1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or sta	ple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last n	ame						Your so	cial sec	urity number
VINOD KU	JMAR		MAC	HINENI						155	08	3114
		s first name and middle initial	Last n									security number
VIDYA			MAC	HINENI						677	14	8152
	(numbe	er and street). If you have a P.O. box, see			-			A	pt. no.		• •	ction Campaign
30 CATAW	IBA (СT										ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3
MONMOUTH	н ди	NCTION				NJ	Ţ	088	52			nd. Checking a not change
Foreign country				Foreign p	rovince/state/o	count	ty		n postal code		or refu	0
											Yo	ou 🗌 Spouse
Filing Status] Single					Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne had	income)					()			
Check only one box.] Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che					ld's nar	me if the
		alifying person is a child but not you										
	• •		• •						· 、	 // \ II		
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig						-			∏Ye	es 🛛 No
	-	eone can claim: You as a de		<u> </u>			a dependent	i) i (36		15.)		
Standard Deduction	_	Spouse itemizes on a separate retur	•		-							
		·	,	_							<u> </u>	
	_	Were born before January 2, 1	959	Are bl		ouse		14	ore January 2			s blind see instructions):
Dependents		(see instructions): (1) First name Last name		(2) 5	Social security number		(3) Relationship to you		Child tax c	· · ·		r other dependents
If more	<u> </u>					0	-		X	iouit		
than four dependents,		RSHITH MACHINENI			-14-844		Son					 X
see instructions	$s \frac{N \perp F}{2}$	HITH RAO MACHINENI		APP	LIED FO	R	Son					
and check here												
	1a	Total amount from Form(s) W-2, b	ov 1 (s	oo instruc	tions)					. 1a		149,835.
Income	b		•		,							110,000.
Attach Form(s)		b Household employee wages not reported on Form(s) W-2 .								-		
W-2 here. Also attach Forms		d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 10	-			
W-2G and	e						. 1e	-				
1099-R if tax was withheld.	f	•			Form 8839, line 29				. 16			
If you did not	g	Wages from Form 8919, line 6 .						• •		. 1g	-	
get a Form	9 h	Other earned income (see instruct				• •		• •		· · · · · · · · · · · · · · · · · · ·		0.
W-2, see instructions.	i	Nontaxable combat pay election (see	,			• •	 1 i	· ·				
instructions.	z	Add lines 1a through 1h		10010110)		• •	· ·			. 1z		149,835.
Attach Sch. B	 2a	-	2a			т	axable interest	· ·		. 2b		
if required.	3a	· · -	3a				Ordinary divider			 3b	-	
	4a		4a				axable amount			. 4b	-	
Standard	5a		5a				axable amount			. 5b	-	
 Deduction for — Single or 	6a		6a				axable amount			. 6b	-	
Married filing	c	If you elect to use the lump-sum e		method					· · · ·			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		-		`	,	• •	· · · [7		
 Married filing 	8	Additional income from Schedule						• •	L	. 8		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. 0		149,835.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•			• · · · ·	• •		. 3 . 10		
 Head of household, 	11	Subtract line 10 from line 9. This is						•••		. 10	-	149,835.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deduct						•••		. 13	-	21,100.
Standard	14	Add lines 12 and 13				000		• •		. 14		27,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	· · ·o or le	ss. enter	-0 This is w	 01 ir 1	taxable incom			· 14		122,135.
			5 51 10	23, 51101	5 . mo o y	501				. 15		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		. 16	17,485.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	17,485.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	2,500.
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	2,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	14,985.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is	your total tax					. 24	14,985.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a	7,68	6.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	17,686.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return .			. 26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	17,686.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpai	1. L	. 34	2,701.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						35a	2,701.
Direct deposit?	b								
See instructions.	d	Account number 3 8 1 0 6 6 0 7 9 8 8 8 8							
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						. 37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			
Designee	ins	structions					•	te below.	i≍ No
	De nai	signee's		Phone no.			rsonal id mber (PII	entification	
Cian		der penalties of perjury, I declare th	nat I have examined		accompanying sche			,	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date Your occupation If the				f the IRS se	nt you an Identity
		0							PIN, enter it here
Joint return?				SOFTWARE I			see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.				HOME MAKER				see inst.)	solion Filly, enter it here
	Ph	one no. (908) 560-609	6	Email address	VINOD.MACHI		COM		
		eparer's name	Preparer's signat		VINOD . MACUI	Date			Check if:
Paid		1			GUPTA TALLAM			082703	Self-employed
Preparer		m's name GLOBAL TAX		ITTU DAGAN	SOLIN INDAM	101/21/202			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Go to www.irs.cr		n1040 for instructions and the late		TADAATOIN IN					Form 1040 (2023)
			ocanomation.		BAA	REV 01/12/24 PR0	J		10111 10-10 (2023)

REV 01/12/24 PRO

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attachment Sequence No. 47

C

20

Attach to	Form	1040.	1040-SR.	or 1040-NF	२ .
Allachilo	1 01111	1040,	1040-011,		•••

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

Department of the Treasury Internal Revenue Service

Name(s) shown on return	Your s	ocial s	security number	
/INO		155-	08-	3114	
Par	t I Child Tax Credit and Credit for Other Dependents				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	149,835.	
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . 2b	0.			
с	Enter the amount from line 15 of your Form 4563 . . <th .<="" th=""><th></th><th></th><th></th></th>	<th></th> <th></th> <th></th>			
d	Add lines 2a through 2c		2d	Ο.	
3	Add lines 1 and 2d		3	149,835.	
4	Number of qualifying children under age 17 with the required social security number 4	1			
5	Multiply line 4 by \$2,000		5	2,000.	
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	1			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	ent			
	alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500		7	500.	
8	Add lines 5 and 7	•	8	2,500.	
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000				
	• All other filing statuses— $$200,000 \int \dots $	•	9	400,000.	
10	Subtract line 9 from line 3.				
	• If zero or less, enter -0				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For				
	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	2,500.	
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.			
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	Yes. Subtract line 11 from line 8. Enter the result.		1.0		
13	Enter the amount from Credit Limit Worksheet A		13	17,485.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	•	14	2,500.	
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.			_	
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition				
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	R thro	ough l	ine 27	

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

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 REV 01/12/24 PRO BAA

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0
b 17 18a b 19	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 17	
20	 ❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	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		
24 25	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. 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	
	BAA REV 01/12/24 PRO Sch	edule 8	812 (Form 1040) 2023

8867 Form

(Rev. November 2023)

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 Department of the Treasury To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. OMB No. 1545-0074 For tax year

Attachment

20 23

Internal Revenue Service	Go to www.irs.gov/Form8867 for instructions and the latest inform	Sequence No. 70	
Taxpayer name(s) shown or	Taxpayer identification	n number	
VINOD KUMAR &	VIDYA MACHINENI	155-08-3114	1
Preparer's name	Preparer tax identifica	tion number	
SYAM PRIYA RAN	1 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 X CTC/ACTC/ODC HOH

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	X		
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?			
•		X		
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)	X		
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.)		X	
а	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)	X		
	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?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
а	Did you complete the required recertification Form 8862?			
0	If the taxpayor is reporting calf amployment income, did you calk questions to propers a complete and			

8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and
	correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

REV 01/12/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	167 (Rev. 11-2023)			Page 2
Part	I Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go t	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?		Yes	No
Part		s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and/ on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) status and to figure the amount(s) of the credit(s);	nses or s) and/c	the ret or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 886 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			

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

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

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

REV 01/12/24 PRO

Form 8867 (Rev. 11-2023)

Form W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number

Department of the Treas Internal Revenue Service		See sepa	arate instruc		nent reside	ents.			
An IRS individua	I taxpayer identification nun	nber (ITIN) is for	U.S. feder	al tax purpo	ses only.	Application	n type (check one box):		
Before you begir • Don't submit th	n: his form if you have, or are elig	ible to get, a U.S	. social sec	urity number	(SSN).		y for a new ITIN ew an existing ITIN		
	ubmitting Form W-7. Read the deral tax return with Form								
	t alien required to get an ITIN to c		əfit						
_	t alien filing a U.S. federal tax retu								
	nt alien (based on days present i						ON		
d 🗷 Dependent	of U.S. citizen/resident alien	f d, enter relationsh	ip to U.S. cit	izen/resident a	alien (see ins	structions)	UN		
e 🗌 Spouse of L		f d or e, e nter name VINOD KUMAR			en/resident	alien (see instr	uctions) ► 155-08-3114		
f 🗌 Nonresident	t alien student, professor, or resea	archer filing a U.S. t	federal tax re	turn or claimin	g an except	ion			
	spouse of a nonresident alien hole	ding a U.S. visa							
h 🗌 Other (see ii	,								
	on for a and f : Enter treaty country 1a First name		dle name	and treaty	/ article num	nber >			
Name	NIHITH RAO	Wilde				CHINENI			
(see instructions) Name at birth if	1b First name	Mido	dle name			name			
different ►									
Applicant's Mailing	2 Street address, apartment n 30 CATAWBA CT	umber, or rural rout	te number. If	you have a P	.O. box, see	e separate ins	tructions.		
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.								
	MONMOUTH JUNCTION NJ USA 08852								
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.								
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.								
Birth Information	4 Date of birth (month / day / year 06/03/2011	INDIA		City and state					
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.		H4	ype of U.S. v	isa (if any), nun/ R645076	ber, and expiration date208/13/2025		
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.								
	USCIS documentation Other Date of entry into								
	Issued by: INDIA	N. W0501771	-	p. date: 04/1	0 / 2 0 2 0	the United S			
	6e Have you previously receive	No.: W2521771 d an ITIN or an Inte		•		(MM/DD/YY	YY): 10/01/2022		
	No/Don't know. Skip l								
	Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).								
	6f Enter ITIN and/or IRSN ►	ITIN			IRSN		and		
	name under which it was issued								
			t name	Mido	lle name		Last name		
	6g Name of college/university or company (see instructions) ▶								
	City and state			0	h of stay 🕨				
Sign Here	Under penalties of perjury, I (app documentation and statements, an information with my acceptance age	d to the best of my	knowledge a	nd belief, it is t	rue, correct,	and complete.	I authorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year) Pho					Phone numbe	۶r		
	Name of delegate, if applic	able (type or print)		Delegate's relationship to applicant Parent Court-appo			Court-appointed guardian		
Accontance	Signature			Date (month / o	day / year)	Phone			
Acceptance Agent's						Fax			
Agent's Use ONLY	Name and title (type or prin	t)	Name of co	ompany	EIN		PTIN		
USU UNEI		İ		Office					

REV 01/12/24 PRO

Mortgage Interest Statement
 ► Not a required statement - Use for import purposes
 ► Data will not transfer year to year if imported in prior year
 ► Keep for your records

Name(s) Shown on Return VINOD KUMAR & VIDYA MACHINENI			Your Social Security No. 155-08-3114
Ownership			L
Owned by (check one):	Spouse Joint		
Statement Information			
RECIPIENT'S/LENDER'S Name Pentagon Federal Credit Union		_ 1	Mortgage interest received from payer(s) 845.
Street address Box 1432 City State ZIP code		2	Outstanding mortgage principal 388,000.00
City ALEXANDRIA Telephone number	State ZIP code VA 22313-2032	3	Mortgage origination date 11/20/2023
RECIPIENT'S federal	PAYER'S social	4	Refund of overpaid interest
identification number	security number 155-08-3114	_ 5	Mortgage insurance premiums
PAYER'S/BORROWER'S name VINOD KUMAR MACHINENI Street address			Points paid on purchase of principal residence 7,240.
30 CATAWBA CT City State ZIP code MONMOUTH JUNCTION NJ 08852 7 The address above is the same as the address of		Stre	Address of the property securing this mortgage (if different than your mailing address shown) eet address CATAWBA CT
the property securing the mortgage			State ZIP code MOUTH JUNCTION NJ 08852
9 If the property securing th	ne mortgage has no address, p	provid	e a description of the property below
Account number		10	Property tax
		- 11	Mortgage Acquisition Date
Mortgage Use		•	
Note: For an office in hom Mortgage was used to a X Main home d Rental activity		ome	n 1098 expenses on Form 8829. c Business activity f Farm rental activity
activity, royalty activity to the activity	h Other nance a business, farm, rental r, or farm rental, double-click		– – –
 b Schedule F, Farm c Schedule E, Rental or 	Royalty	· · · · · ·	
Rental of Owner-Occup	ied or Vacation Home		
 owner-occupied or a v If yes, complete lines a Mortgage interest qua 	2a and 2b: lifying for main or second hom	 ne trea	ental an Yes No XNA tment
Mortgage Insurance Pre	miums Information		
1 Did the home loan close	se after December 31, 2006?		Yes No