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



<b>1040</b>		artment of the Treasury—Internal Revenue Servi		urn   G	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	İ	See se	oarate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
VENUGOPA	AL N	AIDU	KONE	INI							317	63	5989
		s first name and middle initial	Last na										security number
USHA			RAMI	NENI							677	25	4074
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.				ection Campaign
2449 HAI	имос:	K LAKE DRIVE									Check h	nere if y	ou, or your
		ice. If you have a foreign address, also co	mplete s	paces below	<i>/</i> .	Sta	te	ZIP c	ode			_	jointly, want \$3
LITTLE 1	ELM					ТХ		750	68		•		nd. Checking a not change
Foreign countr			F	Foreign prov	ince/state/o	count	у	Foreig	n postal c		your tax		•
												Yo	ou Spouse
Filing Status	s [	Single					Head of h	ouseh	old (HOI	—. ⊣)			
Check only	_	Married filing jointly (even if only or	ne had i	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)		
	lf y	you checked the MFS box, enter the	name c	of your spo	use. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır deper	ndent:									
Digital	Δt a	ny time during 2023, did you: (a) rec	oiva (as	a reward a	award or i	navn	nent for prope	rtv or	sarvicas	). or (	h) sall		
Assets		nange, or otherwise dispose of a digi										□ Ye	es 🗵 No
Standard		neone can claim: You as a de					a dependent	, ,			,		
Deduction		 Spouse itemizes on a separate retur	•				•						
A ara /Dlindana				_				n bofe	va lanu	am . 0	1050		s blind
	-	: Were born before January 2, 1	909 [	Are blind	•	use		14					(see instructions):
Dependent		First name Last name			cial security umber		(3) Relationsh to you	ip (	Child t				or other dependents
If more than four	<del>.,,</del>				90-547	1	Daughter		0		,		X
dependents,		<u>NJANA KONENI</u> KSHYA KONENI			98-265		Daughter						X
see instruction	s —	MONENT MONENT		913-3	90-203	'	Daugiicei						
and check here [	1												
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructio	ns)						1a		214,047.
Income	b	Household employee wages not re	,		,						1b		
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a									1c		
attach Forms	d	Medicaid waiver payments not rep	•								1d		
W-2G and	e	Taxable dependent care benefits f				1011 0	0110110)				1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene				•					1f		
If you did not	g g	Wages from Form 8919, line 6 .			, io 20	•					1g		
get a Form	h	Other earned income (see instructi	ions)			•					1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	j.					
	Z	Add lines 1a through 1h					· <u>- · · · · · · · · · · · · · · · · · ·</u>	<del>.</del> .			1z		214,047.
Attach Sch. B	 2a	1	2a		ĺ	b Ta	axable interest	t.			2b		624.
if required.	3a	· —	3a	1			rdinary divide				3b		425.
	4a		4a				axable amoun				4b		
Standard	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Deduction for— Single or	6a		6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e		method, ch						. [			
\$13,850	7	Capital gain or (loss). Attach Sche		•		•	,				7		-3,000.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule									8		-35,214.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•								9		176,882.
\$27,700	10	Adjustments to income from Sche		•							10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>								11		176,882.	
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)							12		27,700.		
If you checked any box under	13	Qualified business income deducti					5-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		27,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or les	c ontor O	This is w	our t	avabla incom				15		1/19/182

Form 1040 (2023	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	m(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	23,424.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	23,424.
	19	Child tax credit or credit for other depende	nts from Sched	lule 8812			19	1,000.
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	1,000.
	22	Subtract line 21 from line 18. If zero or less	, enter -0				22	22,424.
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	22,424.
<b>Payments</b>	25	Federal income tax withheld from:						
-	а	Form(s) W-2			<b>25a</b> 12	,982.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	12,982.
If you have a	26	2023 estimated tax payments and amount	applied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27			
allacii Scii. Elc.	28	Additional child tax credit from Schedule 881	2		28			
	29	American opportunity credit from Form 886	3, 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 you	ır total other p	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your t	total payments				33	12,982.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amou	nt you <b>overpaid</b>		34	
	35a	Amount of line 34 you want refunded to yo		3 is attached, che	ck here		35a	
Direct deposit?	b	Routing number X X X X X X X X				Savings		
See instructions.	d	Account number X X X X X X X X	XXXX	X X X X X	XX			
	36	Amount of line 34 you want applied to you	r 2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the an	•					0 505
You Owe	38	For details on how to pay, go to www.irs.go Estimated tax penalty (see instructions) .	-		38	 353.	37	9 <b>,</b> 795.
Third Party		you want to allow another person to dis				555.		
Designee		structions				mplete b	elow.	× No
Designee	De	signee's	Phone		Perso	onal identif		
	naı		no.			er (PIN)		of many languages and
Sign		der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaratior		, , ,		,		, ,
Here	Yo	ur signature	Date	Your occupation		If the	IRS se	nt you an Identity
								IN, enter it here
Joint return?				SOFTWARE E	ENGINEER	(see i		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.				   SOFTWARE	ENGINEER	(see i	•	ection File, enter it here
	Ph	one no. (916) 467-6451	Email address	VENUNAIDU(				
Doid	Pre	eparer's name Preparer's signa	ature		Date	PTIN		Check if:
Paid	_SYA	M PRIYA RAM SAGAR GUPTA SYAM PRI	YA RAM SA	GAR GUPTA	03/15/2024	P02082	2703	Self-employed
Preparer Use Only	Fin	m's name GLOBAL TAXES LLC				Phon	e no.	678) 965-9522
	Fin	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm'	s EIN	
Go to www irs a	ov/Forn	1040 for instructions and the latest information		DAA	DEV 02/07/24 DDO			Form 1040 (2023)

## SCHEDULE 1 (Form 1040)

### Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VENUGOPAL NAIDU KONENI & USHA RAMINENI

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

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

	Sequence No. <b>01</b>
Your soci	ial security number
217_62	E000

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-17,636.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-17 <b>,</b> 578.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (		
е	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		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	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 <b>additional income</b> . Enter		, ,	25 014
	1040, 1040-SR, or 1040-NR, line 8		10	-35,214.

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

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	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			
С	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		_	
е	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	04:			
		24i		-	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041-			
_	1041)	24k			
Z	Other adjustments. List type and amount:	24z			
25				25	
25 26	Total other adjustments. Add lines 24a through 24z			25	_
20	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 1 (Form 1040) 2023
	BAA	KEV 03/0	07/24 PRO	JUNEUU	ie i (Fulli 1040) 2023

## SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09** 

	of proprietor						security number (SSN) -25-4074
<u> </u>	A RAMINENI  Principal business or profession	n includi	na product or service (se	a inetr	uctions)		er code from instructions
^	KONENI IT SERVICES		ing product or service (Se	U 1110111	uouo119)		
С	Business name. If no separate		name leave blank				1 8 2 1 0
0	•		marrie, leave blank.				bloyer ID number (EIN) (see instr.) 2 4 8 9 7 0 1
	KONENI IT SERVICES			/N/ACT	Z I NIZE DDIVE	0 0	2 4 6 9 7 0 1
E	Business address (including si						
_	City, town or post office, state				0.1 ( 15.)		
F		× Cash			Other (specify)		
G 					2023? If "No," see instructions for lin		
H			-		() (0000 0		
					n(s) 1099? See instructions		
J Dori		equired:	Form(s) 1099?				LYes LNo
Par							
1					this income was reported to you on		
_	-				d	1	
2						2	
3						3	
4	• ,	•				4	
5						5	
6			-		refund (see instructions)	6	
7 Dord	Gross income. Add lines 5 ar	1d 6	or business use of w			7	
Part		·	or business use of yo			10	430.
8	Advertising	8	385.	18	Office expense (see instructions) .	18	430.
9	Car and truck expenses		2 000	19	Pension and profit-sharing plans .	19	
	(see instructions)	9	3,800.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	4 450
12	Depletion	12		21	Repairs and maintenance	21	1,450.
13	expense deduction (not			22	Supplies (not included in Part III) .	22	
	included in Part III) (see			23	Taxes and licenses	23	
	instructions)	13		24	Travel and meals:		0.061
14	Employee benefit programs			а	Travel	24a	2,961.
	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b	2,400.
15	Insurance (other than health)	15		25	Utilities	25	2,210.
16	Interest (see instructions):			26	Wages (less employment credits)	26	4 000
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	4,000.
b	Other	16b		b	Energy efficient commercial bldgs		
17	Legal and professional services	17	A-I-	11	deduction (attach Form 7205)		17 (2)
28	·				8 through 27b	28	17,636.
29	1 ,					29	-17,636.
30	•	•	-	e expe	nses elsewhere. Attach Form 8829		
	unless using the simplified me Simplified method filers only			(a) voi	ır home:		
	-						
	and (b) the part of your home				line 30	30	
31	Net profit or (loss). Subtract		=	tei oiii	iiile 30	30	
31					)		
	<ul> <li>If a profit, enter on both Sch checked the box on line 1, see</li> </ul>	e instructi	•••			31	-17,636.
	• If a loss, you must go to line				J		
32	If you have a loss, check the b	ox that d	escribes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter the	e loss on	both Schedule 1 (Form	1040),	line 3, and on Schedule		<b>\tag{\tag{\tag{\tag{\tag{\tag{\tag{</b>
	SE, line 2. (If you checked the	box on lin	e 1, see the line 31 instruc	tions.)	Estates and trusts, enter on		All investment is at risk.
	Form 1041, line 3.				J	32b	Some investment is not
	<ul> <li>If you checked 32b, you mu</li> </ul>	st attach	F <b>orm 6198.</b> Your loss ma	av be li	mited. '		at risk.

BAA

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

Part	Cost of Goods Sold (see instructions)	
33	Method(s) used to	
	value closing inventory: a Cost b Lower of cost or market c Other (attach	explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	.  Yes  No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	5
36	Purchases less cost of items withdrawn for personal use	6
37	Cost of labor. Do not include any amounts paid to yourself	7
38	Materials and supplies	В
39	Other costs	9
40	Add lines 35 through 39	0
41	Inventory at end of year	1
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	ck expenses on line 9 and
43	When did you place your vehicle in service for business purposes? (month/day/year) $\frac{11/17/2017}{}$	-
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle	cle for:
а	Business 5,801 b Commuting (see instructions) c Othe	r1,682
45	Was your vehicle available for personal use during off-duty hours?	🗙 Yes 🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?	Yes 🔀 No
47a	Do you have evidence to support your deduction?	Yes 🔀 No
_	If "Yes," is the evidence written?	Yes No
Part	Other Expenses. List below business expenses not included on lines 8–26, line 27b	o, or line 30.
OF	FICE MOVING EXPENSES	3,500.
LA	PTOP	500.
		-
		-
		_
		_
48	Total other expenses. Enter here and on line 27a	8 4,000.

#### SCHEDULE D (Form 1040)

#### **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.

OMB No. 1545-0074

Attachment Department of the Treasury Sequence No. 12 Go to www.irs.gov/ScheduleD for instructions and the latest information. Internal Revenue Service Name(s) shown on return Your social security number 317-63-5989 VENUGOPAL NAIDU KONENI & USHA RAMINENI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. with column (g) line 2. column (a) 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 19,245. 12,931. 9. 6,323. 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 . . . . . . . . . . . . . . . . . . 0. 36. -36. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 182.) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 6,105. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part II, (sales price) combine the result whole dollars. line 2. column (a) with column (a) 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 25,266. 265. 31,412. 6,411. Totals for all transactions reported on Form(s) 8949 with **Box E** checked . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 0. -192. 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1

14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

17,561.)

-11,342.

12

13

14

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 **-5,237.** • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 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. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### 8949

#### Sales and Other Dispositions of Capital Assets

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

Attachment Sequence No. 12A

OMB No. 1545-0074

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

Social security number or taxpayer identification number

317-63-5989

VENUGOPAL NAIDU KONENI & USHA RAMINENI

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.

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 Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). (d) Cost or other basis Gain or (loss) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired disposed of (sales price) from column (d) and and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., dav. vr.) (see instructions) in the separate (a)

	•	•		(ivio., day, yr.)	(see instructions)	instructions.	Code(s) from instructions	Amount of adjustment	with column (g).
ROBINHOOD	SECURITIES	LLC	01/01/23	12/31/23	5,050.	3,779.			1,271.
ROBINHOOD	SECURITIES	LLC	01/01/23	12/31/23	14,195.	9,152.	W	9.	5,052.
negative ar	d the amounts in comounts). Enter each, line 1b (if Box A	ch tota	al here and inc	lude on your					
above is ch	ecked), or <b>line 3</b> (i	Box (	C above is chec	ked)	19,245.	12,931.		9.	6,323.

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

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENUGOPAL NAIDU KONENI & USHA RAMINENI

Social security number or taxpayer identification number 317-63-5989

Before you check Box D, E, or F 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 II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

<ul><li>☒ (D) Long-term transactions</li><li>☐ (E) Long-term transactions</li><li>☐ (F) Long-term transactions</li></ul>	reported on	Form(s) 1099	-B showing bas				)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	16,459.	14,714.			1,745.
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	14,953.	10,552.	W	265.	4,666.
2 Totals. Add the amounts in columns negative amounts). Enter each total							

**Note:** If you checked Box D 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 D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .

6,411.

265.

31,412.

25,266.

### Form **8949**

#### **Sales and Other Dispositions of Capital Assets**

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

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

2023
Attachment
Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

VENUGOPAL NAIDU KONENI & USHA RAMINENI

317-63-5989

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.

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

	not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f).	(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	0.	36.			-36.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6)	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	0.	36.			-36.

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

Form 8949 (2023) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VENUGOPAL NAIDU KONENI & USHA RAMINENI

Social security number or taxpayer identification number 317-63-5989

Before you check Box D, E, or F 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 II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

	] (D)	Long-term transactions	reported on Form(s	) 1099-B	showing I	basis was	reported to	the IRS (s	see Note	above)
Г	] (F)	ong-term transactions	reported on Form(s	1099-R	showing h	nasis <b>was</b> i	n't reported	to the IR	S	

<b>X</b> ( <b>F</b> ) Long-term transactions	not reported	to you on Fo	rm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column</i> (e)	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions.	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	0.	192.			-192.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inclins is checked), <b>lir</b>	lude on your ne 9 (if Box E	0.	192.			-192.

**Note:** If you checked Box D 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)

21

26

Department of the Treasury

#### 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,

Attachment

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

Sequence No. 13

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return Your social security number VENUGOPAL NAIDU KONENI & USHA RAMINENI 317-63-5989 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . В If "Yes." did you or will you file required Form(s) 1099? 1a Physical address of each property (street, city, state, ZIP code) NO T1, MANAS APARTMENT BANGALORE KARNATAKA IN 560037 Α B SITE NO-1 MANJUNATH LAYOUT Bengaluru KARNATAKA IN 560049 C STE 13, ABHIRUDDI LAYOUT BANGALORE KARNATAKA IN 560049 1b Type of Property For each rental real estate property listed **Personal Use Fair Rental** QJV (from list below) above, report the number of fair rental and **Days Davs** personal use days. Check the QJV box only Α 3 Α 365 0 if you meet the requirements to file as a 3 0 В В 365 qualified joint venture. See instructions. C 3 C 365 0 Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Income: 3 3 1,260. 1,560. 1,560. Rents received . 4 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 600. 7 Cleaning and maintenance. 7 360. 480. 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . . . 11 450. 256. 648. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,570. 2,854. 3,115. 14 Repairs . . . . 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 18 1,745. 955. 2,961. 18 Depreciation expense or depletion . . . . . . 19 19 20 20 4,425. 7,204 Total expenses. Add lines 5 through 19 . . . . . 4,365.

	file <b>Form 6198</b>	21		-3,1	.05.	-2 <b>,</b> 8	65.	-5,644.
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	3,10	05)	( 2,86	5 )	( 5,644.)
23a	Total of all amounts reported on line 3 for all rental proper			•	23a	25,6		( 3,611.)
b	Total of all amounts reported on line 4 for all royalty prope	rties			23b			
С	Total of all amounts reported on line 12 for all properties				23c	4,9	06.	
d	Total of all amounts reported on line 18 for all properties				23d	10,6	98.	
е	Total of all amounts reported on line 20 for all properties				23e	43,2	50.	
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any l	osses			24	
25	Losses. Add royalty losses from line 21 and rental real estate	losse	es from I	ine 22. E	nter to	tal losses here	25	( 17,578.)

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

-17**,**578.

Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must

#### **SCHEDULE E** (Form 1040)

### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

VENU	JGOPAL NAIDU KONENI & USHA RAMINENI						317-6	3-5989	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>C</b> . See	instrud	ctions. If you a	are an indiv	vidual, repo	ort farm
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	<del>)</del> )						
Α	STE 14, ABHIRUDDI LAYOUT BANGALORE KARN	NATAK	TATN 5	6004	9				
В	604 BIRD CREEK DR LITTLE ELM TX 75068		111 111 0						
C									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to find qualified joint venture. See instru			В		199		166	
С	quained joint venture. See institu	actions	•	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
						Properti	es:		
Incon	ne:			Α		В			С
3	Rents received	3		2,4	00.	18	8,892.		
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		7	20.				
8	Commissions	8					980.		
9	Insurance	9					701.		
10	Legal and other professional fees	10							
11	Management fees	11		1,1	40.				
12	Mortgage interest paid to banks, etc. (see instructions)	12				4	1,906.		
13	Other interest	13							
14	Repairs	14		3,1	70.	3	3,544.		
15	Supplies	15							
16	Taxes	16					1,359.		
17	Utilities	17					,		
18	Depreciation expense or depletion	18		3,3	34.	1	,703.		
19	Other (list) RENTAL LISTING AND BROKERAGE	19					,699.		
20	Total expenses. Add lines 5 through 19	20		8,3	64.		8,892.		
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 <b>Form 6198</b>	21		<b>-5,</b> 9			0.		
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(		4.)	(	0.)	(	)
23a	Total of all amounts reported on line 3 for all rental prope	$\overline{}$			23a		ĺ		,
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e				
24	Income. Add positive amounts shown on line 21. <b>Do not</b>						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	tal losses her		(	)
26	Total rental real estate and royalty income or (loss).							`	
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at	ot apply	y to you,	also e	nter th	nis amount o			

#### **SCHEDULE 8812** (Form 1040)

#### **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

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

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

Attachment Sequence No. **47** 

Your social security number

/ENU	GOPAL NAIDU KONENI & USHA RAMINENI	<u> 317-63-</u>	-5989
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	176,882.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	176,882.
4	Number of qualifying children under age 17 with the required social security number 4	0	
5	Multiply line 4 by \$2,000	. 5	
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	2	
	<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500		1,000.
8	Add lines 5 and 7	. 8	1,000.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 $\int$	. 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)		0.
12	Is the amount on line 8 more than the amount on line 11?		1,000.
	<ul> <li>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.</li> <li>✓ Yes. Subtract line 11 from line 8. Enter the result.</li> </ul>	lit.	,
13	Enter the amount from Credit Limit Worksheet A	. 13	23,424.
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b>	. 14	1,000.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>	al child ta	ax credit
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NF		
	(also complete Schedule 3, line 11) before completing Part II-A.		
or Pa	pperwork Reduction Act Notice, see your tax return instructions.  BAA REV 03/07/24 PRO	Schedule	8812 (Form 1040) 2023

Schedule 8812 (Form 1040) 2023

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, <b>stop here</b> ; 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, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	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 $\dots \dots \dots \dots \dots \dots \dots \dots \dots$	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.		
David	Otherwise, go to line 21.	f D	t. Dies
	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	S OT P	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions		
		-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 .		
23	Add lines 21 and 22	-	
24	1040 and	-	
24	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.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the <b>larger</b> of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.	-5	
Par <u>t</u>	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

VENUGOPAL NAIDU KONENI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 317-63-5989

Betoi	<b>e you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Ins	surance Contracts, r	r requi	ired.
Part	HSA Contributions and Deduction. See the instructions before con and both you and your spouse each have separate HSAs, complete			
1	Check the box to indicate your coverage under a high-deductible health plan see instructions		☐ Se	lf-only ⊠ Family
2	HSA contributions you made for 2023 (or those made on your behalf), including unextended due date of your tax return that were for 2023. <b>Do not</b> include emcontributions through a cafeteria plan, or rollovers. See instructions	ployer contributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> more were, or were considered, an eligible individual with the <b>same</b> coverage, enter family coverage). <b>All others</b> , see the instructions for the amount to enter	er \$3,850 (\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 20 lines 1 and 2. If you or your spouse had family coverage under an HDHP at any ti include any amount contributed to your spouse's Archer MSAs	me during 2023, also	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 h			,
	coverage under an HDHP at any time during 2023, see the instructions for the am		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse under an HDHP at any time during 2023, enter your additional contribution amour		7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023	9 845.		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	845.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	6,905.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form	n 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See	instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your sport a separate Part II for each spouse.	ouse each have sepa	arate F	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also contributions (and the earnings on those excess contributions) included on withdrawn by the due date of your return. See instructions	line 14a that were	14b	
С	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enteramount in the total on Schedule 1 (Form 1040), Part I, line 8f	-0 Also, include this	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Tax</b> (see instructions), check here			
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions incl are subject to the additional 20% tax. Also, include this amount in the total of 1040), Part II, line 17c	on Schedule 2 (Form	17b	
Part	completing this part. If you are filing jointly and both you and your sp complete a separate Part III for each spouse.	ouse each have sep		
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 104	10), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total of 1040). Part II, line 17d.	on Schedule 2 (Form		

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

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

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 identification number

VENU	JGOPAL NAIDU KONENI & USHA RAMINENI	317-63-598	9		
repare	's name	Preparer tax identifica	tion numb	ber	
SYAN	M PRIYA RAM SAGAR GUPTA	P02082703			
Part	Due Diligence Requirements				
Please or the	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I-V HOH
1	Did you complete the return based on information for the applicable tax year provided by	y the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scheding 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form , or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following.				
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>	s responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and 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 information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " <b>No</b> ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the questions the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirer keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	, a copy of any prepare Form rovided by the tus or to figure	X		
	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 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	X		
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.)	-			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?		×		

orm 88	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim 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	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?	×		
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			 Part \	/\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qui	alified	Yes	No
	tuition and related expenses for the claimed AOTC?		<u> </u>	
Part	· · · · · · · · · · · · · · · · · · ·			
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?	x 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 respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instri	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	:h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
	complete?	· · · Form <b>88</b> 0	<b>67</b> (Rev.	11-2023

### Form **4562**

Department of the Treasury Internal Revenue Service **Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment
Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number VENUGOPAL NAIDU KONENI & USHA RAMINENI Sch E 604 BIRD CREEK DR 317-63-5989 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) . . . . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 05/23 213,173. 4,845. 27.5 yrs. S/L property MM 39 yrs. ММ S/L i Nonresidential real S/L property MM Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L **b** 12-year 30 yrs. ММ S/L c 30-year ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 4,845. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

#### Additional Information From 2023 Federal Tax Return

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

Ln 24b: 50% limit Itemization Statement

Description	Amount
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.
Total	4,800.

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

Line 18 Itemization Statement

Description	Amount
OFFICE EXPENSES	430.
Total	430.

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

#### Line 25 Itemization Statement

Description	Amount
PHONE BILLS (130*12M)	1,560.
INTERNET BILLS (55*12M)	650.
1,560.00	
660	
Total	2,210.