number
		5-02-	-7757
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	277,374.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555         .         .         .         2b         0		
c	Enter the amount from line 15 of your Form 4563         .         .         .         .         2c		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	277,374.
4	Number of qualifying children under age 17 with the required social security number 4	2	
5	Multiply line 4 by \$2,000	5	4,000.
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident		
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	7	
8	Add lines 5 and 7	8	4,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
10	• All other filing statuses— $$200,000 \int \dots $	9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For	10	
11	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. $\int \dots \dots \dots \dots \dots$	10	0.
11 12	Multiply line 10 by 5% (0.05)	11 12	0.
12	Is the amount on line 8 more than the amount on line 11?		4,000.
	○ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	<b>Yes.</b> Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from <b>Credit Limit Worksheet A</b>	13	46,708.
13	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	13	40,708.
17	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.	14	±,000.
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>additional</b>	child t	av credit
	on Form 1040, 1040-SR, or 1040-NR, line 28, Complete your Form 1040, 1040-SR, or 1040-NR t		

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023	Page 2
Part	II-A Additional Child Tax Credit for All Filers	
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.	
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27
16a	Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<b>16a</b> 0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.	
	Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
17	Enter the <b>smaller</b> of line 16a or line 16b	17
18a	Earned income (see instructions)	
b	Nontaxable combat pay (see instructions)	
19	Is the amount on line 18a more than \$2,500?	
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.	
	<b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result <b>19</b>	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20
	Next. On line 16b, is the amount \$4,800 or more?	
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.	
	☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of Puerto Rico
21 22	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.21Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form	-
23	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .       22         Add lines 21 and 22	-
23 24	1040 and	-
24	<b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.	
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the <b>larger</b> of line 20 or line 25	26
	Next, enter the smaller of line 17 or line 26 on line 27.	
Part	II-C Additional Child Tax Credit	<u>.</u>
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
	BAA REV 03/07/24 PRO Sci	nedule 8812 (Form 1040) 2023

8889 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.

2023 Attachment Sequence No. **52** 

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.
PUSHPAVATHI NAGENDLA	639-13-8094
Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if required.
Part I HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separ	
1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) See instructions	

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 <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for			
	family coverage). All others, see the instructions for the amount to enter	3	7	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			

	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	7,750.

12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
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	<b>HSA Distributions</b> . If you are filing jointly and both you and your spouse each have sepa	rate	HSAs complete

Part II	HSA Distributions. If you are filing join	ntly and both you and your	r spouse each have separate HSAs, complete
	a separate Part II for each spouse.		

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	382.
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	382.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	382.
16	<b>Taxable HSA distributions.</b> 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	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (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	

		110	
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 separate part III for each spouse.		
40		40	

			-	0000 (0000)
	1040), Part II, line 17d	21		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20		
19	Qualified HSA funding distribution	19		
18	Last-month rule	18		

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

Form <b>8995</b>
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## Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

Go to www.irs.gov/Form8995 for instructions and the latest information.

2023 Attachment Sequence No. 55

OMB No. 1545-2294

Your taxpayer identification number 325-02-7757

KRANTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number		Qualified business ncome or (loss)
i	KRANTI SOFTWARE SERVICES	539-13-8094		-32,672.
ii			-	
iii				
iv				
v				
2 3 4	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)       2         Qualified business net (loss) carryforward from the prior year       3         Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-       4	1 /		
5 6	Qualified business income component. Multiply line 4 by 20% (0.20)		5	0.
7 8	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year       7         Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-       8			
9	or less, enter -0-         8           REIT and PTP component. Multiply line 8 by 20% (0.20)		9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10	0.
11	Taxable income before qualified business income deduction (see instructions)   11	249,674.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)			
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	49,905.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also ent the applicable line of your return (see instructions)		15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than ze		15	0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and			52,072.)
	zero, enter -0		17	( 0.)
For Pr	ivacy Act and Paperwork Reduction Act Notice, see instructions. REV 03/07/24			Form <b>8995</b> (2023)

			_					
Form	<b>B867</b>	Paid Preparer's Due Diligence Checkli			No. 1545			
	ovember 2023)	Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filir	TC), TC) and ng Status	For tax year 20 <u>23</u>				
	nent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104 Go to <i>www.irs.gov/Form</i> 8867 for instructions and the latest inform	0-PR, or 1040-SS.	Attachment Sequence No. <b>70</b>				
Taxpay	er name(s) shown on re	turn	Taxpayer identification	n number				
		PALLY & PUSHPAVATHI NAGENDLA	325-02-775	7				
Prepare	r's name		Preparer tax identific	ation num	oer			
-		AN KUMAR DUDIPALLI	P02470833					
Part		ence Requirements						
		priate box for the credit(s) and/or HOH filing status claimed on the ret d (check all that apply).		e the rel AOTC		arts I–V HOH		
1	Did you complet or reasonably ob	e the return based on information for the applicable tax year provided tained by you?		Yes	No	N/A		
2	worksheets foun 1040) instructior	aimed on the return, did you complete the applicable EIC and/or ( d in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher as, and/or the AOTC worksheet found in the Form 8863 instruction t provides the same information, and all related forms and schedules	dule 8812 (Form is, or your own	X				
3	<ul><li>the following.</li><li>Interview the ta determine that</li><li>Review information</li></ul>	the knowledge requirement? To meet the knowledge requirement, you expayer, ask questions, and contemporaneously document the taxpayer the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Ation to determine that the taxpayer is eligible to claim the credit(s) and gure the amount(s) of any credit(s)	r's responses to nd/or HOH filing	X				
4	Did any informa	tion provided by the taxpayer or a third party for use in preparing onably known to you, appear to be incorrect, incomplete, or inconsis s 4a and 4b. If " <b>No</b> ," go to question 5.)	g the return, or stent? (If " <b>Yes</b> ,"		×			
а	Did you make rea	asonable inquiries to determine the correct, complete, and consistent ir	formation? .					
b	you asked, whor	poraneously document your inquiries? (Documentation should includ n you asked, when you asked, the information that was provided, and on your preparation of the return.)	the impact the					
5	keep a copy of y applicable works 8867 and any ap taxpayer that you	he record retention requirement? To meet the record retention require our documentation referenced in question 4b, a copy of this Form 886 heet(s), a record of how, when, and from whom the information used oplicable worksheet(s) was obtained, and a copy of any document(s) a relied on to determine eligibility for the credit(s) and/or HOH filing st the credit(s)	7, a copy of any to prepare Form provided by the atus or to figure	X				
6	credit(s) and/or	taxpayer whether he/she could provide documentation to substantiate HOH filing status and the amount(s) of any credit(s) claimed on the I for audit?	return if his/her	X				
7		axpayer if any of these credits were disallowed or reduced in a previous		×				
		disallowed or reduced, go to question 7a; if not, go to question 8.)						
а		e the required recertification Form 8862?						
8		reporting self-employment income, did you ask questions to prepare						
	correct Schedule	C (Form 1040)?		X				

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form **8867** (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim (	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		, go to	Part \	7.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go te	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:		-	
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	n the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	oility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applicat obtained.</li></ol>	ole wor	ksheet(	s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	oayer's nt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for eac related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply

15	Do you certify that all	of the a	inswers on thi	s Form 8	8867 are,	to the be	st of your knowledge,	true, correct, and	Yes	No
	complete?								×	
							REV 03/07/24 PRO	Form <b>88</b>	67 (Rev.	11-2023)

Form <b>8959</b>	
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## **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.

OMB No. 1545-0074 20 C Attachment 71

	ment of the Treasury         Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.           Il Revenue Service         Go to www.irs.gov/Form8959 for instructions and the latest information.		A1	tachment equence No. <b>71</b>
Name(s	s) shown on return	Your social	_	ity number
KRA	NTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA	325-02	2-77	57
Par	t Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one	9,228.		
3	Wages from Form 8919, line 6         .          .         .			
4		9,228.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
		0,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	89,228.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here ar		7	803.
Par	Part II Additional Medicare Tax on Self-Employment Income	••••	1	005.
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
0	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 h	ere and		
	go to Part III		13	
Part		tion		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
15	(see instructions)			
15	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 <b>15</b>			
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%			
	Enter here and go to Part IV		17	
Part	IV Total Additional Medicare Tax	I		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1	040-SS		
	filers, see instructions), and go to Part V		18	803.
Part		·		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
		4,919.		
20	Enter the amount from line 1         .          .         .	9,228.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax         withholding on Medicare wages       21	4,919.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medic			
<u>-</u>	withholding on Medicare wages		22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form V			
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amo			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-S			
			24	0

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

Form **8960** 

Department of the Treasury

Internal Revenue Service

#### Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

Attachment

Sequence No. 72

Attach to your tax return.

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

Name(s) shown on your tax return Your social security number or EIN KRANTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA 325-02-7757 Part I Investment Income Section 6013(g) election (see instructions) Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 1 474. 1 2 2 149. 3 3 4a Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -17,496. Adjustment for net income or loss derived in the ordinary course of a nonb 4b 17,496. С 4c 0. . Net gain or loss from disposition of property (see instructions) . . . . 5a 5a b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see С 5c d 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) . . . . Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 623 8 Part II Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see instructions) . . . . . . . . . 9a b State, local, and foreign income tax (see instructions) 9b . . Miscellaneous investment expenses (see instructions) . 9c С . . . 9d . . 10 Additional modifications (see instructions) . . . 10 . . Total deductions and modifications. Add lines 9d and 10 . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 623. Individuals: Modified adjusted gross income (see instructions) . . . . . 13 13 277,374. 14 14 250,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . . . . . 15 27,374. 16 16 623. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 on your tax return (see instructions). 17 24. Estates and Trusts: 18a 18a Deductions for distributions of net investment income and charitable b 18b Undistributed net investment income. Subtract line 18b from line 18a (see С 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . 19b h c Subtract line 19b from line 19a. If zero or less, enter -0- . . . . . . . . 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21 . . . . . . For Paperwork Reduction Act Notice, see your tax return instructions. Form 8960 (2023) REV 03/07/24 PRO BAA

## Additional Information From 2023 Federal Tax Return

## Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25		lte	mizatio	n Statement
Description			Amo	unt
MOBILE BILL (12M*75\$PM)				900.
INTERNET(12M*57\$PM)				686.
ELECTRICITY(12M*98\$PM)				1,173.
	Total			2,759.

— Cut Here –

## Form 760-PMT 2023 Tax Due Return Payment Coupon

(DOC ID 761) \*No Staples Please\* To Be Used For Payments On Previously Filed 2022 Individual Income Tax Returns Only

Your Social Security Number

Spouse's Social Security Number

639138094

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

Amount of Payment

3250277570 7611555 123005

Name(s) and Address

KRANTI K CHINTAPALLY PUSHPAVATHI NAGENDLA 42935 COURTLAND CHASE SQ ASHBURN VA 20148





KRANTI	Ξ	Κ	CHINTAR	PALLY
PUSHPA	AVATHI		NAGENDI	ЪА
42935	COURTLA	AND	CHASE	SQ

ASHBURN	VA	20148			
SSN - You CHIN	N 3	25027757	Vendor ID 1555	XXX	xx T
SSN - Spouse NAGE	E 6	39138094			
Fed Adj Gross Income (FAGI)	1.	310046.	Withholding (VA) - You	19A.	8255.
Additions	2.		Withholding (VA) - Spouse	19B.	6833.
Subtotal	3.	310046.	Estimated Payments	20.	
Age Deduction - You	4A.		2022 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	15088.
Total VA Adj Gross Income (VAGI)	9.	310046.	Tax You Owe	27.	1089.
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	
Standard Deduction	11.	16000.	Overpayment Credited to Next Yea	r 29.	
Exemptions	12.	3720.	VAC - Virginia 529 / ABLE	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemption	ns) 14.	19720.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	290326.	Sales and Use Tax	33.	
Amount of Tax	16.	16436.	Amount You Owe		1089.
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card         N           Your Refund         N	I.	
VAGI - Spouse	17A.	151008.	Park Pouting #		
Net Amount of Tax	18.	16177.	Bank Routing # Bank Account #		
L			Dank Account #		

\_\_\_\_LAR \_\_\_DLAR \_\_\_DTD \_\_\_LTD \$\_\_\_\_





• 				·	
Filing Status, Age 8	License li	nformation		Additional Filing Information	1
Filing Status			2	Locality	107
Federal Head of He	ousehold			Uninsured & Authorize DMAS	
DOB - You		05281	L980	Name or Filing Status Change	
VA Driver's License	e ID - You	A60896	5507	Address Change	
VA Driver's License	e - Iss. Date	-You 09012	2022	VA Return Not Filed Last Year	
Spouse Name (Fili	ng Status 3 (	Only)		Dependent on Another's Return	
DOB - Spouse		04101	1980	Farmer / Fisherman / Merchant Seaman	
VA Driver's License	e ID - Spous	e A60857	7502	Amended	
VA Driver's License	e - Iss. Date	- Spouse 01282	2022	Reason Code	
Exemptions (A)		Exemptions (B)		Overseas on Due Date	
You	1	65 & Over - You		Federal EIC & Amount	
Spouse	1	65 & Over - Spouse		Deceased Indicator	
Dependents	2	Blind - You		Form 760C or 760F	
Total (A)	4	Blind - Spouse		No Sales & Use Tax Due Indicator	Х
		Total (B)		Obtain Electronic 1099G	
		Contact Information		ID Theft PIN	
I (We), the undersigned,	declare under		ined this return & to the best o	f my (our) knowledge, it is a true, correct & complete return. If you are requ	esting direct

this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct ity of law that I (we) I nyı siale unuel pe deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

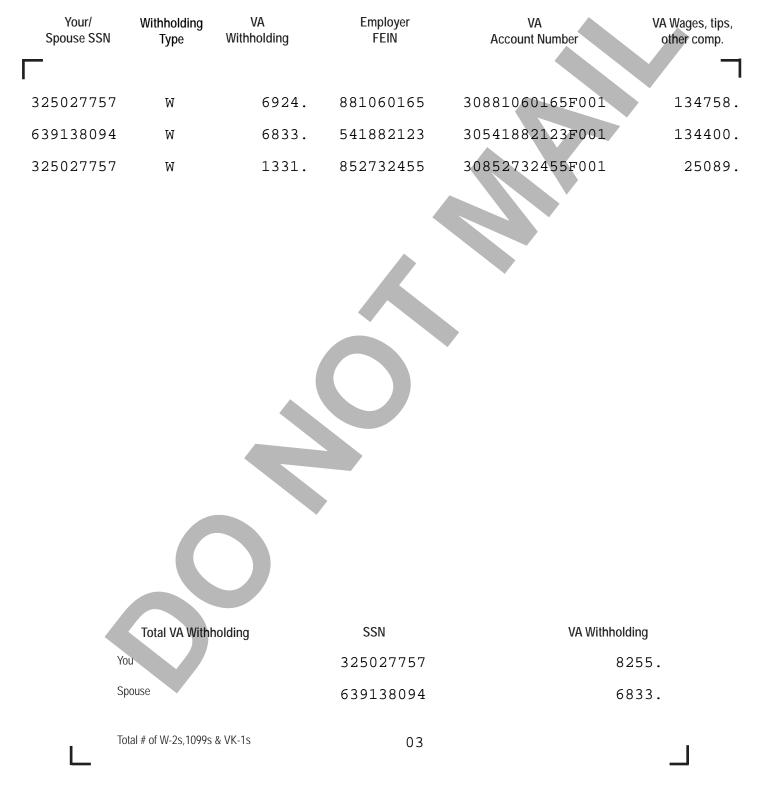
Signature - You	Date	Phone - You		30986	80292
Signature - Spouse	Date	Phone - Spouse			
Signature - Preparer <u>VENKATA SAI PAVAN KUMAR DUDIPALLI</u>	Date	Phone - Preparer		67896	59522
The Tax Department may discuss my/our return with my/our pro- <b>File by May 1, 2024</b>	eparer.	Preparer Information GLOBAL TAXES LLC	7	P024	70833
Include Page 1, Page 2 and all supporting 760CG documents.		245 ROONEY CT E BRUNSWICK	NJ	08816	Page 2 of 2

## **2023 Schedule INC/CG** 325027757

Report all W-2s, 1099s & VK-1s with VA Withholding

KRANTI K CHINTAPALLY

PUSHPAVATHI NAGENDLA





## 2023 Schedule FED/CG

KRANTI	Γ	K	CHINTAI	PALLY
PUSHPA	AVATHI	]	NAGENDI	LA
42935	COURTLA	AND	CHASE	SQ



#### 325027757 VA 20148 639138094 107 ASHBURN SCHEDULE C and/or SCHEDULE F INFORMATION First Schedule Info. Second Schedule Info. Schedule Name С 1. Gross Receipts or Sales 2. Depreciation/Expense Deduction 3. **Business Activity Code** 519200 4. 107 **Business Locality Code** 5. 4913. 6. Car & truck expenses Inventory at end of year 7. 7500 # of miles you used your vehicle for: Business 8. 9. # of miles you used your vehicle for: Commuting # of miles you used your vehicle for: Other 754 10. SCHEDULE 2106 INFORMATION # of miles you used your vehicle for: Business 11. # of miles you used your vehicle for: Commuting 12. # of miles you used your vehicle for: Other 13. % of business use of vehicle: Vehicle 1 14. % of business use of vehicle: Vehicle 2 15. SCHEDULE 4562 INFORMATION 16. Property Used more than 50% in qualified business Type of Property 17. Date placed in service Business/Investment Use % 18. Cost or other basis 19. **Depreciation Deduction** 20. Elected Section 179 Cost 21.

- 22. Business Locality Code
- 1555 REV 02/23/24 PRO

<b>1040</b>		artment of the Treasury—I <b>S. Individual</b>			turn	202	23	OMB No. 1545	-0074	IRS Use O	nly—Do not	write or st	aple in this	space.	
For the year Jan	. 1-Dec	. 31, 2023, or other tax	year beginning			, 2023, en	ding			, 20	See s	eparate	instructi	ions.	
Your first name	and m	ddle initial		Last n	ame						Your	social se	curity nu	mber	
KRANTI K	-			CHT	NTAPAL	ТY					325	02	7757	7	
		first name and middle	e initial	Last n									al security		
PUSHPAVA	тнт			NAG	ENDLA						639	13	8094	ł	
		er and street). If you ha	ve a P.O. box, see						A	Apt. no.			ection Ca		
42935 CC	URTI	LAND CHASE S	0										you, or yo		
		ce. If you have a foreig		mplete	spaces bel	ow.	Sta	ate	ZIP c	ode		spouse if filing jointly, want \$ to go to this fund. Checking a			
ASHBURN							VZ	A	201	.48			not char	0	
Foreign country	name				Foreign pr	rovince/state	/coun	ty	Foreig	gn postal coo		ax or ref		.90	
												<b>Y</b>	ou 🗌	Spouse	
Filing Status	; [	Single						Head of he	ouseh	old (HOH)					
Check only	X	Married filing joint	ly (even if only o	ne had	income)										
one box.		Married filing sepa	arately (MFS)					Qualifying	surviv	ing spous/	e (QSS)				
	lf y	ou checked the MF	S box, enter the	name	of your sp	pouse. If yo	u che	ecked the HOF	l or Q	SS box, er	nter the c	hild's na	ame if the	е	
	qu	alifying person is a	child but not you	ur depe	endent:										
Digital	At ar	ny time during 2023	, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services);	or (b) sel				
Assets		ange, or otherwise										์ 🗌 Y	es 🗙	No	
Standard	Som	eone can claim:	🗌 You as a de	pende	nt 🗌	Your spous	se as	a dependent						-	
Deduction		Spouse itemizes on	a separate retur	n or yc	ou were a	dual-status	alien	ı							
Age/Blindness	You	Were born bet	fore January 2, 1	959	Are bl	ind Sp	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1959		ls blind		
Dependents	s (see	instructions):			(2) S	Social securit	y	(3) Relationsh	ip <b>(4</b>	) Check the	box if qu	alifies for	(see instr	uctions):	
lf more	<b>(1)</b> F	irst name	_ast name			number	-	to you	Child tax cred			Credit f	or other de	pendents	
than four	TAN	IVI CH	INTAPALLY		313	-43-994	12	Daughter		×					
dependents, see instructions	SAF	IITYA CH	INTAPALLY		082	-77-467	75	Daughter		×	]				
and check	, 										]				
here 🗌											]				
Income	1a	Total amount from	.,	•		,						a	294,	247.	
Attach Form(s)	b	Household employ		•								b			
W-2 here. Also	c									C					
attach Forms W-2G and	d									d					
1099-R if tax	e	Taxable depender							• •			e			
was withheld.	f	Employer-provide	•						• •			lf			
lf you did not get a Form	g	Wages from Form					• •		• •			g		0.	
W-2, see	h :	Other earned inco Nontaxable comb	· ·	,			• •	· · · · ·	· ·			h		0.	
instructions.	i -	Add lines 1a throu		seems	iructions)		• •	11				z	294,	247	
	z 2a	Tax-exempt intere	Ŭ I	2a		· · ·	 ьт	axable interest	•••			2 2b		474.	
Attach Sch. B if required.	2a 3a	Qualified dividend		2a 3a		149.		Ordinary divide				b b		149.	
	<u> </u>	IRA distributions		3a 4a				axable amoun				lb	·		
Standard	<del>т</del> а 5а	Pensions and ann						axable amoun				ib ib			
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	6a	Social security be		6a				axable amoun				ib ib			
Married filing	c	If you elect to use			method	 check here									
separately, \$13,850	7	Capital gain or (los	•				•	,				7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income	,		•							8	-17,	496.	
Qualifying	9	Add lines 1z, 2b, 3		<i>'</i>								9	277,		
surviving spouse, \$27,700	10	Adjustments to inc										0			
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 fr										1	277,	374.	
\$20,800	12	Standard deduct		•	-	-						2		700.	
If you checked any box under	13	Qualified business						95-A				3	/	0.	
Standard Deduction,	14	Add lines 12 and										4	27,	700.	
see instructions.	15	Subtract line 14 fr	om line <u>11. If</u> zei	ro or le	ss, enter	-0 This is	your	taxable incom	e.	<u> </u>		5	249,		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	46,708.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17						18	46,708.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	4,000.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					[	21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	42,708.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	827.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	43,535.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				<b>25a</b> 37	,033.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	0.		
	d	Add lines 25a through 25c						25d	37,033.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No	27			
attach Sch. ElC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			<b>31</b> 1	,372.		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	1,372.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	38,405.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	
	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆 🛛	35a	
Direct deposit?	b	Routing number       X							
See instructions.	d	Account number X X X	X X X X	X X X Z	K X X X X	X X			
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	5,170.
	38	Estimated tax penalty (see in	structions) .			38	40.		
<b>Third Party</b>		you want to allow another	person to disc						
Designee		structions					•		× No
	De na	signee's me		Phone no.			onal identific per (PIN)	ation	
Sign		der penalties of perjury, I declare th	nat I have examined		accompanving sche		. ,	e best	of my knowledge and
-		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS se	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE I		(see in	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					SOFTWARE I	DEVELOPER	(see in		
	Ph	one no. (309)868-029	2	Email address	1	L@GMAIL.CO	M		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAT	PAVAN KUM	AR DUDIPALLI		P02470	833	Self-employed
Preparer	-	m's name GLOBAL TAX							678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		88-2145487
Go to www.irs.ad		n1040 for instructions and the late			BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)
					DAA				()

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 20

Attachment Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KRANTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA 325-02-7757 Part Additional Income 1 1 2a **b** Date of original divorce or separation agreement (see instructions): 3 3 -32,672. 4 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . 15,176. 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 Unemployment compensation . . . . . . . . . . . . . . 8 Other income: 8a 8b 8c **d** Foreign earned income exclusion from Form 2555 8d 8e Income from Form 8889 . . . . . . . . . . 8f f 8g 8h

i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
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	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	<u>8s</u> ( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
0	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-17,496.

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	s government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO	)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHE	DULE	2
(Form	1040)	

## **Additional Taxes**

OMB No. 1545-0074

2

Departr Internal		Attachment Sequence No. <b>02</b>		
Name	Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your soc			
KRA	NTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA	325-02-	-7757	
Pa	rt I Tax			
1	Alternative minimum tax. Attach Form 6251		1	
2	Excess advance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	·	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 <b>5</b>			
6	Uncollected social security and Medicare tax on wages. Attach         Form 8919         6			
7	Total additional social security and Medicare tax. Add lines 5 and 6 $\ldots$	· ·	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	ired.		
	If not required, check here		8	
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	1	0	
11	Additional Medicare Tax. Attach Form 8959	1	803.	
12	Net investment income tax. Attach Form 8960	1	24.	
13	Uncollected social security and Medicare or RRTA tax on tips or group-terr insurance from Form W-2, box 12		3	
14	Interest on tax due on installment income from the sale of certain residentia and timeshares		4	
15	Interest on the deferred tax on gain from certain installment sales with a sales over \$150,000		5	
16	Recapture of low-income housing credit. Attach Form 8611	1	6	
		(con	tinued on page 2)	

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	82	7.
	ВАА	REV 03/07/24 PRO	Schedu	ule 2 (Form 1040)	2023

Department of the Treasury

Internal Revenue Service

## **Additional Credits and Payments**

OMB No. 1545-0074 20

Attachment Sequence No. 03

23

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

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

Name					ecurity number
1	NTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA	02-7	757		
Par	t Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 244	l, line 11. /	Attach		
_	Form 2441		• •	2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a		-	
b	Credit for prior year minimum tax. Attach Form 8801	6b		-	
С	Adoption credit. Attach Form 8839	6c		-	
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f		-	
g	Mortgage interest credit. Attach Form 8396	6g		-	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		-	
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6ј			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		-	
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z $\ .$ .			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1	040, 1040-8	SR, or		
	1040-NR, line 20		•••	8	
			(CC	ontinu	ued on page 2)

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			·
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	1,372.
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
с	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	1,372.
	BAA REV	03/07/24 PRO	Schedul	e 3 (Form 1040) 2023

SCHEDULE	С
(Form 1040)	

## Profit or Loss From Business (Sole Proprietorship)

	OMB	NO.	1545	-0074	
_	-	-	-	-	

					041; partnerships must generally file actions and the latest information		Attachment Sequence No. 09
Name	of proprietor					Social sec	urity number (SSN)
PUSH	IPAVATHI NAGENDLA					639-13	-8094
Α	Principal business or profession	on, inc	luding product or service (se	e instru	uctions)	B Enter co	de from instructions
	SOFTWARE SERVICES					5 1	9200
С	Business name. If no separate	e busin	ess name, leave blank.			D Employe	r ID number (EIN) (see instr.)
	KRANTI SOFTWARE SE						
E	Business address (including s	uite or			LAND CHASE SQ		
	City, town or post office, state	-					
F	Accounting method: (1)		h (2) 🗌 Accrual (3	s) 🗌	Other (specify)		
G			e operation of this business	during	2023? If "No," see instructions for I	imit on losse	s . 🗙 Yes 🗌 No
н							
I					n(s) 1099? See instructions		
J	If "Yes," did you or will you file	e requi	red Form(s) 1099?				🗌 Yes 🗌 No
Part							
1					this income was reported to you or	ו <b>1</b>	
2	Returns and allowances					. 2	
3	Subtract line 2 from line 1 .					. 3	
4	Cost of goods sold (from line	42) .				. 4	
5	-						
6			•		refund (see instructions)		
7					· · · · · · · · · ·	. 7	
Part		<u> </u>	es for business use of yo		-		
8	Advertising	8		18	Office expense (see instructions)		
9	Car and truck expenses (see instructions)	9	4,913.	19 20	Pension and profit-sharing plans Rent or lease (see instructions):	. 19	
10	Commissions and fees .	10	1,713.	a	Vehicles, machinery, and equipmen	t <b>20a</b>	
11	Contract labor (see instructions)	11		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III)		
	expense deduction (not included in Part III) (see			23	Taxes and licenses		
	instructions)	13		24	Travel and meals:		
14	Employee benefit programs			a	Travel	. 24a	
••	(other than on line 19)	14		b	Deductible meals (see instructions	) <b>24b</b>	
15	Insurance (other than health)	15		25	Utilities	. 25	2,759.
16	Interest (see instructions):			26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48) .	. 27a	25,000.
b	Other	16b		b	Energy efficient commercial bldg	s	
17	Legal and professional services	17			deduction (attach Form 7205) .	. 27b	
28	Total expenses before exper	nses fo	r business use of home. Add	lines a	8 through 27b	. 28	32,672.
29	Tentative profit or (loss). Subt	ract lin	e 28 from line 7			. 29	-32,672.
30	Expenses for business use of unless using the simplified me Simplified method filers only	ethod.	See instructions.		nses elsewhere. Attach Form 882s	9	
	and (b) the part of your home			(, )	. Use the Simplified	-	
	Method Worksheet in the inst			ter on l		. 30	
31	Net profit or (loss). Subtract		-				
•	<ul> <li>If a profit, enter on both Sch</li> </ul>			on Sch			
	checked the box on line 1, se	e instru				31	-32,672.
00	• If a loss, you <b>must</b> go to lin		the state and the state of the	ta et t	)		
32	If you have a loss, check the l	Dox tha	at describes your investment	in this	activity. See instructions.		
	<ul> <li>If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3.</li> <li>If you checked 32b, you mu</li> </ul>	box or	n line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on	32b 🗌	All investment is at risk. Some investment is not at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

REV 03/07/24 PRO

Schedu	le C (Form 1040) 2023			Page <b>2</b>
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (atta	ch ex	planation)	
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 the 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) 08/27/2019			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your v	ehicle	e for:	
а	Business 7,500 b Commuting (see instructions) c O	ther		754
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗙 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗙 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗙 Yes	No No
ه Part	If "Yes," is the evidence written?			🔀 No
RΔ	CK OFFICE OPERATIONAL EXPENSES			25,000.
				23,000.
48	Total other expenses. Enter here and on line 27a	48		25,000.

Schedul	dule E (Form 1040) 2023 Attachment Sequence No. <b>13</b>					Page <b>2</b>						
( )	s) shown on return. Do not enter name and social security number							Your social security number				
	ANTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA							)2-7757	,			
	on: The IRS compares amou						s shown	on S	Schedule(s) K-1			
Part	II Income or Loss Fr Note: If you report a loss							****	mant from on C		tion your	<b>must</b> shask
	the box in column (e) on amount is <b>not</b> at risk, yo	line 28 and at	tach the req	uired b	oasis com	putation	n. If you re	eport	a loss from an a	t-risk ac		
27	Are you reporting any loss	not allowed	in a prior	year d	lue to the	at-risk	k or basi	is lim	itations, a pric	or year	unallowed	d loss from a
	passive activity (if that loss	was not re	ported on								you ans	wered "Yes,"
	see instructions before con	pleting this	section	1						1		Yes 🗵 No
28	<b>(a)</b> Nan	ıe		partr	inter <b>P</b> for nership; <b>S</b> corporation	(c) Che forei partne	ign		I) Employer fication number	basis c	Check if omputation equired	(f) Check if any amount is not at risk
Α	BIGHAM ESTATES LLC	1			P		]	87-	-3192600			
В	KALPA TECHNOLOGIES	INC			S			88-	-1060165			
C	KALPA TECHNOLOGIES				S				-1060165		<u> </u>	
D	BIGHAM ESTATES LLC				S				-3192600			
	Passive Inco				(D) ) (		-		sive Income a			<u> </u>
	(g) Passive loss allowed (attach Form 8582 if required)		assive income Schedule K-			issive los Schedule	s allowed <b>K-1</b> )		(j) Section 179 exp eduction from Forr			assive income chedule K-1
Α												0.
В												16,491.
С												1,832.
D						3	3,147.					
29a	Totals											18,323.
b	Totals					3	3,147.					
30	Add columns (h) and (k) of							• •		30		18,323.
31	Add columns (g), (i), and (j)									31	(	3,147.)
32 Dort	Total partnership and S c III Income or Loss Fr				. Combir	ie lines	30 and	31		32	<u> </u>	15,176.
Part	III Income or Loss Fr		s and Tru	sis							(b) Emp	
33			(a) N	lame							identificatio	
Α												
В												
	(c) Passive deduction or los	ve Income a		Dessive	e income		(a)		lonpassive In ction or loss	come a	(f) Other inc	
	(attach Form 8582 if req				dule K-1				hedule K-1		Schedu	
Α												
В												
34a	Totals											
b	Totals											
35	Add columns (d) and (f) of I									35	<u> </u>	
36	Add columns (c) and (e) of			· .				· ·		36	(	)
37	Total estate and trust inco						 <b>O</b> avada			37		
Part	IV Income or Loss Fr				1		s inclusion		(d) Taxable ind			
38	(a) Name		(b) l identific	Employ ation nu	er i	Schedu	les Q, line	2c	(net loss) fro	om		come from I <b>les Q</b> , line 3b
						(see Ir	nstructions	>)	Schedules Q,			
39	Combine columns (d) and (	e) onlv. Ente	r the result	here	and inclu	de in th	he total o	on lin	e 41 below	39	+	
Part		<u>, , , , , , , , , , , , , , , , , , , </u>									1	
40	Net farm rental income or (	oss) from <b>Fc</b>	orm 4835.	Also, (	complete	line 42	2 below			40		
41	Total income or (loss). Co	,	26, 32, 37, 3						d on Schedule	41		15,176.
42	Reconciliation of farming			e.Fn	ter vour	aross				-71		
	farming and fishing income (Form 1065), box 14, code I	reported on	Form 4835	5, line	7; Sched	ule K-1						
	AN; and Schedule K-1 (Forr						42					
43	Reconciliation for real es											
	professional (see instructi											
	reported anywhere on For											
	from all rental real estate a under the passive activity lo											
	ander the passive activity it	. 651116		• •			43					

#### SCHEDULE 8812 (Form 1040)

## Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

2023 Attachment Sequence No. 47

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

Name(s)	Name(s) shown on return Your so			
KRAN	FI K CHINTAPALLY & PUSHPAVATHI NAGENDLA	325	-02-7	757
Par	t I Child Tax Credit and Credit for Other Dependents			
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	277,374.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.		
c	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c	•	2d	0.
3	Add lines 1 and 2d		3	277,374.
4	Number of qualifying children under age 17 with the required social security number 4	2		
5	Multiply line 4 by \$2,000		5	4,000.
6	Number of other dependents, including any qualifying children who are not under age			
	17 or who do not have the required social security number	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500		7	
8	Add lines 5 and 7		8	4,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses—\$200,000 ∫		9	400,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. $\int$		10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?	•	12	4,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A		13	46,708.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents		14	4,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>			
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thr	ough li	ne 27

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	ıle 8812 (Form 1040) 2023		Page <b>2</b>
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result       19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	<b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part		IS OT H	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, )		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the <b>larger</b> of line 20 or line 25	23	
<b>_</b> U	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	•		812 (Form 1040) 2023

Form 8889 Department of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

20 <b>23</b>
Attachment Sequence No. <b>52</b>

	Revenue Service Go to www.irs.gov/Form8889 for instructions and the latest information.		Attachment Sequence No. <b>52</b>
Name(s			r of HSA beneficiary.
PUSI		ouses have H 9-13-8(	HSAs, see instructions. ) 9 4
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contrac	ts, if rec	luired.
Parl	<b>HSA Contributions and Deduction.</b> See the instructions before completing this parand both you and your spouse each have separate HSAs, complete a separate Part		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 20 See instructions		Self-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contribution through a cafeteria plan, or rollovers. See instructions	ons,	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 family coverage). <b>All others</b> , see the instructions for the amount to enter	for	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 88 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, a include any amount contributed to your spouse's Archer MSAs	also	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 fa		7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family cover under an HDHP at any time during 2023, enter your additional contribution amount. See instruction		
8	Add lines 6 and 7	. 8	7,750.
9		50.	,
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	. 11	7,750.
12	Subtract line 11 from line 8. If zero or less, enter -0		
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line		
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part		separate	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	. 14a	a 382.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any exc contributions (and the earnings on those excess contributions) included on line 14a that w withdrawn by the due date of your return. See instructions	/ere	0
С	Subtract line 14b from line 14a	. 140	382.
15	Qualified medical expenses paid using HSA distributions (see instructions)	. 15	382.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include amount in the total on Schedule 1 (Form 1040), Part I, line 8f		0.
<b>1</b> 7a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (F 1040), Part II, line 17c	orm . <b>17</b> k	
Part	completing this part. If you are filing jointly and both you and your spouse each have complete a separate Part III for each spouse.	e separat	
18	Last-month rule	. 18	
19	Qualified HSA funding distribution		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (F		
	1040), Part II, line 17d	. 21	

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

Form <b>8995</b>
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## Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information	ı.

2023 Attachment Sequence No. 55

Your taxpayer identification number

325-02-7757

OMB No. 1545-2294

Name(s) shown on return

KRANTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i	KRANTI SOFTWARE SERVICES	639-13-8094		-32,672.
ii				
iii				
iv				
v 2	Total qualified business income or (loss). Combine lines 1i through 1v,         column (c)	<b>2</b> -32,672.		
3 4	Qualified business net (loss) carryforward from the prior year	3     (     )       4     0.	Ē	0
5 6	Qualified business income component. Multiply line 4 by 20% (0.20)	6	5	0.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year .	7 ( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	
10	Qualified business income deduction before the income limitation. Add lines 5 an		10	0.
11 12	Taxable income before qualified business income deduction (see instructions) Enter your net capital gain, if any, increased by any qualified dividends			
13	,	12149.13249,525.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	49,905.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than	n zero, enter -0	16	( 32,672.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	( 0.)
For Priv		07/24 PRO	·	Form <b>8995</b> (2023)

<b>_</b>	<b>8867</b>	Paid Preparer's Due Diligence Checkli			No. 1545	
	ovember 2023)	Earned Income Credit (EIC), American Opportunity Tax Credit (AOT Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Filin	C) and		or tax ye 20 <u>23</u>	
	ent of the Treasury Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040 Go to www.irs.gov/Form8867 for instructions and the latest inform	)-PR, or 1040-SS. nation.	Seque	nment ence No.	70
Taxpaye	er name(s) shown or	n return	Taxpayer identification	on number		
		TAPALLY & PUSHPAVATHI NAGENDLA	325-02-775			
	r's name		Preparer tax identific	ation numl	ber	
		AVAN KUMAR DUDIPALLI	P02470833			
Part		gence Requirements				
		propriate box for the credit(s) and/or HOH filing status claimed on the returned (check all that apply).		e the rel		arts I–V HOH
1		lete the return based on information for the applicable tax year provided obtained by you?	by the taxpayer	Yes X	No	N/A
2	worksheets fo 1040) instruct	claimed on the return, did you complete the applicable EIC and/or C und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheo ions, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	ule 8812 (Form s, or your own	X		
3	<ul> <li>the following.</li> <li>Interview the determine th</li> <li>Review infor status and to</li> </ul>	y the knowledge requirement? To meet the knowledge requirement, you retaxpayer, ask questions, and contemporaneously document the taxpayer lat the taxpayer is eligible to claim the credit(s) and/or HOH filing status. It is the taxpayer is eligible to claim the taxpayer is eligible to claim the credit(s) and or HOH filing status.	r's responses to nd/or HOH filing	X		
4	information re	mation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsis ons 4a and 4b. If " <b>No</b> ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should include nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)	I the impact the			
5	keep a copy o applicable wo 8867 and any taxpayer that the amount(s)	y the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 8867 rksheet(s), a record of how, when, and from whom the information used t applicable worksheet(s) was obtained, and a copy of any document(s) p you relied on to determine eligibility for the credit(s) and/or HOH filing sta of the credit(s)	7, a copy of any o prepare Form provided by the atus or to figure	X		
6	credit(s) and/c	he taxpayer whether he/she could provide documentation to substantiate or HOH filing status and the amount(s) of any credit(s) claimed on the	return if his/her			
		ted for audit?		×		
7	-	e taxpayer if any of these credits were disallowed or reduced in a previous	s year?	×		
а	Did you compl	re disallowed or reduced, go to question 7a; if not, go to question 8.) lete the required recertification Form 8862?				
8		r is reporting self-employment income, did you ask questions to prepare	a complete and			
	correct Sched	ule C (Form 1040)?				

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
с 	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	<b>Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part		, go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?	k year	Yes	No
Part	<ul> <li>Eligibility Certification</li> <li>You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:</li> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response.</li> </ul>		•	
	in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	s) and/c	or HOH	filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			

- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

## If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form <b>895</b>	<b>j9</b>
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Department of the Treasury

## **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
2023
Attachment Sequence No. <b>71</b>

 Internal Revenue Service
 Go to www.irs.gov/Form8959 for in

 Name(s) shown on return
 KRANTI K CHINTAPALLY & PUSHPAVATHI NAGENDLA

Your social security number 325-02-7757

Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	339,228.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	339,228.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	• •		6	89,228.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).		•		
	Part II			7	803.
Part			1		
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8		-	
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	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
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				
Part	go to Part III		<u> </u>	13	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14	14			
15	(see instructions)	14		-	
15	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0	-	l	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin				
.,	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin	ne 11	(Form 1040-SS		
	filers, see instructions), and go to Part V		· · · · · ·	18	803.
Part	V Withholding Reconciliation				
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	19	4,919.		
20	Enter the amount from line 1	20	339,228.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	4,919.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add				
	withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation				
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c	•			
<b>F</b> = 2				24	0.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		REV 03/07/24 PRO		Form 8959 (2023)

Form 8960

Department of the Treasury

Internal Revenue Service

# Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

Attach to your tax return. Go to www.irs.gov/Form8960 for instructions and the latest information.

2023 Attachment Sequence No. 72

	shown on your tax return					curity number or EIN
	TI K CHINTAPALLY & PUSHPAVATHI NAGENDLA			325-	02-7	757
Part						
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (see in the section is a					
1	Taxable interest (see instructions)				1	474.
2	Ordinary dividends (see instructions)				2	149.
3	Annuities (see instructions)	· · ·		· ·	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or					
	businesses, etc. (see instructions)	4a	-17,4	496.		
b	Adjustment for net income or loss derived in the ordinary course of a non-		1 1 1			
_	section 1411 trade or business (see instructions)	4b	17,4	496.		0
C Fo	Combine lines 4a and 4b	1 1		•••	4c	0.
5a	Net gain or loss from disposition of property (see instructions)	5a				
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b				
С	Adjustment from disposition of partnership interest or S corporation stock (see					
	instructions)	5c				
d	Combine lines 5a through 5c				5d	
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	623.
Part		1	ons			
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			47		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals,				10	600
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0 Individuals:	• •		•••	12	623.
10		13	077	274		
13 14	Modified adjusted gross income (see instructions)	14	277,3			
14	Subtract line 14 from line 13. If zero or less, enter -0	14		374.		
16	Enter the smaller of line 12 or line 15				16	623.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En				10	025.
17	on your tax return (see instructions)				17	24.
	Estates and Trusts:		1			
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b				
с	Undistributed net investment income. Subtract line 18b from line 18a (see					
	instructions). If zero or less, enter -0	18c				
19a	Adjusted gross income (see instructions)	19a				
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	19c				
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.					
	include on your tax return (see instructions)				21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.	RE	V 03/07/24 PRO			Form <b>8960</b> (2023)

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

BAA

## Additional Information From 2023 Federal Tax Return

## Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25	Itemization Statement
Description	Amount
MOBILE BILL (12M*75\$PM)	900.
INTERNET(12M*57\$PM)	686.
ELECTRICITY(12M*98\$PM)	1,173.
Total	2,759.