Form **8879** (Rev. January 2021) Department of the Treasury Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
MAHENDER DHAMERA	392-33-1155
Spouse's name	**Spouse's social security number**
RAMYA SRI SAMUDRALA	116-15-3215

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are 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	119,792.
2	Total tax	2	6,872.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,986.
4	Amount you want refunded to you	4	7,114.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 3 1 1 5 5 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ D.M Date ▶ 02/07/2024

Spouse's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 5 3 2 1 5 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Ramya Date ▶ 02/07/2024

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1

Don't enter all zeros

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

ERO's signature ▶ Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2023
OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 — See separate instructions.

Your first name and middle initial: MAHENDER	Last name: DHAMERA	**Your social security number**: 392 33 1155
If joint return, spouse's first name and middle initial: RAMYA SRI	Last name: SAMUDRALA	**Spouse's social security number**: 116 15 3215
Home address (number and street). If you have a P.O. box, see instructions.: 2307 SW HAMPTON AVE	Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below.: BENTONVILLE	State: AR	ZIP code: 72713
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status
Check only one box.

☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets
At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☒ Yes ☐ No

Standard Deduction
Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):
If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	Credit for other dependents
LAKHITH	DHAMERA	501-45-2353	Son	☒	☐
DHRITI	DHAMERA	773-27-2197	Daughter	☒	☐
				☐	☐
				☐	☐

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.
Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	133,116.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	133,116.
2a	Tax-exempt interest	2a		2b Taxable interest	2.
3a	Qualified dividends	3a	32.	3b Ordinary dividends	32.
4a	IRA distributions	4a		4b Taxable amount	
5a	Pensions and annuities	5a		5b Taxable amount	
6a	Social security benefits	6a		6b Taxable amount	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	529.
8	Additional income from Schedule 1, line 10			8	-13,887.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	119,792.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	119,792.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	92,092.

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

Tax and Credits

16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	10,872.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,872.
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	6,872.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your **total tax**	24	6,872.

Payments

If you have a qualifying child, attach Sch. EIC.

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	13,986.		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	13,986.
26	2023 estimated tax payments and amount applied from 2022 return			26	
27	Earned income credit (EIC) No	27			
28	Additional child tax credit from Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31			
32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
33	Add lines 25d, 26, and 32. These are your **total payments**			33	13,986.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	7,114.
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐			35a	7,114.
b	Routing number 121000358 — c Type: ☒ Checking ☐ Savings				
d	Account number 000663938950				
36	Amount of line 34 you want **applied to your 2024 estimated tax**	36			

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions			37	
38	Estimated tax penalty (see instructions)	38			

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
D M	02/07/2024	SOFTWARE ENGINEER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Ramya	02/07/2024	HOME MAKER	
Phone no. (337)315-6746	Email address DHAMERAMAHENDER@GMAIL.COM		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/07/2024	P02082703	☐ Self-employed
Firm's name GLOBAL TAXES LLC			Phone no. (678)965-9522	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Firm's EIN 84-3171965	

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
MAHENDER DHAMERA & RAMYA SRI SAMUDRALA	392-33-1155

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	0.
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	-13,887.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	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	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	-13,887.

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis 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		
c	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)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	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 tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	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	

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Name(s) shown on return: MAHENDER DHAMERA & RAMYA SRI SAMUDRALA

Your social security number: 392-33-1155

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked	8,725.	8,196.		529.

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	529.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked.				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions	13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	15	

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	529.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☒ **No.** Skip lines 18 through 21, and go to line 22.

18	If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet	19	

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

21 ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to *www.irs.gov/Form8949* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
MAHENDER DHAMERA & RAMYA SRI SAMUDRALA	392-33-1155

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

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

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

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

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

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

☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	**Adjustment, if any, to gain or loss** If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
FIDELITY BROKERAGE SERVICES LLC		03/20/23	8,725.	8,196.			529.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) . .			8,725.	8,196.			529.

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

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074
2023
Attachment Sequence No. **13**

Name(s) shown on return: MAHENDER DHAMERA & RAMYA SRI SAMUDRALA
Your social security number: 392-33-1155

Part I — Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . . ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Form(s) 1099? . . . . . . ☐ **Yes** ☐ **No**

1a	Physical address of each property (street, city, state, ZIP code)
A	3-13-107/80 SURYA NAGAR, NACHARAM MALLAPUR SECUNDERABAD,K.V RANGA REDDY,TELANGANA IN 500076
B	
C	

1b	Type of Property (from list below)
A	3
B	
C	

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	**Personal Use Days**	**QJV**
A	355	0	☐
B			☐
C			☐

Type of Property:

1 Single Family Residence; 2 Multi-Family Residence; 3 Vacation/Short-Term Rental; 4 Commercial; 5 Land; 6 Royalties; 7 Self-Rental; 8 Other (describe) ____________

			Properties: A	B	C
Income:					
3	Rents received	3	515.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7	958.		
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11	1,795.		
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14	2,950.		
15	Supplies	15	3,855.		
16	Taxes	16			
17	Utilities	17	1,846.		
18	Depreciation expense or depletion	18	2,998.		
19	Other (list)	19			
20	Total expenses. Add lines 5 through 19	20	14,402.		
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	-13,887.		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	(13,887.)	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	515.
b	Total of all amounts reported on line 4 for all royalty properties	23b	
c	Total of all amounts reported on line 12 for all properties	23c	
d	Total of all amounts reported on line 18 for all properties	23d	2,998.
e	Total of all amounts reported on line 20 for all properties	23e	14,402.
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(13,887.)
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	-13,887.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return	Your social security number
MAHENDER DHAMERA & RAMYA SRI SAMUDRALA	392-33-1155

Part 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	119,792.
2a	Enter income from Puerto Rico that you excluded	2a			
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	119,792.
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	6	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 • 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.			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. 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	10,872.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	4,000.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: 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 line 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	
	TIP: 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) . . . 18a		
b	Nontaxable combat pay (see instructions) . . . 18b		
19	Is the amount on line 18a more than $2,500? ☐ **No.** 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	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 Residents of Puerto 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 . . . 21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22 . . . 23		
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11. . . . 24		
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the **larger** 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

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8889* for instructions and the latest information.

OMB No. 1545-0074
2023
Attachment Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.: 392-33-1155

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 this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Self-only ☒ Family	
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of **every** month during 2023, you were, or were considered, an eligible individual with the **same** coverage, enter $3,850 ($7,750 for family coverage). **All others**, see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023 — 9: 520.		
10	Qualified HSA funding distributions — 10:		
11	Add lines 9 and 10	11	520.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	7,230.
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 II **HSA Distributions.** If you are filing jointly and both you and your 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	333.
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	
c	Subtract line 14b from line 14a	14c	333.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	333.
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

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

Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

For tax year 20 23

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
MAHENDER DHAMERA & RAMYA SRI SAMUDRALA	392-33-1155
Preparer's name	**Preparer tax identification number**
SYAM PRIYA RAM SAGAR GUPTA TALLAM	P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "**Yes**," answer questions 4a and 4b. If "**No**," go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
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.)**	☐	☐	
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?	☐	☐	
c	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 III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
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?	☒	☐	
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?	☒	☐	☐
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?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

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 8867 instructions under *Document Retention*.

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).

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

2023 AR1000F

P1

ARKANSAS INDIVIDUAL INCOME TAX RETURN
Full Year Resident

CHECK BOX IF AMENDED RETURN ☐

Software ID PROSERIES

Jan. 1 - Dec. 31, 2023 or fiscal year ending ____________ , 20 ____

TAXPAYER INFORMATION

Primary's legal first name	MI	Last name	Check if Deceased	Primary's social security number
MAHENDER		DHAMERA	☐	392-33-1155
Spouse's legal first name	**MI**	**Last name**	**Check if Deceased**	**Spouse's social security number**
RAMYA SRI		SAMUDRALA	☐	116-15-3215

Mailing address (number and street, P.O. box or rural route): 2307 SW HAMPTON AVE

☐ Check if address is outside U.S.

City	State or province	ZIP	Foreign country name
BENTONVILLE	AR	72713	

Primary email:

Secondary email:

☐ **We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.**

☐ **Check here if you want a tax booklet mailed to you next year.**

☐ **Check this box if you have filed a state extension or an automatic federal extension**

DL# / State ID 938472526 Your state AR Issue date (mm/dd/yyyy) 09/02/2021 Expiration date (mm/dd/yyyy) 09/30/2024

DL# / State ID ________ Spouse state ____ Issue date (mm/dd/yyyy) ________ Expiration date (mm/dd/yyyy) ________

FILING STATUS

1. ☐ Single (Or widowed before 2023 or divorced at end of 2023)
2. ☒ Married filing joint (Even if only one had income)
3. ☐ Head of household (See instructions)
   If the qualifying person was your child, but not your dependent, enter child's name here: ________
4. ☐ Married filing separately on the same return
5. ☐ Married filing separately on different returns
   Enter spouse's name here and SSN above ________
6. ☐ Surviving spouse with dependent child
   Year spouse died: (See instructions) ________

PERSONAL TAX CREDITS

7A. ☒ Yourself ☐ 65 or over ☐ 65 Special ☐ Blind ☐ Deaf ☐ Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)

☒ Spouse ☐ 65 or over ☐ 65 Special ☐ Blind ☐ Deaf

Multiply number of boxes checked ....7A 2 X $29 = 58.00

Dependents (Do not list yourself or spouse)

	First name / Last name	Dependent's social security number	Dependent's relationship to you
1.	LAKHITH DHAMERA	501-45-2353	SON
2.	DHRITI DHAMERA	773-27-2197	DAUGHTER
3.			
4.			
5.			

7B. Multiply number of **DEPENDENTS** from above..7B 2 X $29 = 58.00

7C. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A and 7B. Enter total here and on line 34) 7C 116.00

Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC

REV 12/11/23 PRO

P2

Primary SSN 392-33-1155

ROUND ALL AMOUNTS TO WHOLE DOLLARS

		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only
INCOME	8. Wages, salaries, tips, etc: **(Attach W-2s)** 8	133,116.00	00
	9. Military pay: **Primary** 00 **Spouse** 00		
	10. Interest income: **(If over $1,500, attach AR4)** 10	2.00	00
	11. Dividend income: **(If over $1,500, attach AR4)** 11	32.00	00
	12. Alimony and separate maintenance received: 12	00	00
	13. Business or professional income: **(Attach federal Sch. C)** 13	00	00
	14. Capital gains/(losses) from stocks, bonds, etc: **(Attach federal Sch. D)** 14	529.00	00
	15. Other gains or (losses): **(See Instructions)** 15	00	00
	16. Non-qualified IRA distributions and taxable annuities: **(Attach All 1099Rs)** 16	00	00
	17. Military retirement: **Primary** 00 **Spouse** 00		
	18A. Primary employer pension plan(s)/qualified IRA(s): **(See inst., attach 1099Rs)** **Gross** 00 **Taxable** 00 **Less $6,000** 18A	00	
	18B. Spouse employer pension plan(s)/qualified IRA(s): **(See inst., attach 1099Rs)** **Gross** 00 **Taxable** 00 **Less $6,000** 18B	00	00
	19. Rents, royalties, partnerships, estates, trusts, etc.: **(Attach federal Sch. E)** 19	-13,887.00	00
	20. Farm income: **(Attach federal Sch. F)** 20	00	00
	21. Unemployment: 21	00	00
	22. Other income/depreciation differences: **(Attach Form AR-OI)** 22	00	00
	23. **TOTAL INCOME: (Add lines 8 through 22)** 23	119,792.00	00
	24. **TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)** 24	00	00
	25. **ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)** 25	119,792.00	00
TAX COMPUTATION	26. Select tax table: (Select only one) 26		
	27. ☐ Low income table ($0), **See line 26 instructions** ☐ Standard deduction (See instructions) ☒ Itemized deductions **(Attach AR3)** 27	12,340.00	00
	28. **NET TAXABLE INCOME: (Subtract line 27 from line 25)** 28	107,452.00	00
	29. **TAX: (Enter tax from tax table)** 29	4,894.00	00
	30. Combined tax: **(Add amounts from line 29, columns A and B)** 30		4,894.00
	31. Enter tax from Lump Sum Distribution Averaging Schedule: **(Attach AR1000TD)** 31		00
	32. Additional tax on IRA and qualified plan withdrawal and overpayment: **(See instructions)** 32		00
	33. **TOTAL TAX: (Add lines 30 through 32)** 33		4,894.00
TAX CREDITS	34. Personal tax credit(s): **(Enter total from line 7C)** 34	116.00	
	35. Child care credit: **(Attach AR2441)** 35	00	
	36. Other credits: **(Attach AR1000TC)** 36	300.00	
	37. **TOTAL CREDITS: (Add lines 34 through 36)** 37		416.00
	38. **NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)** 38		4,478.00

REV 12/11/23 PRO

P3

Primary SSN 392-33-1155

PAYMENTS

39.	Arkansas income tax withheld: **(Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1)**	39	6,057.00
40.	Estimated tax paid or credit brought forward from 2022:	40	00
41.	Payment made with extension: **(See instructions)**	41	00
42.	**AMENDED RETURNS ONLY** - Previous payments: **(See instructions)**	42	00
43.	Early childhood program: Certification number:________ **(Attach AR1000EC and AR2441)**	43	00
44.	**TOTAL PAYMENTS: (Add lines 39 through 43)**	44	6,057.00
45.	**AMENDED RETURNS ONLY** - Previous refund: **(See instructions)**	45	00
46.	Adjusted total payments: **(Subtract line 45 from line 44)**	46	6,057.00

REFUND OR TAX DUE

47.	**AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)**	47	1,579.00
48.	Amount to be applied to 2024 estimated tax:	48	00
49.	Amount of Check-Off contributions: **(Attach Form AR1000CO)**	49	00
50.	**AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47)** **REFUND**	50	☺ 1,579.00
51.	**AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over $1,000, continue to 52A)** **TAX DUE**	51	☹ 00
52A.	**UEP:** Attach Form AR2210 or AR2210A. If required, enter exception in box 52A	Penalty 52B	00
52C.	Add lines 51 and 52B: **(See instructions)** **TOTAL DUE**	52C	00

DIRECT DEPOSIT

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ☐

	Routing number	Account number	Checking	Savings	Direct deposit amt.
1	121000358	0006639389 50	X	☐	1,579.00
2			☐	☐	00

PLEASE SIGN HERE

PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Primary's signature: D.M	Date: 02/7/2024	Telephon: (337)315-6746
Spouse's signature: Ramya	Date: 02/07/2024	Telephone:

May the Arkansas Revenue Division discuss this return with the preparer? ☐ Yes ☒ No

PAID PREPARER

Paid preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/07/2024	PTIN/ID number: 843171965
Preparer's name: GLOBAL TAXES LLC	Telephone: (678)965-9522

Address: 245 ROONEY CT

City	State	ZIP
E BRUNSWICK	NJ	08816

E-mail: SYAM@GTAXFILE.COM

For Department Use Only: A

PAY ONLINE:
Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

Mail Return & Payment to:

Refund:	**Tax Due/No Tax:**
Arkansas State Income Tax P.O. Box 1000 Little Rock, AR 72203-1000	Arkansas State Income Tax P.O. Box 2144 Little Rock, AR 72203-2144

PROSERIES

AR1000TC

2023

ARKANSAS INDIVIDUAL INCOME TAX
TAX CREDITS

Primary's legal name	Primary's social security number
MAHENDER DHAMERA	392-33-1155

IMPORTANT: SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

1.	State political contribution credit: **(See instructions)**	1 ●	00
2.	Other state tax credit: **[Attach copy of other state tax return(s)]**	2 ●	00
3.	Credit for adoption expenses: **(Attach federal Form 8839)**	3 ●	00
4.	Phenylketonuria disorder credit: **(See instructions. Attach AR1113)**	4 ●	00
5.	Stillborn child tax credit "Paisley's Law": **(Attach certificate of birth resulting in stillbirth)**	5 ●	00
6.	Additional tax credit for qualified individuals: **(See instructions)**	6 ●	00
7.	Inflationary relief income tax credit: **(See Instructions)**	7 ●	300. 00
8.	Credit for Individuals with Developmental Disabilities: **(Attach AR1000-DD formerly AR1000RC5)**	8 ●	00

	Individual's Name on Form AR1000-DD	Social Security Number on Form AR1000-DD
8A.	●	●
8B.	●	●
8C.	●	●
8D.	●	●
8E.	●	●
8F.	●	●

If certificate is issued to an individual, leave FEIN box below blank.

		Code	FEIN	Amount
Primary:	9A.	●	●	● 00
	9B.	●	●	● 00
	9C.	●	●	● 00
Spouse:	9D.	●	●	● 00
	9E.	●	●	● 00
	9F.	●	●	● 00

9. Tax credit(s): **(Add amounts from 9A-9F above)** .... 9 ● 00

A copy of the tax credit certificate(s) or appropriate documentation of the credit(s) claimed must be attached.

10. **TOTAL CREDITS:**
Add lines 1 through 9. Enter total on line 36, Form AR1000F/AR1000NR .... 10 ● 300. 00

AR1000D

2023

ARKANSAS INDIVIDUAL INCOME TAX
CAPITAL GAINS

Primary's legal name	Primary's social security number
M DHAMERA & R SAMUDRALA	392-33-1155

In Arkansas, only 50% of the net capital gain is taxed. 100% of the short term capital gain is taxed.

Per Act 1488 of 2013, the amount of net capital gain in excess of ten million dollars ($10,000,000) from a gain realized on or after January 1, 2014, is exempt from state tax.

Complete the AR1000D if you have a CAPITAL GAIN OR LOSS reported on federal Schedule D, or if Schedule D is not required, a gain reported on federal Form 1040, line 7. The amount of capital loss that can be deducted after offsetting capital gains is limited to $3,000 ($1,500 per taxpayer for filing status 4 or 5). See instructions for line 14, Form AR1000F/AR1000NR.

Adjust your gains and losses for depreciation differences, **if any**, in the federal and Arkansas amounts using lines 2, 5 and 10. *

Note: Arkansas did not adopt the federal "bonus depreciation" provision from previous years. Therefore, there may be a difference in federal and Arkansas amounts of depreciation allowed.

Full Year Resident Filers - Complete columns **(A) and (B) only**.

Nonresident or Part Year Resident Filers - Complete columns **(A), (B), and (C)**.

	Federal Schedule D	(A) Primary	(B) Spouse	(C) Arkansas Only
1. Enter federal long-term capital gain or loss reported on line 15, federal Schedule D or Form 1040, line 7 1	00	00	00	00
2. Enter adjustment, **if any**, for depreciation differences in federal and state amounts 2		00	00	00
3. Arkansas long-term capital gain or loss. Add **(or subtract)** line 1 and line 2 3		● 00	● 00	● 00
4. Enter federal net short-term capital loss, **if any**, reported on line 7, federal Schedule D 4	00	00	00	00
5. Enter adjustment, **if any**, for depreciation differences in federal and state amounts 5		00	00	00
6. Arkansas net short-term capital loss. Add **(or subtract)** line 4 and line 5 6		● 00	● 00	● 00
7a. Arkansas net capital gain or loss. **(If gain, subtract line 6 from 3. If loss, add lines 6 and 3.)** 7a		● 00	● 00	● 00
7b. If the amount on line 7a is over $10,000,000, only enter $10,000,000. If less than $10,000,000, enter the total amount 7b		00	00	00
8. Arkansas taxable amount. If a gain multiply line 7b by 50 percent (.50), otherwise enter loss 8		00	00	00
9. Enter federal short-term capital gain, **if any**, reported on line 7, federal Schedule D 9	529. 00	529. 00	00	00
10. Enter adjustment, **if any**, for depreciation differences in federal and state amounts 10		00	00	00
11. Arkansas short-term capital gain. Add **(or subtract)** line 9 and line 10 11		● 529. 00	● 00	● 00
12. Total taxable Arkansas capital gain or loss. Add lines 8 and 11. **(Loss limited to $3,000, for filing status 1, 2, 3, and 6, $1,500 per taxpayer if filing status 4 or 5.)** Enter here. **Filing status 1,2,3,5 and 6:** Add line 12, columns A and B and enter on AR1000F/AR1000NR, line 14. **Filing status 4:** Enter line 12, column A on AR1000F/AR1000NR, line 14, column A. Enter line 12, column B on AR1000F/AR1000NR, line 14, column B.		529. 00	0. 00	00

2023

ARKANSAS INDIVIDUAL INCOME TAX
ITEMIZED DEDUCTIONS

Primary's legal name	Primary's social security number
M DHAMERA & R SAMUDRALA	392-33-1155

MEDICAL AND DENTAL EXPENSES: [Do not include expense(s) paid by others]. (See instructions)

1.	Medical and dental expenses:		0. 00	
2.	Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:	119,792. 00		
3.	Multiply line 2 by 10% (.10), otherwise enter 0:		11,979. 00	
4.	TOTAL MEDICAL EXPENSES: **(Subtract line 3 from line 1; if more than line 1, enter 0)**			0. 00

TAXES: (See instructions)

5.	Real estate tax:		3,607. 00	
6.	Personal property tax or other taxes: **(List type and amount)**		00	
7.	TOTAL TAXES: **(Add lines 5 and 6)**			3,607. 00

INTEREST EXPENSES: (See instructions)

8.	Home mortgage interest paid to financial institutions:		8,733. 00	
9.	Home mortgage interest paid to an individual: Name: Address:		00	
10.	Deductible points:		0. 00	
11.	Investment interest: **(Attach federal Form 4952)**		00	
12.	TOTAL INTEREST EXPENSE: **(Add lines 8 through 11)**			8,733. 00

CONTRIBUTIONS: (See instructions)

13.	Cash contributions:		00	
14.	Art and literary contributions:		00	
15.	Other:		00	
16.	Carryover contributions: **(List type and amount)**		00	
17.	TOTAL CONTRIBUTIONS: **(Add lines 13 through 16)**			00

CASUALTY AND THEFT LOSSES: (See instructions)

18.	TOTAL CASUALTY AND THEFT LOSSES: **(Attach Form AR4684)**			00

POST-SECONDARY EDUCATION TUITION DEDUCTION(S): (See instructions)

19.	TOTAL POST-SECONDARY EDUCATION TUITION DEDUCTION(S): **[Attach AR1075(s)]**			00

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI LIMIT: (See instructions)

20.	Unreimbursed employee business expenses: **(Attach Form AR2106)**		00	
21.	Other expenses: **(List type and amount)**		00	
22.	Add the amounts on lines 20 and 21. Enter the total:		00	
23.	Enter amount from Form AR1000F/AR1000NR, line 25A and 25B:	00		
24.	Multiply line 23 above by 2% **(.02)**:		00	
25.	TOTAL MISCELLANEOUS DEDUCTIONS: **(Subtract line 24 from line 22; If line 24 is more than line 22, enter 0)**			00

OTHER MISCELLANEOUS DEDUCTIONS: (See instructions)

26.	Volunteer firefighter expenses:		00	
27.	Gambling Losses:		00	
28.	Other miscellaneous deductions: **(List type and amount)**		00	
29.	TOTAL MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO THE 2% AGI LIMITATION: **(Add lines 26 through 28)**			00

TOTAL ITEMIZED DEDUCTIONS:

30.	Add amounts on lines 4, 7, 12, 17, 18,19, 25, and 29 and enter the total here:			12,340. 00

Complete lines 31 - 35 ONLY if Filing Status 4 or 5.

		PRIMARY Adjusted Gross Income	SPOUSE'S Adjusted Gross Income
31.	Enter adjusted gross income from Form AR1000F/AR1000NR, line 25A and 25B:	31A 00	31B 00
32.	Total Arkansas adjusted gross income: **(Add columns 31A and 31B from above)**		32 00
33.	Divide the amount on line 31A above by the amount on line 32. Enter the percentage here:		33 %
34.	Multiply line 30 by the percentage on line 33. Enter here and on Form AR1000F/AR1000NR, line 27, col. (A): **(Primary)**		34 00
35.	Subtract line 34 from line 30. Enter here and on Form AR1000F/AR1000NR, line 27, column (B). If you and your spouse are using Filing Status 5, enter on line 27, col. (A) of your spouse's return: **(Spouse)**		35 00

AR8453 2023

ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial	Last Name	Primary's Social Security Number
MAHENDER	DHAMERA	392-33-1155
Spouse's Legal First Name and Middle Initial	**Last Name**	**Spouse's Social Security Number**
RAMYA SRI	SAMUDRALA	116-15-3215
Mailing Address (Number and Street, P.O. Box or Rural Route)		**Telephone**
2307 SW HAMPTON AVE		(337)315-6746

City	State or Province	ZIP	☐ Check if address is outside U.S. Foreign Country
BENTONVILLE	AR	72713	

PART I - TAX RETURN INFORMATION (Whole Dollars Only)

1.	Total Income **(Form AR1000F or AR1000NR, Line 23)**	1	119,792.	00
2.	Net Tax **(Form AR1000F or AR1000NR, Line 38)**	2	4,478.	00
3.	State Income Tax Withheld **(Form AR1000F or AR1000NR, Line 39)**	3	6,057.	00
4.	Refund **(Form AR1000F or AR1000NR, Line 47)**	4	1,579.	00
5.	Tax Due **(Form AR1000F or AR1000NR, Line 51)**	5		00

PART II - DECLARATION OF TAXPAYER

6a. [X] I consent that my refund be direct deposited as designated in the electronic portion of my 2023 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page P3 of the Form AR1000F/AR1000NR.

6b. [ ] I do not want direct deposit of my refund or I am not receiving a refund.

6c. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).

6d. [ ] I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).

If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2023 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here

D. M 02/07/2024 — Primary's Signature, Date

Ramya 02/07/2024 — Spouse's Signature, Date

PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.

ERO'S Use Only

ERO'S Signature — Date: 02/07/2024 — Check if paid preparer [ ] — Check if self-employed [ ] — Your SSN or PTIN

Firm's name and address: GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816 — FEIN: 84-3171965

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only

Preparer's Signature — Date: 02/07/2024 — Check if self-employed [ ] — Preparer's SSN or PTIN: P02082703

Firm's name and address: SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT E BRUNSWICK NJ 08816 — FEIN: 84-3171965