Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)		•	
Taxpayer's name	Social security	y number	
PRASAD BATTALA	130-81-	-6186	
Spouse's name	Spouse's soci	al security number	
VENNELA MUKKUPOGU	281-79-	-5065	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you ar	e authorizing.)
Enter whole dollars only on lines 1 through 5.			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income		1 59	,342.
2 Total tax		2 3	, 155.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 7	,919.
4 Amount you want refunded to you		4 4	,764.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a copy	y of your retu	rn)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for r for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institut authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	smitter, or electro ejection of the tra U.S. Treasury andicated in the taution to debit the attention to debit the authoriza equests must be the processing of a payment. I furth	nic return origina ansmission, (b) that its designated x preparation sof entry to this acco- tition. To revoke (received no late the electronic pather acknowledge	tor (ERO) ne reason Financial itware for bunt. This cancel) a er than 2 syment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate	a my DINI	6 1 8 6	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, but 't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.			
Your signature ▶ Date ▶			
Chause's DIM shock and have anhy			
Spouse's PIN: check one box only	DINI O	E O C E	
▼ I authorize GLOBAL TAXES LLC to enter or generate ■ ■ ■ ■ ■ ■ ■	,	5 0 6 5 er five digits, but	as my
signature on the income tax return (original or amended) I am now authorizing.		i't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue belo	w		
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2 7 er all zeros	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtrequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Practitioner PIN method and Pub. 1345, Handbook for PIN method P	omitting this retu	rn in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		1	, 2023, end	ling			, 20		See se	oarate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
PRASAD			BATT	ALA							130	81	6186
If joint return, s	pouse's	s first name and middle initial	Last na										security number
VENNELA			MUKK	UPOGU							281	79	5065
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			•	
11539 н	JEBE:	NER RD						1	L420		Check h	nere if y	ou, or your
			mplete s	paces belo	ow.	Sta	te				•	_	
SAN ANTO	OINC					TX	ζ	782	:30		•		•
Foreign countr			F	oreign pro	ovince/state/	count	ty						•
												Yo	ou 🗌 Spouse
Filing Status	s \square	Single					Head of h	ouseh	old (HOI	 			
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,			
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (0	QSS)		
00 20	lf v	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOH	l or Q	SS box,	enter	the chi	ld's na	me if the
	A		-: - (
Digital Assets												□ v	es XINo
								:(): (0	e iiistiu	Ction	3.)		25 K 140
Standard Deduction	_		•		-		•						
Deduction	Ш.	Spouse itemizes on a separate retur	n or you	were a c	Juai-Status	allen							
Age/Blindnes	s You	: Uwere born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor	n befo	ore Janu	ary 2	, 1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	_{iip} (4	l) Check t	he bo	x if quali	fies for ((see instructions):
If more	(1) F	First name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four													
dependents, see instruction	۰												
and check	s 												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		70,623.
Attach Form(s)	b	Household employee wages not re	eported	on Form((s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions	s)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s)	W-2 (see ii	nstru	ictions)				1d		
W-2G and 1099-R if tax	е	The power interventions of the property of the power interventions or the power of the power interventions or the power of the power of the power interventions or the power of the power of the power interventions or the power of the power of the power interventions or the power of the power permetricular to your the power permetricular to your the your than your power permetricular to your the your than your power power interventions of the power permetricular to your they will not have your they not power into the power power power into the power po											
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						
	Z	Add lines 1a through 1h	. , .								1z		70,623.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b		
if required.	3a_	Qualified dividends	3a			b 0	ordinary divide	nds .			3b		
Name desired	4a	IRA distributions	4a								4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod, d	check here	(see	instructions)			. [
\$13,850 Married filing	7										J 7		
jointly or	8	Additional income from Schedule	1, line 10	0							8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	our total inc	come	e				9		59 , 342.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, l	ine 26							10		
household,	11	Subtract line 10 from line 9. This is	•	-							11		59,342.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i ons (fror	n Schedule	A)					12		27 , 700.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A				13		
Deduction,	14										14		27 , 700.
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or less	ontor	O Thio io v	Our t	tavabla inaam				15	1	31 6/12

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌			16	3,355.	
Credits	17	Amount from Schedule 2, lir					 .	. [17		
	18	Add lines 16 and 17						. [18	3,355.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	·	
	20	Amount from Schedule 3, lir	ne 8					. [20	200.	
	21	•						. [21	200.	
	22	Subtract line 21 from line 18	3. If zero or less.	enter -0				. [22	3,155.	
	23	Other taxes, including self-e	emplovment tax.	from Schedule	2. line 21				23	0.	
	24	Add lines 22 and 23. This is			•			. [24	3,155.	
Payments	25	Federal income tax withheld									
. ayınıcınıc	а	Form(s) W-2				25a	7,9	19.			
	b	Form(s) 1099				25b	·				
	С	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•						25d	7,919.	
16	26	2023 estimated tax paymen							26	,	
If you have a l qualifying child,	27	Earned income credit (EIC)				27		·			
attach Sch. EIC.	28	Additional child tax credit fro				28		$\neg \neg$			
	29	American opportunity credit				29		$\neg \neg$			
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31					dits		32		
	33	Add lines 25d, 26, and 32. T						- t	33	7,919.	
Refund	34		•					•	34	4,764.	
neiuliu	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									4,764.	
Direct deposit?	b	Routing number 1 1 1				Checking	_	/ings	35a		
See instructions.	d	Account number 5 8 6					ou.	,go			
	36	Amount of line 34 you want				36					
Amount	37	Subtract line 33 from line 24				00					
You Owe	31	For details on how to pay, g							37		
	38	Estimated tax penalty (see i	_	-		38			<u> </u>		
Third Party		you want to allow another									
Designee		structions	•				es. Com	plete be	elow.	⋉ No	
Ü		signee's		Phone			Persona		cation		
	name no. number (PIN							· /			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com									
Here		-	.p.oto. Boola.a.ion		 I	30a 311 an in				_	
	YO	ur signature		Date	Your occupation			1		nt you an Identity IN, enter it here	
Joint return?					SOFTWARE E	NGINEE	3	(see in		,	
See instructions.	Sp	ouse's signature. If a joint return,	Date	Spouse's occupation	on				nt your spouse an		
Keep a copy for your records.								Identit (see in	•	ection PIN, enter it here	
your records.				SOFTWARE ENGINEER					ist.)		
		one no. (262) 327–655		Email address	PRASAD.BATTA			T18.1		01 1 1	
Paid		eparer's name	Preparer's signat		_	Date		ΤΙΝ		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/03/2	024 PC	2082		Self-employed	
Use Only		m's name GLOBAL TA							one no. (678) 965-9522		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firm's	m's EIN 84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Attach to Form 1040, 1040-SR, or 1040-NR, Go to www.irs.gov/Form1040 for instructions and the latest information.

2023	
Attachment Sequence No. 01	

Your social security number

PRASAD BATTALA & VENNELA MUKKUPOGU 130-81-6186 Part Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . -11,281. 5 5 6 6 7 7 8 Other income: а 8a 8b 8c Foreign earned income exclusion from Form 2555 8d 8e 8f Alaska Permanent Fund dividends 8q 8i Activity not engaged in for profit income 8i 8k 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 8n 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8a Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t **u** Wages earned while incarcerated 8u **z** Other income. List type and amount: 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

-11,281.

10

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
				-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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

OMB No. 1545-0074 Attachment Sequence No. **03**

Department of the Treasury Internal Revenue Service

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

	SAD BATTALA & VENNELA MUKKUPOGU		81-61	ecurity number
Par				
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11 Form 2441	. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	200.
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
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			
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 6j			
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 1040, 104	0-SR, or		

1040-NR, line 20 .

200.

Schedule 3 (Form 1040) 2023 Page **2**

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	
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	n 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

PRA	SAD BATTALA & VENNELA MUKKUPOGU						130-8	1-6186	Ó
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rtv. use		e C . See	e instru	ctions. If you	are an indi	ividual, rep	oort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s)	1099? 9	See in:	structions .		. Y	es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZII								
Α	12-12, VADDEPALLI CHINNAMANDEM, KADAPA		-	RTCT	ANDH	RA PRADE	SH. TN	51610	1
В		, 101	DIOII		1111211	101 110101	<u> </u>	01010	
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair	rental	and		Fa	air Rental Days		nal Use ays	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С	qualified joint venture. Gee instite	JOLIOITE	· .	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Lanc			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
						Propert			
Incor	ne:			Α		В			С
3	Rents received	3			180.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	380.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	345.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,0	002.				
15	Supplies	15		4,1	50.				
16	Taxes	16							
17	Utilities	17		1,8	884.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,7	761.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-11 , 2	0 Ω 1				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		11,28		())()
23a	Total of all amounts reported on line 3 for all rental prope				23a		480.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	11	1,761.		
24	Income. Add positive amounts shown on line 21. Do no		de any lo	sses	·		. 24		
25	Losses. Add royalty losses from line 21 and rental real estat				nter to	tal losses he	re 25	(11,281.
26	Total rental real estate and royalty income or (loss).								
-	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the to	tal on I	ine 41	on page 2	. 26		-11,281.

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8880 for the latest information. OMB No. 1545-0074 Attachment Sequence No. 54

Name(s) shown on return

Your social security number 130-81-6186

PRASAD BATTALA & VENNELA MUKKUPOGU

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

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

	•				,		(a)	You		(b) Yo	ur sp	ouse
1			ontributions, and AB 023. Do not include ro			1						
2	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) 2 3,8											
3	Add lines 1 an	d2				3		3,86				
4	Certain distributions received after 2020 and before the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception 4											
5	Subtract line 4	from line 3. If	zero or less, enter -0-			5		3,86	6.			
6	In each colum	n, enter the sm	naller of line 5 or \$2,0	00		6		2,00	0.			
7			zero, stop ; you can't		1				7		2,0	000.
8	Enter the amo	unt from Form	1040, 1040-SR, or 10)40-NR, line 11*	8		59 , 34	2.				
9	Enter the appl	icable decimal	amount from the table	e below.								
	If line	8 is-	A	and your filing status	s is—							
	Over-	over—				ly, or						
					Qualifying survi		oouse					
		\$21,750	0.5	0.5	0.5							
	\$21,750	\$23,750	0.5	0.5	0.2							
	\$23,750	\$32,625	0.5	0.5	0.1			_	9	2	X	<u>.1</u>
	\$32,625	\$35,625	0.5	0.2	0.1							
	\$35,625	\$36,500	0.5	0.1	0.1							
	\$36,500	\$43,500	0.5	0.1	0.0							
	\$43,500	\$47,500	0.2	0.1	0.0							
	\$47,500	\$54,750	0.1	0.1	0.0							
	\$54,750	\$73,000	0.1	0.0	0.0							
	\$73,000		0.0	0.0	0.0							
		Note: I	f line 9 is zero, stop ; y	ou can't take this cre	edit.							
10	Multiply line 7	•						_	10		2	200.
11			ity. Enter the amount						11		3,3	355.
12			ent savings contribution 40), line 4						12		2	200.

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