E1040 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	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	parate instru	uctions.	
Your first name	and m	niddle initial	Last n	ame					Your social security number			
CHANDRA	SEK	ΔR	BATTULA							770 17 5494		
		s first name and middle initial	Last name							s social secu		
BABITHA			VAK	KAKULA					APP	LI ED	F	
	(numb	er and street). If you have a P.O. box, see					Apt. no.			ntial Election		
1233 MEI	DALI	ST DR							Check here if you, or your			
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code			y, want \$3		
MORRISVI	LLE				NC	2	27560		•	ow will not c	•	
Foreign country	/ name			Foreign province/state/	count	ty	Foreign postal c			or refund.	9-	
										You	Spouse	
Filing Status	, [Single				☐ Head of ho	ousehold (HOF	1)				
Check only	×	Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spot	use (C	JSS)			
	lf :	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	l or QSS box,	enter	the chil	d's name if	the	
	qι	ualifying person is a child but not you	ır depe	endent:								
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	s a reward. award. or	pavr	ment for proper	rtv or services): or (b) sell.			
Assets		hange, or otherwise dispose of a digi	,				•		,	X Yes	☐ No	
Standard	Son	neone can claim:	pender	nt	e as	a dependent						
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status	alien	1						
Age/Rlindness	. Vou	: Were born before January 2, 1	959	Are blind Spe	ouse	•	n before Janua	arv 2	1050	☐ Is blin	nd	
		<u> </u>	333	<u> </u>			(4) Ob 1 - 4					
Dependents	•	First name Last name		(2) Social security (3) Relationsh number to you			Child t			Credit for othe	,	
If more than four	(-,-	220114110				, , , ,		1		$\overline{}$		
dependents,								_			i	
see instructions and check	s —							_			i	
here]										<u>. </u>	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instructions) .					1a	110	0,576.	
	b	Household employee wages not re	eported	d on Form(s) W-2 .					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see instructions)						1c			
attach Forms	d	Medicaid waiver payments not rep			1d							
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441, line 26			1e					
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f			
If you did not	g	Wages from Form 8919, line 6 .							1g			
get a Form W-2, see	h	Other earned income (see instructi	ions)						1h		0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>1</u> i						
	z	Add lines 1a through 1h	· ;	· · · · · i					1z	110		
Attach Sch. B	2a	•	2a			axable interest			2b		711.	
if required.	3a	· '	3a			ordinary divider			3b			
Standard	4a		4a			axable amount			4b	+		
Deduction for—	5a	-	5a			axable amount			5b	+		
Single or Married filing	6a	,	6a	manath and to the Co.		axable amount			6b			
separately, \$13,850	_C										1 046	
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									1,046.	
jointly or Qualifying	8	Additional income from Schedule 1, line 10								111	2 222	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								+ + + + + + + + + + + + + + + + + + + +	4,333.	
Head of	10	Adjustments to income from Sche							10	111	### Property of the content of the c	
household, [11	Subtract line 10 from line 9. This is	-						11			
If you checked any box under	12	Standard deduction or itemized Qualified business income deducti		•	,	 5_Δ			12	+ 2	1,700.	
Standard	13 14				. 033	υ·Λ			13	7.	7 700	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer			 tavable incom			15		<u>7,700.</u> 4 633		

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	9,715.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	9,715.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,715.	
	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	9,715.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 16	5,348			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	16,348.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	16,348.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	6,633.	
	35a	Amount of line 34 you want	35a	6,633.						
Direct deposit?	b	Routing number 0 5 3			,, <u> </u>	Checking	Savings	3		
See instructions.	d	Account number 2 3 7								
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_	-		38		0.		
Third Party		you want to allow another								
Designee		,	•			_	omplete	e below.	⋉ No	
	De	esignee's		Phone			ntification			
		me		no.		ber (PIN)				
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,	
Here		•	ipiete. Deciaration (sed on an imormati			, ,	
	Yo	our signature		Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					LEAD ADMIN		(see inst.)			
See instructions.		ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	If t	f the IRS sent your spouse an			
Keep a copy for your records.				HOME MAKER (see i					ection PIN, enter it here	
	Ph	one no. (984)233-859	1	Email address	CHANDRAS.BAT					
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/21/2024	P020	82703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC						(678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			m's EIN	84-3171965	

SCHEDULE D (Form 1040)

Department of the Treasury

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**

Internal Revenue Service Name(s) shown on return Your social security number 770-17-5494 CHANDRA SEKAR BATTULA & BABITHA VAKKAKULA 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 Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. line 2. column (a) with 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 Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked 20,468. 19,426. 4. 1,046. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 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 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 1,046. 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 Form(s) 8949, Part II, (sales price) (or other basis) 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 Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 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 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14

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

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 1,046. 16 Combine lines 7 and 15 and enter the result 16 • 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 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. 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), 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 ☐ 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**

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

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

Social security number or taxpayer identification number

770-17-5494

CHANDRA SEKAR BATTULA & BABITHA VAKKAKULA

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 (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). Cost or other basis Gain or (loss) (d) (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., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (a). instructions Apex Clearing 05/17/23 12/31/23 19,709. 18,421. W 4. 1,292. 08/17/23 12/31/22 759. 1,005 -246. BAKKT

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).

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.

D-40 (< Staple Return	All I	50) Pages of d W-2s	of Yo	our				<u>i</u> na D	Tax Ret epartment ended Return		2023 renue	DOR Use Only		
CHANI 1233 MORRI Filing S Were you Was you N.C. Ec your ov to the F	DRA MEI SV tatus ou a rour sp ducati erpay und, ect bo	SEKA DALIS NC 2' esident of the course a course a course the course the course at the	R T DI 7560 1. Sing 4. Hea of N.C reside owme the F ne am u, or if	DWAKE gle ad of Househo C. for the enti ent for the er ent Fund: Yo Fund. To ma ount of your f married filin	re year? nu may cor ke a contri designation	2. Marric 5. Qualif	ed Filing fying Wid Yes X Yes X to the N enclose age 2, L use wer	Jointly low(er) No No .C. Edu Form Nine 31.	Your SS Spouse's SS 3. Marrie Response	SN: 7701 SN: APPI ed Filing Se eturn for ce eturn for co ment Fun our payme ions for in	CAKUL 275494 V LIED F 2 Exparately experienced to the control of t	Year spous xpayer. oouse. 0. bout the Full a U.S. citiz	nted an automatic income tax return Yes No se died: Date of death Date of designator of designator of designate y	i: ting some or all of your overpayment
FS 2		PP	Y		DT	N	OC	N	TPRES	Y	SPRES	Y	VT N	SVT N
BATT	-	1233		27560	DS	N	EA	N	TD		S	SD		FDEXT N
CHAND	RA	SEK	AR		BATTU	JLA				7701	75494		WAKE	
BABIT	'HA				VAKKA	AKUL	A			APPL	IED F	NC	27560	
1233	MEI	DALI	ST	DR						MOR	RISVII	ιLE		
06		1	123	33		16			0		26C		0	
07				0		18	Y		0		26E		0	
09				0		20A			4720		EU			
10A				0		20B			0		27		0	5
10B				0		21A			0		29		0	
11	S	Y	I	N		21B			0		30		0	
11			255	500		21C			0		31		0	
13			000	000		21D			0		32		0	
14			868	33		26A			0		34		595	
15			41	_25		26B			0					
TN	98	3423	385	591		PN	6	7896	559522		PP	P02	082703	
Sign I declare an the best of	d certif	y that I ha	ve exar	X Remined this return	efund Du n and accomp correct, and c	anying sch	iedules an	595 d stateme		ment D Check It to discu	nere if you au	thorize the N	O orth Carolina Depents with the pair	partment of Revenue d preparer below.
Your Signat		USE ONL	Y If	prepared by a p	erson other th	Date an taxpay			ature (If filing joins			Date r has any know		No. (Include area code)
SYAM Paid Prepa	rer's Si	gnature			UND, mail	Date return to	: N.C. D	erer's Co) 965-9522 ntact Phone Number REVENUE, P.	er (Include ar	RALEIGH, NO			N, SSN, or PTIN

D-400 Line-by-Line Information	Name	(First 10 Characters) BATTULA	Your Social Security Number	770175494			
7. Additions to Federal Adjusted Gross Income 7. 8. Add Lines 6 and 7 8. 9. Deductions From Federal Adjusted Gross Income 9. 10. Child Deduction 10a. a. Enter the number of qualifying children for whom you were allowed a federal child tax credit 10a. b. Enter the amount of the child deduction 10b. 11. N. C. Standard Deduction 11. 11. N. C. Islandard Deduction 11. 11. Deduction amount 11. 12. a. Add Lines 9, 10b, and 11 12a. b. Subtract Line 12a from Line 3 12b. 13. Part-year Residents and Nonresidents Taxable Percentage 11. 15. N. C. Income Tax 15. 16. Tax Credits 16. 17. Subtract Line 16 from Line 15 16. 18. Consumer Use Tax 18. You certify that no Consumer Use Tax is due 19. 19. Add Lines 17 and 18 19. North Carollia Income Tax Withheld 20a. 20a. Your tax withheld 20b. 20b. Spouse's tax withheld 20b. 21c. Partmership 21c. 21a. 2023 estimated tax 21a. 21b. Paid with extensis		D-400 Line-by-Line Informatio	n				
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