Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
KARTHIK CHERYALA	338-53-2219
Spouse's name	Spouse's social security number
DIVYA RAMA	994-97-7537
	ter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	1 4 1 00 770
1 Adjusted gross income	
 Total tax	
4 Amount you want refunded to you	77 = 18 1
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a copy of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I at return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in t taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended)	smitter, or electronic return originator (ERO) rejection of the transmission, (b) the reason e U.S. Treasury and its designated Financial ndicated in the tax preparation software for ution to debit the entry to this account. This ate the authorization. To revoke (cancel) a equests must be received no later than 2 he processing of the electronic payment of a payment. I further acknowledge that the
Electronic Funds Withdrawal Consent.	
Taxpayer's PIN: check one box only	3 2 2 1 9
X I authorize GLOBAL TAXES LLC to enter or general ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	
Your signature ► Date ►	
Spouse's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC to enter or general	te my PIN 7 7 5 3 7 as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	
Spouse's signature ▶ Date ▶	
Practitioner PIN Method Returns Only—continue belo	ow
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 6 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	bmitting this return in accordance with the
ERO's signature ▶ Date ▶	
ERO Must Retain This Form — See Instructions	

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jan	ı. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, end	ing		, 20	See se	parate instructions.	
Your first name	and mi	ddle initial	Last na	ıme				Your so	cial security number	
KARTHIK			CHER	RYALA				338	53 2219	
	pouse's	first name and middle initial	Last na						s social security number	
DIVYA			RAMA					994 97 7537		
	(numbe	er and street). If you have a P.O. box, see					Apt. no.		ntial Election Campaign	
3103 ALE	CXAN	DR						t	nere if you, or your	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ite	ZIP code		if filing jointly, want \$3	
CARY					NO	C	27519		this fund. Checking a ow will not change	
Foreign country	/ name			Foreign province/state/c	count	ty	Foreign postal code	1	or refund.	
									You Spouse	
Filing Status	, 🗆	Single				Head of he	ousehold (HOH)	•		
Check only		Married filing jointly (even if only or	ne had i	income)						
one box.		Married filing separately (MFS)	(QSS)							
	l f y	ou checked the MFS box, enter the	er the chi	ld's name if the						
	qu	alifying person is a child but not you	ır deper	ndent:						
 Digital	Δt an	ny time during 2023, did you: (a) rece	aiva (as	a reward award or i	navr	ment for prope	rty or services): or	(h) sell		
Assets		ange, or otherwise dispose of a digi	,				•	. ,	☐ Yes 🏻 No	
Standard	-	eone can claim: You as a de		<u> </u>			7. (,		
Deduction	_	Spouse itemizes on a separate retur	•							
A (DI: 1		_	0.4050							
			959 L	_ Are blind Spo T	use	: 🔲 was bor	n before January	•	Is blind	
Dependents				(2) Social security		(3) Relationsh	יין קי		fies for (see instructions):	
If more		rst name Last name		number		to you	Child tax o	realt	Credit for other dependents	
than four dependents,	NAG	GA THRAYI CHERYALA		994-97-755	8	Daughter			<u> </u>	
see instructions	s —									
and check	ı ——									
here L	4 -	Total amount from Forms (a) M/ O. h.	1 /	_ :t						
Income	1a	Total amount from Form(s) W-2, b	•	•				. 1a	· · · · · · · · · · · · · · · · · · ·	
Attach Form(s)	b	Household employee wages not re						. 1b	_	
W-2 here. Also attach Forms	C C	Tip income not reported on line 1a	. 1c	_						
W-2G and	d		ledicaid waiver payments not reported on Form(s) W-2 (see instructions)							
1099-R if tax was withheld.	e f	Employer-provided adoption bene						. 1e		
If you did not	q							. 1g	_	
get a Form	9 h	Other earned income (see instructi			•			. 1h		
W-2, see instructions.	;	Nontaxable combat pay election (s	,		•					
mstructions.	Z	Add lines 1a through 1h	occ mon		•		-	. 1z	82,770.	
Attach Sch. B		1	2a		b T	axable interest	· · · · ·	. 2b		
if required.	3a	· —	3a			ordinary divider		. 3b		
	4a		4a			axable amoun		. 4b		
Standard	5a	-	5a			axable amoun		. 5b		
Deduction for— Single or	6a		6a			axable amoun		. 6b	+	
Married filing	С	If you elect to use the lump-sum e					[
separately, \$13,850	7	Capital gain or (loss). Attach Sche				-	[7		
Married filing jointly or	8	Additional income from Schedule		•				. 8		
Qualifying	9		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							
surviving spouse, \$27,700	10	Adjustments to income from Sche		•				. 9 . 10	82,770.	
Head of household,	11	Subtract line 10 from line 9. This is						. 11	82,770.	
\$20,800	12	Standard deduction or itemized	•	•				. 12		
If you checked any box under	13	Qualified business income deducti		,	•	5-A		. 13	'	
Standard Deduction,	14	Add lines 12 and 13						. 14		
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our 1	taxable incom	ie			

18	Form 1040 (2023	3)								Page 2	
Add lines 16 and 17 Schedule 2, line 3 17	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	6,169.	
19	Credits	17		-					17		
20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 0, 24 Add lines 22 and 23. This is your total tax 24 5, 669. Payments 25 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income tax withheld from: 2 Form(s) W-2 2 Federal income credit (EIC)		18	Add lines 16 and 17						18	6,169.	
21		19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	500.	
22 Subtract line 21 from line 18. If zero or less, enter -0 22 5, 669		20	Amount from Schedule 3, lin	e8					20		
23		21	Add lines 19 and 20						21	500.	
Payments 25 Federal income tax withheld from:		22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,669.	
Payments 25		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
a Form(s) W-2		24	Add lines 22 and 23. This is	your total tax					24	5,669.	
a Form(s) W-2	Payments	25	Federal income tax withheld	from:							
c Other forms (see instructions) d Add lines 25a through 25c 26 27 28 2929 setimated tax payments and amount applied from 2022 return 2930 Additional child tax credit from Schedule 8812 293 American opportunity credit from Form 8863, line 8 294 American opportunity credit from Form 8863, line 8 295 American opportunity credit from Form 8863, line 8 296 Amount from Schedule 3, line 15 317 327 338 340 Lines 27, 28, 29, and 31. These are your total other payments and refundable credits 339 340 Lines 27, 28, 29, and 31. These are your total other payments and refundable credits 340 Lines 27, 28, 29, and 31. These are your total payments 350 Add lines 27, 28, 29, and 31. These are your total payments 350 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	•	а	Form(s) W-2				25a	,143			
d Add lines 25a through 25c		b	Form(s) 1099				25b				
2023 estimated tax payments and amount applied from 2022 return 26		С	Other forms (see instructions	s)			25c				
Earned income credit (EIC)		d	Add lines 25a through 25c						25d	7,143.	
Earned income credit (EIC) 28 Additional child tax credit from Schedule 8812 28 28 29 Additional child tax credit from Schedule 8812 28 29 Additional child tax credit from Schedule 8812 29 30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 32 Add lines 27, 28, 29, and 31. These are your total payments 33 7, 143 35 34 35 37, 143 37, 143 3	If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return			26		
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 Add lines 27, 28, 29, and 31. These are your total payments and refundable credits 33 Add lines 25d, 26, and 32. These are your total payments and refundable credits 34 Add lines 25d, 26, and 32. These are your total payments 35 Add lines 25d, 26, and 32. These are your total payments 36 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 36 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 37 Bouting number	qualifying child,	27	Earned income credit (EIC)				27				
Reserved for future use 30 31 Amount from Schedule 3, line 15 31 31 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 7, 143 33 7, 143 34 41 474 35a Add lines 25d, 26, and 32. These are your total payments 34 1, 474 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 1, 474 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 1, 474 35a 4 Account number X X X X X X X X X	attach Sch. Elc.	28	Additional child tax credit from	n Schedule 8812			28				
Amount from Schedule 3, line 15		29	American opportunity credit	from Form 8863	8, line 8 . .		29				
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits		30	Reserved for future use .	ed for future use							
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		31	Amount from Schedule 3, lin	e 15			31				
Refund 34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here		33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	7,143.	
Direct deposit? See instructions. b Routing number	Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	1,474.	
Account number		35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	B is attached, chec	k here	. 🗆	35a	1,474.	
Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount applied to your 2024 estimated tax 36 Amount applied to your 2024 estimated tax	Direct deposit?	b	Routing number X X X	3							
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions). 39 Do you want to allow another person to discuss this return with the IRS? See instructions. 38 Do you want to allow another person to discuss this return with the IRS? See instructions. 39 Do you want to allow another person to discuss this return with the IRS? See instructions. 30 Personal identification number (PIN) 31 Preparer's pame 32 Preparer's signature 39 Preparer's signature 30 Preparer's signature 30 Preparer's signature 30 Preparer's signature 30 Preparer's signature 31 Preparer's signature 32 Preparer's signature 34 Preparer's signature 38 Phone instructions. 38 Phone instructions. 39 Preparer's signature 30 Preparer's signature 30 Preparer's signature 30 Preparer's signature 30 Preparer's signature 31 Preparer's signature 31 Preparer's signature 31 Preparer's signature 30 Preparer's signature 30 Preparer's signature 31 Preparer's signature 32 Preparer's signature 33 Provider instructions 34 Preparer's signature 34 Preparer's signature 35 Phone instructions 36 Preparer's signature 36 Prink 37 Preparer's signature 37 Preparer's signature 38 Prink 39 Preparer's signature 39 Prink 30 Preparer's signature 30 Prink 30 Preparer's signature 30 Prink 30 Pr	See instructions.	d	Account number X X X								
For details on how to pay, go to www.irs.gov/Payments or see instructions. 38		36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	Amount You Owe	37							37		
Designee's name Designee's name Phone no. Preparer's pame Preparer's signature Prepa		38	Estimated tax penalty (see in	nstructions) .			38				
Designee's name Designee's name No. Personal identification number (PIN) Personal identification number (PIN) Designee's name No. Personal identification number (PIN) Designee's name Designee's name No. Personal identification number (PIN) Designee's name No. Personal identification number (PIN) Personal identification number (PIN) Personal identification number (PIN) Personal identification number (PIN) Designee's name Personal identification number (PIN) Preparer's name Personal identification number (PIN) Preparer's name Personal identification number (PIN) Preparer's name Personal identification number (PIN) Preparer's name Personal identification number (PIN) Personal identi	Third Party Designee		•	•			_	omplete	below.	⊠ No	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (478) 388–0944 Email address KARTHIK, CHERYALA2013@GMAIL, COM Preparer's pame Preparer's signature Date Preparer's signature		De	signee's		Phone				itification		
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Software Development If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Software Development Software Development If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (478) 388-0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's pame Preparer's signature Date PIIN Check if								, ,			
Your signature Joint return? See instructions. Keep a copy for your records. Phone no. (478) 388-0944 Preparer's pame Preparer's signature Date Your occupation Your occupation SOF'TWARE DEVELOPMENT Spouse's occupation Home Maker Final address KARTHIK, CHERYALA2013@GMAIL.COM Preparer's signature Preparer's signatur											
Joint return? See instructions. Keep a copy for your records. Phone no. (478) 388-0944 Preparer's pame SOFTWARE DEVELOPMENT Spouse's occupation HOME MAKER Final address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's pame Preparer's signature Preparer's signature SOFTWARE DEVELOPMENT Spouse's occupation Home MAKER KARTHIK.CHERYALA2013@GMAIL.COM Preparer's pame Preparer's signature Date PTIN Check if:	Here	Yo	ur signature		Date	Your occupation					
Keep a copy for your records. Phone no. (478) 388-0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's pame Preparer's signature	Joint return?					SOFTWARE D	EVELOPMENT	/		IN, enter it nere	
your records. HOME MAKER (see inst.)	See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupation					
Phone no. (478) 388-0944 Email address KARTHIK, CHERYALA2013@GMAIL.COM Preparer's pame Preparer's signature Date PTIN Check if	your records.					HOME MAKER		,	ection PIN, enter it here		
Preparer's name Preparer's signature Date PTIN Check if		——Ph	one no. (478) 388-094	4	Email address	l		OM			
	D-:-I		` '			Casana Vala				Check if:	
VENKATA SAL PAVAN KUMAR DUDUPALLI IVENKATA SAL PAVAN KUMAR DUDUPALLI I PUZZZZZZZZZZZZZZZZ	Paid	VENE	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI	P024	70833	Self-employed		
Preparer CIODAT TAYES IIC	Preparer				·			<u>' </u>		678) 965-9522	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	Use Only										

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

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

Sequence No. 47 Name(s) shown on return Your social security number KARTHIK CHERYALA & DIVYA RAMA 338-53-2219 Part I Child Tax Credit and Credit for Other Dependents Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 82,770 2a Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 2b 0. Enter the amount from line 15 of your Form 4563 **2**c c Add lines 2a through 2c 2dd 3 3 4 Number of qualifying children under age 17 with the required social security number 0 5 5 Number of other dependents, including any qualifying children who are not under age 6 Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 500 8 8 500. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 11 11 0. 500. 12 Is the amount on line 8 more than the amount on line 11? . . . 12 No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. **Yes.** Subtract line 11 from line 8. Enter the result. 13 Enter the amount from **Credit Limit Worksheet A** 13 6,169 Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents . 14 500.

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

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

Schedule 8812 (Form 1040) 2023

	,		9- —
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 27 .	🗆
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-	A	
	and II-B. Enter -0- on line 27	. 16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,60	0.	
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-I	3.	
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	. 17	
18a	Earned income (see instructions)		
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		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27.	ie	
	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 2	7	
	Otherwise, go to line 21.	' .	
Part		ents of P	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		
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	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.		
25	Subtract line 24 from line 23. If zero or less, enter -0	. 25	
26	Enter the larger of line 20 or line 25	. 26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	1 1	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	. 27	

(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-PR, or 1040-SS.

Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year

Attachment Sequence No. 70

20

	THIK CHERYALA & DIVYA RAMA	338-53-221	9		
Prepare	r's name	Preparer tax identifica	ation numb	oer	
	KATA SAI PAVAN KUMAR DUDIPALLI	P02470833			
Part	·				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(s) claimed (check all that apply).		the rela		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided I	by 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 Sched 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?	lule 8812 (Form s, or your own	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you rethe following.	must do both of			
	 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. 				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent int				
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) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing states.	7, a copy of any o prepare Form provided by the atus 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 e				
	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?		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)?				

Part III 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 without a qualifying children and does not have a qualifying children and does not have a qualifying children in the EIC without a qualifying children and does not have a qualifying children in the EIC without a qualifying children in the EIC without a qualifying children in the EIC without a qualifying child of more than one person (tiebreaker rules)? Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (if the return does not claim CTC, ACTC, or ODC, go to Part IV.) 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a critical, national, or resident of the United States? 11 Did you explain to the taxpayer that he/she may not claim 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? 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? 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified Visa No and provided more than half of the cost of keeping up a home for the year for a qualifying person? Part VI Eigibility Certification You will have compiled with all due diligence requirements for claiming the applicable credit(s) and/or HOH filling status on the return of the taxpayer disable the annuality of the oracitic). A Interview the taxpayer ask adequate questions, contemporaneously document the taxpayer's responses on the return of in your notes, review adequate information to determine if the taxpayer's eligibility for the credit(s). B. Complete his Form 8867 in the manner required; and D. Keep a	Form 88	367 (Rev. 11-2023)			Page 2
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, got or question 10.) b Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tlebrasker rules)? Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (if the return does not claim CTC, ACTC, or ODC, go to Part IV.) 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is A or ODC, go to Part IV.) 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is A or ODC, go to Part IV.) 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is A or ODC, go to Part IV.) 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is A or ODC, go to Part IV.) 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is A or ODC, go to Part IV. 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC/ODC 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 custocial 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 persents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? 13 Did the taxpayer provide substantiation for the credit, such as Form 1098-T and/or receipts for the qualified Yes Notition and related expenses for the claimed AOTC? 13 Did the taxpayer provide substantiation for the credit, such as Form 1098-T and/or receipts for the qualified Yes Notition and related expenses for the chaimed AOTC? 13 Did the taxpayer devined that the taxpayer was unmarried or conside	Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
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separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	11	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's	X		
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	•				e entire ye ne entire			Yes L Yes L	No No	X [_		r deceased t r deceased s		Date of Date of				
you	overp	ayment	to the	Fund. To	o make a	contrib	oution, e	enclose	Form N	NC-EDU a	and y	our payı	und by makir ment of \$ information	0.	To desig	_	_		
_		-									-		15, 2024, an ersonal Repr		izen or re	sident.			
FS	2	PP	Y			DT	N	OC	N	TPRE	ES	N	SPRES	N	VT	N	SVT		N
CHE:	R	310	3	2751	19	DS	N	ΕA	N	TD				SD			FDE	ХТ	N
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06			82	770			16				0		26C			0			■ ■ ₇
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09				0			20A			136	54		EU						15002
10A				0			20B				0		27			0			= 65
10B				0			21A				0		29			0			
11	S	Y	I	N			21B				0		30			0			
11			25	500			21C				0		31			0			
13			040	040			21D				0		32			0			
14			23	137			26A				0		34		26	55			
15			1	099			26B				0								
TN	2	4783	880:	944			PN	6	7896	65952	22		PP	P02	247083	33			
I declar	e and ce	turn E	have exa	amined this	Refun	accompa	nying sch	nedules an	265 ad stateme			ment Chec	Due k here if you a	uthorize the I	0 North Carol	ina Depa	rtment of	Rever	nue
the bes	t of my k	nowledge	and belie	∍f, they are	true, correc	t, and co	mplete.				_	─ to dis	cuss this retur	n and attachı		the paid p	•	oelow.	
	gnature REPARE	R USE O	NLY /i	f prepared t	by a person		Date an taxpay			•			th must sign.) which the prepa	Date rer has any kno		t Phone N	o. (Include	area c	ode)
<u>VEN</u>	KATA	SAI Signature	PAV	AN KUI			Date		(678) 965-9 ntact Phone	9522	2				024708 er's FEIN,		TIN	_
	If y	you ARE	NOT a										R, RALEIGH, N EVENUE, P.O			I, NC 276	40-0640		

REV 02/07/24 PRO

Name	e (First 10 Characters) CHERYALA Your S	ocial Security Number	33853	2219
	D-400 Line-by-Line Information			
6.	Federal Adjusted Gross Income		6.	8277(
7.	Additions to Federal Adjusted Gross Income		7.	0277
8.	Add Lines 6 and 7		8.	8277
9.	Deductions From Federal Adjusted Gross Income		9.	
10.	Child Deduction		9.	(
10.		v aradit	10a.	(
	 a. Enter the number of qualifying children for whom you were allowed a federal child tax b. Enter the amount of the child deduction 	x credit	10a. 10b.	(
11.	N.C. Standard Deduction		11.	
11.	N.C. Itemized Deduction		11.	
11.	Deduction amount		11.	2550
12.	a. Add Lines 9, 10b, and 11		11. 12a.	2550 2550
12.	b. Subtract Line 12a from Line 8		12a. 12b.	5727
13.			13.	
14.	Part-year Residents and Nonresidents Taxable Percentage N.C. Taxable Income		14.	0.404
				2313
15.	N.C. Income Tax		15.	109
16.	Tax Credits		16.	400
17.	Subtract Line 16 from Line 15		17.	109
18.	Consumer Use Tax		18.	
	You certify that no Consumer Use Tax is due			
19.	Add Lines 17 and 18		19.	109
<u>North</u>	n Carolina Income Tax Withheld			
20a.	Your tax withheld		20a.	136
20b.	Spouse's tax withheld		20b.	
21a.	2023 estimated tax		21a.	
21b.	Paid with extension		21a. 21b.	
21c.			21b. 21c.	
	Partnership			
21d.	S Corporation		21d.	
22.	Additional Payments		22.	126
23.	Add Lines 20a through 22		23.	136
24.	Previous Refunds		24.	100
25.	Subtract Line 24 from Line 23		25.	136
26a.	Tax Due		26a.	
26b.	Penalties		26b.	
26c.	Interest		26c.	
26d.	Add Lines 26b and 26c and enter the total on 26d		26d.	
EU	Exception to Underpayment of Estimated Tax		EU	
26e.	Interest on the Underpayment of Estimated Income Tax		26e.	
27.	Pay this Amount		27.	
28.	Overpayment		28.	26
<u>Amoı</u>	unt of Refund to Apply to:			
29.	Amount of Line 28 to be applied to 2024 Estimated Income Tax		29.	
30.	N.C. Nongame and Endangered Wildlife Fund		30.	
.317			31.	
	N.C. Education Endowment Fund			
31.	N.C. Education Endowment Fund N.C. Breast and Cervical Cancer Control Program			
31. 32.	N.C. Breast and Cervical Cancer Control Program		32.	
31.				26

D-400 Sch PN (50)

8-16-23

2023 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

DOR Use Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2023, you must attach this schedule to Form D-400. Importantly, you must attach both pages of this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last N	lame (First 10 Characters) CHERYALA	Yo	our Social Security Nu	mber 338532219
sources	ear resident or a nonresident who receives income from N.C. sources must complete the that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident of another state during the tax year. You are a "nonresident" if you have a more state during the tax year. You are a "nonresident" if you have a more state during the tax year. You are a "nonresident" if you have a more state during the tax year. You are a "nonresident" if you have a more state during the tax year.	becam u were	e a resident during the not a resident of N.C.	e tax year, or you moved out o
	NRT Y PYT N		22	33440
	NRS Y PYS N		23	82770
Part A	A. Residency Status			
☐ Fu Date N	Taxpayer is: (Select applicable box) Ill-Year Resident Nonresident Part-Year Resident Full-Year F I.C. residency began Date N.C. residency ended Date N.C. residency	Resider	pegan	Part-Year Resident Date N.C. residency ended
	u and your spouse were both full-year residents of N.C., stop here; do not complete Pa 3. Allocation of Income for Part-Year Residents and Nonresidents	rts B ar	nd C. Do not attach So	chedule PN to Form D-400.
	Income		COLUMN A Total Income from all Sources	COLUMN B Amount of Column A Attributable to N.C.
1.	Wages, Salaries, Tips, Etc.	1.	82770	33440
2.	Taxable Interest	2	0	0
3.	Taxable Dividends	3.	0	0
4.	Taxable Refunds, Credits, or Offsets	٥.	O .	O .
7.	of State and Local Income Taxes	4.	0	0
5.	Alimony Received	5.	0	0
6.	Business Income or (Loss)	6.	0	0
7.	Capital Gain or (Loss)	7.	0	0
8.	Other Gains or (Losses)	8.	0	0
9.	Taxable Amount of IRA Distributions	9.	0	0
10.	Taxable Amount of Pensions	٥.	O	V
10.	and Annuities	10.	0	0
11.	Rental Real Estate, Royalties, Partnerships,		Ŭ	· ·
	S-Corps, Estates, Trusts, Etc.	11.	0	0
12.	Farm Income or (Loss)	12.	0	0
13.	Unemployment Compensation	13.	0	0
14.	Taxable Portion of Social Security	101	_	-
	and Railroad Retirement Benefits	14.	0	0
15.	Other Income	15.	0	0
16.	Total Income	16.	82770	33440
			COLUMN A	COLUMN B
North	Carolina Adjustments	ļ	Amount from Form	Amount of Column A
			D-400 Schedule S	Attributable to N.C.
17.	Additions			
	a. Interest Income From Obligations of States Other Than N.C.	17a.	0	0
	b. Deferred Gains Reinvested Into an Opportunity Fund	17b.	0	0
	c. Bonus Depreciation	17c.	0	0
	d. IRC Section 179 Expense	17d.	0	0
	e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e.	0	0
18.	Total Additions	18.	0	0

Last Name (First 10 Characters) CHERYALA Your Social Security Number 338532219

		Amo	OLUMN A unt from Form 00 Schedule S	COLUMN B Amount of Column A Attributable to N.C.		
19.	Deductions		0	0		
	a. State or Local Income Tax Refund	19a.	0	0		
	b. Interest Income From Obligations of the United States		_	_		
	or United States' Possessions	19b.	0	0		
	c. Taxable Portion of Social Security and					
	Railroad Retirement Benefits	19c.	0	0		
	 d. Retirement Benefits Received by Vested N.C. State Government, N.C. Local Government, or Federal Government Retirees, i.e. <i>Bailey Settlement</i> 	19d.	0	0		
	e. Bonus Asset Basis	19e.	0	0		
	f. Bonus Depreciation	19f.	0	0		
	g. IRC Section 179 Expense	19g.	0	0		
	h. Other Deductions From Federal Adjusted Gross					
	Income That Relate to Gross Income	19h.	0	0		
20.	Total Deductions	20.	0	0		
21.	Total Income Modified by N.C. Adjustments	21.	82770	33440		
art (C. Part-Year Residents and Nonresidents Taxable Percentage					
22.	Enter the Amount From Column B, Line 21		2	22. 33440		
23.	Enter the Amount From Column A, Line 21		2	23. 82770		
24.	Part-Year Residents and Nonresident Taxable Percentage		2	0.4040		

REV 02/07/24 PRO

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

2023

OMB No. 1545-007

IBS Use Only—Do not write or stable in this space

		o				OWID HOL TO TO	007 1 1110 000 0	Jiny 2011	.01 111110 0	otapio in tino opaco.	
For the year Jan	. 1–Dec	31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See	separa	ate instructions.	
Your first name	and m	iddle initial	Last na	me				You	Your social security number		
KARTHIK			CHEF	CHERYALA						3 2219	
If joint return, s	pouse's	s first name and middle initial	Last na	me				Spor	Spouse's social security number		
DIVYA			RAMA	1				99	14 9	7 7537	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	Pres	identia	l Election Campaigr	
3103 ALE	EXAN	DR								if you, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	plete spaces below. State ZIP						ing jointly, want \$3 s fund. Checking a	
CARY					NC		27519	box	below v	will not change	
Foreign country	/ name			Foreign province/state/	count	:y	Foreign postal co	de your	r tax or ı		
		1 0								You Spouse	
Filing Status		Single					ousehold (HOH)			
Check only		Married filing jointly (even if only or									
one box.	L_	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QS)									
		If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the qualifying person is a child but not your dependent:								name if the	
		amying person is a critic but not you	п черег								
Digital		ny time during 2023, did you: (a) rece							_	7 S 7	
Assets		nange, or otherwise dispose of a digi					et)? (See instruc	tions.)		Yes 🗵 No	
Standard		neone can claim: You as a de				•					
Deduction	<u>Ц</u> ;	Spouse itemizes on a separate return	1 or you	ı were a duai-status	allen	l					
Age/Blindness	You:	: Were born before January 2, 1	959 [Are blind Spo	ouse	: 🗌 Was bor	n before Janua	ry 2, 195	59 [] Is blind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check th	e box if q	ualifies 1	for (see instructions):	
If more	(1) F	irst name Last name		number		to you	Child ta	x credit	Crec	dit for other dependents	
than four	NAC	GA THRAYI CHERYALA		994-97-755	8	Daughter	· _	<u></u>	\bot	<u>×</u>	
dependents, see instruction	s ——								\bot	<u> </u>	
and check							L		+		
here L	l .			<u> </u>							
Income	1a	Total amount from Form(s) W-2, bo	•	•				• •	1a	82 , 770.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b		
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep						-	1c		
W-2G and	-	Taxable dependent care benefits f				•		• •	1e		
1099-R if tax was withheld.	e f	Employer-provided adoption bene		•				· ·	1f		
If you did not	q							· ·	1g		
get a Form	9 h	Other earned income (see instructi						· ·	1h	0.	
W-2, see instructions.	;	Nontaxable combat pay election (s	,			1i	i			•	
	Z	Add lines 1a through 1h				· · <u> </u>			1z	82,770.	
Attach Sch. B	 2a	<u> </u>	2a		 b Та	axable interest	t		2b	,	
if required.	3a	·	3a			rdinary divide			3b		
	4a		4a			axable amoun		🗀	4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amoun	t	[5b		
Single or	6a	Social security benefits	6a		b Ta	axable amoun	t	[6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection i	method, check here	(see	instructions)		. 🗆 🛚			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	, check here		. 🗆	7		
 Married filing jointly or 	8	Additional income from Schedule	1, line 1	0				[8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come	e		[9	82 , 770.	
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26				[10		
 Head of household, 	11	Subtract line 10 from line 9. This is	your a	djusted gross incor	ne			[11	82 , 770.	
\$20,800 • If you checked _T	12	Standard deduction or itemized	deduct	ions (from Schedule	A)			[12	27,700.	
any box under Standard	13	Qualified business income deducti	on from	n Form 8995 or Form	899	5-A		L	13		
Deduction,	14	Add lines 12 and 13						L	14	27 , 700.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	axable incom	ne		15	55 , 070.	

Tax and Credits	Form 1040 (2023	3)								Page 2
Transparence Tra		<u> </u>	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		. 16	
18		17		=				-	. 17	
19		18	Add lines 16 and 17	. 18	6,169.					
20		19	Child tax credit or credit for	. 19						
22 Styloward line 21 from line 18. If zero or less, enter -0-		20		. 20						
22 Styloward line 21 from line 18. If zero or less, enter -0-		21	Add lines 19 and 20	. 21	500.					
Payments 23		22							. 22	
Payments 25 Federal income tax withheld from: 25a 7,143. 25b		23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			. 23	<u> </u>
Payments 25 Federal income tax withheld from: 25a 7,143. 25b 5 mm (s) 1099 25b 5 mm (s) 1099 25b 25c 25c 25d 7,143. 25c 25c 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 25d 7,143. 25d 27d		24	Add lines 22 and 23. This is	your total tax					. 24	
a Form(s) W-2	Payments	25	Federal income tax withheld	from:						
b Form(s) 1099		а	Form(s) W-2				25a	7,14	13.	
c Other forms (see instructions) d Add lines 25a through 25c 25d 7,143. 25d 7,143. 25d 7,143. 25d 7,143. 25d 7,143. 26 27 28 Additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8 30 Reserved for future use 30 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 Add lines 27, 28, 29, and 31. These are your total payments 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total payments and refundable credits 33 Add lines 27, 28, 29, and 31. These are your total payments and refundable credits 33 Add lines 27, 28, 29, and 31. These are your total payments 41 Filine 30 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 42 43 44 47 44 47 44 45 46 46 46 46 47 47 47 47 47 47		b								
If you have a 26 2023 estimated tax payments and amount applied from 2022 return 26 26 28 28 28 28 28 28		С	, ,				25c			
26 2023 estimated tax payments and amount applied from 2022 return 26 27 28 27 28 28 28 28 28									. 25d	7,143.
Earned income credit (EIC) 27 Additional child tax credit from Schedule 8812 28 29 American opportunity credit from Form 8863, line 8 29 30 Reserved for future use 30 31 Amount from Schedule 3, line 15 31 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 33 Add lines 27, 28, 29, and 32. These are your total payments 33 7, 143 35 Add lines 25d, 26, and 32. These are your total payments 33 7, 143 35 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35 35 1, 474 35 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35 35 1, 474 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you want applied to your 2024 estimated tax 38 Amount of line 34 you w	If you have a	26	•							,
Additional child tax credit from Schedule 8812	qualifying child,						1 1			
29 American opportunity credit from Form 8863, line 8	attach Sch. EIC.		, ,							
30 Reserved for future use							 			
31 Amount from Schedule 3, line 15			''							
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 Add lines 25d, 26, and 32. These are your total payments 33 7, 143. Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 15 8 1, 474. Direct deposit? See instructions. B Routing number										
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 35 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here			,						. 32	
Refund 34				-						7,143.
35a	Refund									
Direct deposit? See instructions. b Routing number X X X X X X X X X	riciana									
See instructions. d Account number	Direct deposit?								_	· · · · · · · · · · · · · · · · · · ·
Amount You Owe 27 Subtract line 34 you want applied to your 2024 estimated tax 36 Amount You Owe 28 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions	See instructions.								.99	
For details on how to pay, go to www.irs.gov/Payments or see instructions										
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions		37							. 37	
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions		38	Estimated tax penalty (see i	nstructions) .			38			
Designee instructions Designee's name Phone no. Personal identification number (PIN) Designee's name Personal identification number (PIN) Designee's name Personal identification number (PIN) Duffer penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Phone no. (478) 388−0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI Phone see (578) 965−9522	Third Party	Do					See			
Name No. Number (PIN)								ompl	ete below.	⋈ No
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Software Development Software Development Spouse's signature. If a joint return, both must sign. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Home Maker Phone no. (478) 388-0944 Email address Karthik.Cheryala2013@GMail.com Preparer's name Preparer's signature Preparer's signature Date Print Check if: Po2470833 Self-employed Firelia pages. (579) 065-0522										
Your signature Your signature Your signature Your occupation Software Development If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (478) 388-0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's name Preparer's signature Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI Preparer Software Development If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Check if: Po2470833 Self-employed Fire's name CLOPAL TAYES LLC Phone no. (679) 065-0522	Sign	Un	der penalties of perjury, I declare t		d this return and		lules and statemer	nts, and	d to the best	
Joint return? See instructions. Keep a copy for your records. Phone no. (478) 388-0944 Preparer's name Preparer Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER Phone no. (478) 388-0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI Preparer's records Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI Preparer (679) 065-0522	Here			•						,
See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER Phone no. (478) 388-0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature VENKATA SAI PAVAN KUMAR DUDIPALLI Preparer Fire's name CIOPAL TAYES LIC		Yo	ur signature		Date	Your occupation			Protection P	
Keep a copy for your records. Phone no. (478) 388-0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI Fire's name VENKATA SAI PAVAN KUMAR DUDIPALLI Fire's name VENKATA SAI PAVAN KUMAR DUDIPALLI Phone no. (478) 388-0944 Fire's name VENKATA SAI PAVAN KUMAR DUDIPALLI FIRE'S NAME VENKATA SAI PAVAN KUMAR DUDIPA								_	· ,	
your records. Phone no. (478) 388-0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's name		Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	on			
Phone no. (478) 388-0944 Email address KARTHIK.CHERYALA2013@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI Phone po (679) 065-0533									,	ection i iiv, enter it nere
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI Phono po (679) 965–9533		——Ph	one no (478) 388–094	1	Email address			L M∩′		
Paid Preparer VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI Preparer OLOPAL TAYES LIC				1	1	MANTHIN CHENIA		_	N	Check if:
Preparer CIODAL MAYES IIC									l —	
Hee Only Thomas Ground High State	Preparer CIODAT MAVES TIC					<u> </u>	'			
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	Use Only		0.45							· ·

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR, Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

Sequence No. 47

Department of the Treasury Internal Revenue Service

Name(s) shown on return Your social security number KARTHIK CHERYALA & DIVYA RAMA 338-53-2219 Part I Child Tax Credit and Credit for Other Dependents Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR 82,770 Enter income from Puerto Rico that you excluded 2a Enter the amounts from lines 45 and 50 of your Form 2555 2b 0. Enter the amount from line 15 of your Form 4563 **2**c c Add lines 2a through 2c 2dd 3 3 4 Number of qualifying children under age 17 with the required social security number 0 5 5 Number of other dependents, including any qualifying children who are not under age 6 Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4. 7 500 8 8 500. Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000 9 400,000. 10 Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. 10 11 11 0. 500. 12 Is the amount on line 8 more than the amount on line 11? . . . 12 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. **X** Yes. Subtract line 11 from line 8. Enter the result. 13 Enter the amount from **Credit Limit Worksheet A** 13 6,169 Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents . 14 500. 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 additional child tax credit on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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- o	n line 27		🗆
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts I	I-A		
	and II-B. Enter -0- on line 27	. 16	a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,6	500.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II	í-B.		
	Enter -0- on line 27	. 16	b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	. 17	1	
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			
20	Multiply the amount on line 19 by 15% (0.15) and enter the result	. 20		
	Next. On line 16b, is the amount \$4,800 or more?	,		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter smaller of line 17 or line 20 on line 27.	the		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line	27		
	Otherwise, go to line 21.	27.		
Part		dents o	f Pug	rto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,	101113		110 11100
21	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 . 22			
23	Add lines 21 and 22			
24	1040 and			
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,			
	and Schedule 3 (Form 1040), line 11.			
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.			
25	Subtract line 24 from line 23. If zero or less, enter -0	. 25	;	
26	Enter the larger of line 20 or line 25	. 20	5	
	Next, enter the smaller of line 17 or line 26 on line 27.			
	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	1	

(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 (DDC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 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

Attachment Sequence No. 70

	THIK CHERYALA & DIVYA RAMA	338-53-221	9		
Prepare	r's name	Preparer tax identifica	ation num	oer	
	KATA SAI PAVAN KUMAR DUDIPALLI	P02470833			
Part	·				
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return benefit(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 to reasonably obtained by you?	by the taxpayer	Yes	No	N/A
2	TC/ACTC/ODC ule 8812 (Form s, or your own for each credit	X			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you nathe following. • 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.				
4	• Review information to determine that the taxpayer is eligible to claim the credit(s) an status and to figure the amount(s) of any credit(s)		X		
•	information reasonably known to you, appear to be incorrect, incomplete, or inconsis answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf				
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 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) processes that you relied on to determine eligibility for the credit(s) and/or HOH filing state the amount(s) of the credit(s)	7, a copy of any or prepare Form brovided by the attus or to figure	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 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		X		
а	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) Did you complete the required recertification Form 8862?				
	If the taxpayer is reporting self-employment income, did you ask questions to prepare a correct Schedule C (Form 1040)?				
Fay Da	narwork Paduction Act Notice see sengrate instructions		Earm RR	87 (D	44 0000)

Form 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	СТС,
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?	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	Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC	, go tc	Part \	<u>/.)</u>
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality and a latest taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality and taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality and taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality and taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality and taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality and taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality and taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quality and taxpayer provide substantiation for the credit, such as a form 1098-T and/or receipts for the quality and taxpayer provide substantiation for the credit for the	alified	Yes	No
Part	tuition and related expenses for the claimed AOTC?	· ·	∟ ⊔ > Part `	<u> </u>
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta		Yes	No No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOI	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 credition status and to figure the amount(s) of the credit(s); 	nses on (s) and/c	the ret or HOH	urn or filing
	 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; 	list for a	iny 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 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.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpaye credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	r's e l igib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ıble wor	ksheet(s) was
	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	payer's unt(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 ı).	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?		Yes	No
	<u>'</u>	Form 88		11-2023)





Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return
Georgia Department of Revenue

2023 (Approved software version)

Page 1 Fiscal Year STATE Beginning **ISSUED** YOUR DRIVER'S Fiscal Year LICENSE/STATE ID Ending YOUR FIRST NAME ΜI YOUR SOCIAL SECURITY NUMBER 1. KARTHIK 338-53-2219 LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX CHERYALA SPOUSE'S FIRST NAME SPOUSE'S SOCIAL SECURITY NUMBER MI 994-97-7537 DEPARTMENT USE ONLY DIVYA LAST NAME SUFFIX RAMA ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) **CHECK IF ADDRESS HAS CHANGED** 2. 3103 ALEXAN DR

CITY (Please insert a space if the city has multiple names)

3. CARY

STATE ZIP CODE
27519

(COUNTRY IF FOREIGN)

Residency Status 4. Enter your Residency Status with the appropriate number **4.** 3 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer. Filing Status 5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X **6c.** 2 7a. Number of Qualified Dependents* 7 c. Total Number of Dependents 1 7b. Number of Unborn Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



YOUR SOCIAL SECURITY NUMBER 338-53-2219

2023

Page 2

· · · · · · · · · · · · · · · · · · ·	nan 4 dependents, attach a list of additional dependent	dents).
First Name, MI.	Last Name	
NAGA THRAYI	CHERYALA	
Social Security Number	Relationship to You	
994-97-7558	DAUGHTER	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS f amount on line 8, 9, 10, 13 or 15 is negative, u	se the minus sign (-). Example -3456.	
8. Federal adjusted gross income (From Federal F (Do not use FEDERAL TAXABLE INCOME) If th W-2s you must include a copy of your Federal	ne amount on Line 8 is \$40,000 or more, or your gross	82770 s income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT	T-511 Tax Booklet) 9.	
0. Georgia adjusted gross income (Net total of Lin	ne 8 and Line 9) 10.	
Standard Deduction (Do not use FEDERAL STA (See IT-511 Tax Booklet)	ANDARD DEDUCTION) 11a.	
b. Self: 65 or over? Blind? Total	al x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11 Use EITHER Line 11c OR Line 12c (Do not write		
2. Total Itemized Deductions used in computing Federal	eral Taxable Income. If you use itemized deductions, you	ı must include Federal Schedule A
a. Federal Itemized Deductions (Schedule A-F	Form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions	12c.	
3. Subtract either Line 11c or Line 12c from Line 1	10; enter balance13.	

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



)0411535 **YOU**I

YOUR SOCIAL SECURITY NUMBER 338-53-2219

2023

Page 3

14a	. Enter the number from Line 6 or multiply by \$3,700 for filing s		y \$2,700 for filing	g status A or C	14a.				
14b	. Enter the number from Line 7	c. Multiply b	oy \$3,000		. 14b.				
14c.	. Add Lines 14a. and 14b. Ente	er total			14c.				
	. Income before GA NOL (Line . Georgia NOL utilized (Canno applying the 80% limitation, s	t exceed Line 15	a or the amour	nt after					38900
15c.	. Georgia Taxable Income (Lin	e 15a less Line 1	15b)		15c.				38900
16.	Tax (Use Tax Rate Schedule	in the IT-511 Ta	ax Booklet)		16.				2002
17.	Low Income Credit 17a.	17b.			17c.				
18.	Other State(s) Tax Credit (Inc	clude a copy of t	he other state(s	s) return)	18.				
19.	Credits used from IND-CR Su	ummary Worksh	eet		19.				
20.	Total Credits Used from Sc electronically)	hedule 2 Georg	ia Tax Credits	(must be fil	ed ₂₀ .				
21.	Total Credits Used (sum of Lines	17-20) cannot exc	ceed Line 16		21.				0
22.	Balance (Line 16 less Line 21	1) if zero or less t	han zero, enter	zero	22.				2002
GΑ	COME STATEMENT DETAILS Wages/Income. For other inco or for Form G2-FL enter zero	ome statements o							
	(INCOME STATEMENT A)		(INCOME STA	TEMENT B)			(INCOME STATE	MENT C)	
1.	WITHHOLDING TYPE:	1.	WITHHOLDING	S TYPE:		1.	WITHHOLDING T	YPE:	
	X W-2 G2-A G	2-LP	W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
2.	-	2-RP 2.	1099 EMPLOYER/PA ID NUMBER (F			2.	1099 EMPLOYER/PAYI ID NUMBER (FEIN		G2-RP
3.	EMPLOYER/PAYER STATE WITH 3317826XV	HOLDING ID 3.	EMPLOYER/PA	AYER STATE V	/ITHHOLDING ID	3.	EMPLOYER/PAYI	ER STATE WI	THHOLDING ID
4.	GA WAGES / INCOME 49330	4.	GA WAGES / II	NCOME		4.	GA WAGES / INC	OME	
5.	GA TAX WITHHELD 2529	5.	GA TAX WITH	HELD		5.	GA TAX WITHHE	LD	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

REV 01/29/24 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



YOUR SOCIAL SECURITY NUMBER 338-53-2219

Page 4

1.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1.	(INCOME STATI WITHHOLDING W-2 1099 EMPLOYER/PAY ID NUMBER (FEI	TYPE: G2-A G2-FL 'ER FEDERAL	G2-LP G2-RP	1.		PE: G2-A G2-FL R FEDERAL	G2-LP G2-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE W	ITHHOLDING ID	3.	EMPLOYER/PAYE	R STATE WI	THHOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / INCO	OME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD		5.	GA TAX WITHHEL	.D	
23.	Georgia Income Tax Withheld on Wages				23.				2529
24	(Enter Tax Withheld Only and include W-2s Other Georgia Income Tax Withheld		,		24.				
	(Must include G2-A, G2-FL, G2-LP and/or G	32-R	P)						
25.	Estimated Tax paid for 2023 and Form IT	-560)		25.				
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electroni				. 26.				
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)		27.				2529
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.				
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment								527
	overpayment				29.				
30.	Amount to be credited to 2024 ESTIMA	TEC	TAX		30.				0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1.	00)	31.				
32.	Georgia Fund for Children and Elderly (N	lo g	ift of less than	\$1.00)	32.				
33.	Georgia Cancer Research Fund (No gift	of le	ess than \$1.00)		33.				
34.	Georgia Land Conservation Program (No	gift	of less than \$	1.00)	34.				
35.	Georgia National Guard Foundation (No	gift o	of less than \$1.		35.				
36.	Dog & Cat Sterilization Fund (No gift of I	ess	than \$1.00)		36.				
37.	Saving the Cure Fund (No gift of less th	an \$	1.00)		37.				
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	pen	(REACH) Progra	ım	38.				_

All Pages (1-5) are required for processing

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue

Preparer's Firm Name GLOBAL TAXES LLC



YOUR SOCIAL SECURITY NUMBER 338-53-2219

2023 Page **5**

39. Public Safety Memorial Gra	nt (No gift of less than \$1.00)	39.		
40. Disabled Veterans' Scholars	hip Fund (No gift of less than	\$1.00) 40.		
41. Form 500 UET (Estimated	tax penalty) 500 UET exce	ption attached 41.		
42. Penalty: Late Payment and/	or Late Filing	42.		
43. Interest		43.		
	O GEORGIA DEPARTMENT OI MENT OF REVENUE PROCES	REVENUE,		
	IA DEPARTMENT OF REVENU	45.		527
If you do not enter Direct [Deposit information or if yo	u are a first time filer you v	vill be issued a paper check.	
45a. Direct Deposit (U.S. Accounts Only)	Type: Checking Savings	3		
Routing Number		Account Number		
	(Check box if deceased)	Spouse's Signature	based on all information of which the preparement of the preparement o	, and the second
Taxpayer's Date of Death		Spouse's Date of De	eath	
Taxpayer's Signature Date	Taxpayer's Ph 478-388-		Spouse's Signature Date	
By providing my e-mail address I am my account(s).	authorizing the Georgia Department	of Revenue to electronically notify i	ne at the below e-mail address regarding a	ny updates to
Taxpayer's E-mail Address				
			I authorize DOR to di with the named prepa	
<u>VENKATA SAI PAVAN K</u>	UMAR DUDIPALLI	Prep 67	parer's Phone Number 8-965-9522	
Signature of Preparer	_			
Name of Preparer Other Than VENKATA SAI PAVA			oarer's FEIN −2145487	

REV 01/29/24 PRO

Preparer's SSN/PTIN/SIDN P02470833





Schedule 3 Page 1

YOUR SOCIAL SECURITY NUMBER 338-53-2219

2023 (Approved software version)

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS. Column A must equal Column B plus Column C. See IT-511 Tax Booklet for other state(s) tax credits.

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)				
1. WAGES, SALARIES, TIPS, etc 82770	AGES, SALARIES, TIPS, etc 33440	1. WAGES, SALARIES, 7	FIPS, etc 49330			
2. INTEREST AND DIVIDENDS 2. IN	TEREST AND DIVIDENDS	2. INTEREST AND DIVI	DENDS			
3. BUSINESS INCOME OR (LOSS) 3. BU	SINESS INCOME OR (LOSS)	3. BUSINESS INCOME O	PR (LOSS)			
4. OTHER INCOME OR (LOSS) 4. OT	HER INCOME OR (LOSS)	4. OTHER INCOME OR (I	Loss)			
5. TOTAL INCOME: TOTAL LINES 1 THRU 4	TAL INCOME: TOTAL LINES 1 THRU 4 33440	5. TOTAL INCOME: TO	TAL LINES 1 THRU 4 4 9 3 3 0			
6. TOTAL ADJUSTMENTS FROM FORM 1040 6. TO	OTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMEN	TS FROM FORM 1040			
	TAL ADJUSTMENTS FROM FORM 500, HEDULE 1	7. TOTAL ADJUSTMENT SCHEDULE 1	S FROM FORM 500,			
	DJUSTED GROSS INCOME: IE 5 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS II LINE 5 PLUS OR MIN				
82770	33440		49330			
9. RATIO: Divide Line 8, Column C by Line 8, Column the box for Time Ratio. (% cannot be not	umn A enter percentage or check egative and cannot exceed 100%)	9. 59.60	%			
10a. Itemized or Standard Deduction X or Geo	rgia Itemized (See IT-511 Tax Booklet)	10a.	7100			
10b. Additional Standard Deduction Self: 65 or over? Blind? Spouse: 65 or over?	Blind? Total X 1,300=	10b.				
11. Personal Exemptions from Form 500 or Form 500	OX (See IT-511 Tax Booklet)					
11a. Enter the number on Line 6c from Form 500 or Form filing status A or D or multiply by \$3,700 for filing sta		11a.	7400			
11b. Enter the number on Line 7c from Form 500 or Form	n 500X 1 multiply by \$3,000	11b.	3000			
12. Total Deductions and Exemptions: Add Lines 1	0a, 10b, 11a, and 11b	12.	17500			
13. *Multiply Line 12 by Ratio on Line 9 and enter re-						
		13.	10430			

REV 01/29/24 PRO

^{*}If Georgia Itemized deductions are claimed, multiply Line 11 by Ratio on Line 9 and add Line 10a. Enter result on Line 13.

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jar	ı. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	See se	parate instructions.		
Your first name	and mi	ddle initial	Last na	Last name				Your social security number			
KARTHIK			CHEF	CHERYALA					338 53 2219		
-	pouse's	first name and middle initial	Last na					Spouse's social security number			
DIVYA			RAMA	4				994	97 7537		
	(numbe	r and street). If you have a P.O. box, see					Apt. no.		ntial Election Campaign		
3103 ALE	CXAN	DR						i	nere if you, or your		
		ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ite	ZIP code		if filing jointly, want \$3		
CARY					NO	C	27519		this fund. Checking a ow will not change		
Foreign country	y name			Foreign province/state/o	count	ty	Foreign postal code		or refund.		
									You Spouse		
Filing Status	,	Single				☐ Head of he	ousehold (HOH)				
Check only		Married filing jointly (even if only o	ne had i	income)			, ,				
one box.		Married filing separately (MFS)		·		☐ Qualifying	surviving spouse	(QSS)			
	l f y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOF	l or QSS box, ent	er the chi	ld's name if the		
	qu	alifying person is a child but not you	ır deper	ndent:							
District.	Λ+ or	outing during 2002, did your (a) rea	oivo (00	a roward award ar	D 0) #	mant for nrone	mtr. or oom (iooo). or	(b) call			
Digital Assets		ny time during 2023, did you: (a) reco ange, or otherwise dispose of a digi	•				•	. ,	☐ Yes		
	-	eone can claim: You as a de					ty: (Gee matractio	113.)			
Standard Deduction	_	Spouse itemizes on a separate retur	•								
Deduction			ii oi you		anci						
Age/Blindness	You:	☐ Were born before January 2, 1	959	Are blind Spo	use	: Was bor	n before January	2, 1959	Is blind		
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):		
If more	(1) Fi	(1) First name Last name		number		to you	Child tax of	redit	Credit for other dependents		
than four	NAC	A THRAYI CHERYALA		994-97-755	8	Daughter			×		
dependents, see instruction	s ——										
and check	. —										
here L											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)				. 1a	82,770.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2				. 1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)						. <u>1c</u>			
attach Forms W-2G and	d							. 1d			
1099-R if tax	е	Taxable dependent care benefits f						. <u>1e</u>			
was withheld.	f		nployer-provided adoption benefits from Form 8839, line 29								
If you did not get a Form	g	,						. 1g			
W-2, see	h	Other earned income (see instructi	,					. 1h	0.		
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)		<u>1i</u>			00 770		
	<u>z</u>	Add lines 1a through 1h		_i .				. 1z			
Attach Sch. B if required.	2a	· —	2a			axable interest		. 2b			
	3a	-	3a			Ordinary divider		. 3b			
Standard	4a -	-	4a			axable amoun		. 4b			
Deduction for—	5a		5a			axable amoun		. 5b	+		
Single or Married filing	6a	,	6a			axable amoun	t	. 6b			
separately, \$13,850	_C	If you elect to use the lump-sum e				•		╡┞╸			
Married filing	7	Capital gain or (loss). Attach Schedule:									
jointly or Qualifying	8	Additional income from Schedule						. 8	02 770		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•				. 9	82,770.		
Head of	10	Adjustments to income from Sche						. 10	+		
household, [11	Subtract line 10 from line 9. This is	•					. 11	82,770.		
If you checked 1	12	Standard deduction or itemized		•	•			. 12	<u> </u>		
any box under Standard	13 14	Qualified business income deduction Add lines 12 and 13	NON ITON	11 OIIII 0990 OF FORM	099	IJ - A		. 13	_		
Deduction, see instructions.	14 15	Subtract line 14 from line 11. If zer	on or les		 Our !	taxable incom	 le	. <u>14</u>			
			IU3	, y	Jui			. 13	00,000		

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	6,169.
Credits	17	Amount from Schedule 2, lin	17						
	18	Add lines 16 and 17	18	6,169.					
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	500.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20	21	500.					
	22	Subtract line 21 from line 18	22	5,669.					
	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	5,669.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	7,143	3.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	7,143.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	·		28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .							
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	7,143.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	1,474.
	35a	Amount of line 34 you want	35a	1,474.					
Direct deposit?	b	Routing number X X X	s						
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X							
	36	Amount of line 34 you want a							
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party Designee		o you want to allow another structions	•		n with the IRS?	_	omplet	e below.	⊠ No
.	De	esignee's						ntification	
0:		me Ider penalties of perjury, I declare th	act I have evemine	no.	accompanying school		ber (PIN	<u>′</u>	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE D	EVELOPMENT	1 /-	ee inst.)	in, enter it nere
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			the IRS ser	nt your spouse an
Keep a copy for your records.				HOME MAKER				dentity Protection PIN, enter it here (see inst.)	
	Ph	one no. (478) 388-094	4	Email address	KARTHIK.CHERYA		L_` MO!	· · · · · · · · · · · · · · · · · · ·	
		eparer's name	Preparer's signat		Tantinin Chekin	Date	PTIN		Check if:
Paid		KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAT	PAVAN KIIM	AR DUDIPALLI		P024	170833	Self-employed
Preparer		m's name GLOBAL TAX		IIIVIII NOIMI DODIIMBII FO					678) 965-9522
Use Only			Y CT E BRU	NSWICK N	K NJ 08816			rm's EIN	88-2145487