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) Taxapser's name			
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Submission Identification Number (SID)		
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040–55 filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Taxpayer's name	Social securi	ty number
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040–55 filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	VISHNU KANDHULA	311-89	-4299
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1			
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Part I Tay Poturn Information Tay Voor Ending December 21	2022 (Enterveerveur	uro authorizina)
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 887, 4 Amount you want refunded to you 4 5, 383, 5 Amount you want refunded to you 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perior, I cleater that I have examined a copy of the income tax return (original or amended), an own authorizing, and to the beat or knowledges penalties it is income tax return (original or amended) an now authorizing, Loosent to allow my intermediate service provider, transmitter, or electronic return originator (Efc. to send my return to the IRS and to cealer from the IRS (a) an acknowledgement of receipt or reason for rejection of the tors of any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financia Grant to initiate an ACH electronic funds withdrawal (ciferd debt) entry to the financial institution account indicated in the preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the error to repayment of my federal taxes owed on the return and/or a payment of estimated tax, and the financial institution to debit the error to repayment of my federal taxes over on the error tax of the payment of the payment festlement) date. I also authorize the financial institutions involved in the processing of the electronic payment to the payment festlement) date. I also authorize the financial institutions involved in the processing of the electronic payment to taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. If untern acknowledge that the parsonal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if app		2023 (Efficiency year you a	ire authorizing.)
1 Adjusted gross income 2 1 1 82,932. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 15, 887. 4 Amount you want refunded to you 4 5,383. 5 Amount you owe 1 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best only knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the best only knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended). I am now authorizing, and to the best only return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection or the transmission, (b) the reason or any delay in processing the return or refund, and (g) the date of any refund. If applicable, lauthorizer the U.S. Treasury fraint it designated Financial or any delay in processing the return or refund, and (g) the date of any refund. If applicable, lauthorizer the U.S. Treasury fraint it designated Financia or any delay in processing the return or refund, and (g) the date of any refund. If applicable, lauthorizer the U.S. Treasury fraint it designated Financia and the financial institution of the transmission, (g) the responsibility of the processing of the refundation of the transmission. It is research to the processing of the refundation of the transmission. It is research to the processing of the refundation of the transmission. To revoke (cancel), payment of my form to the payment feature (settlement) date. It is research to the processing of the refundation of the transmission. It is refunded to the processing of the refundation of the transmission. It is refundation or requested to the processing of the electronic payment of estimate the processing of the electronic payment	· · · · · · · · · · · · · · · · · · ·		
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3 15,887. 4 Amount you want refunded to you 5 Amount you want refunded to you 15 Amount you owe 16 Amount you owe 17 Eart III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 18 Amount you owe 18 Amo	, ,		
Amount you want refunded to you Amount you well Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuny, I declare that I have examined a copy of the income tax return (original or amended) an mow authorizing, and to the best of the send and belief, it is true, correct, and complete. I further declare that the amounts in Par1 above are mounts from the income tax return (original or amended) an mow authorizing, and to the best of send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection to reson for return originator (ERC description) and the IRS (a) an acknowledgement of receipt or reason for rejection to reson for return originator (ERC description) and the IRS (a) an acknowledgement of receipt or reason for rejection to the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution to debit the entry to this account. This payment is the standard of the payment of the payme			
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Taxpayer's PIN: check one box only	my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service pr to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finantiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or	in Part I above are the amovider, transmitter, or electroreason for rejection of the truthorize the U.S. Treasury as an account indicated in the transcial institution to debit the to terminate the authorizencellation requests must be involved in the processing of elated to the payment. I fur	ounts from the income tax onic return originator (ERO) ransmission, (b) the reason and its designated Financia ax preparation software for e entry to this account. This ation. To revoke (cancel) as e received no later than 2 f the electronic payment of ther acknowledge that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN			
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I authorize	Your signature ►	Date ►	
I authorize	Snouse's PIN: check one hox only		
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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. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ ERO Must Retain This Form — See Instructions	if you are entering your own PIN and your return is filed using the Practition		
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the	nat I am submitting this retu	urn in accordance with the
	ERO's signature ▶	Date ►	

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



£1040		partment of the Treasury—Internal Revenue Serv. S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not v	write or staple in this s	space.
For the year Jan	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instruction	ons.
Your first name	e and m	niddle initial	Last na	ame						Your so	ocial security num	nber
VISHNU			KANI	OHULA						311	89 4299	
	spouse'	s first name and middle initial	Last na								's social security	numbe
Home address	(numb	er and street). If you have a P.O. box, see	instruct	ions.				1	Apt. no.		ential Election Car	
8404 WA									723		here if you, or you if filing jointly, wa	
• • • •	oost off	ice. If you have a foreign address, also co	mplete :	spaces be	low.	Sta		ZIP c			this fund. Check	
FRISCO						TΣ		750			low will not chang	ge
Foreign countr	y name			٠.	rovince/state/c	coun	ty	Foreig	gn postal code	your ta	x or refund.	C
	<u> </u>	7		S							∐ You ∐ S	Spouse
Filing Status	s ⊵	Single					☐ Head of ho	ouseh	old (HOH)			
Check only	F	Married filing jointly (even if only o	ne had	income)			П с			(000)		
one box.		Married filing separately (MFS)							ing spouse			
		you checked the MFS box, enter the			pouse. It you	ı che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's name if the	;
	qu	ualifying person is a child but not you	ur depe	naent:								
Digital		ny time during 2023, did you: (a) rec										
Assets	excl	nange, or otherwise dispose of a dig	ital ass	et (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	ee instructio	ns.)	☐ Yes 🗵 I	No
Standard	Son	neone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	1					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was bor	n befo	ore January 2	2, 1959	☐ Is blind	
Dependent	s (see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4) Check the b	ox if qual	ifies for (see instru	ıctions):
If more		First name Last name		``	number		to you		Child tax c	redit	Credit for other dep	pendents
than four												
dependents,												
see instruction and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instruc	ctions)					. 1 a	107,0)56.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1k)	
W-2 here. Also	_	Tip income not reported on line 1a	a (see ir	struction	ns)					. 10	>	
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2 (see in	nstru	uctions)			. 10	t	
W-2G and 1099-R if tax	е	Taxable dependent care benefits t	from Fo	rm 2441,	, line 26 .					. 16	•	
was withheld.	f	Employer-provided adoption bene	efits from	m Form 8	8839, line 29					. 11	F	
If you did not	g	Wages from Form 8919, line 6 .								. 10	9	
get a Form W-2, see	h	Other earned income (see instruct	,					· ·		. <u>1</u> 1	1	0.
instructions.	i	Nontaxable combat pay election (see inst	tructions))		<u>1i</u>					
		Add lines 1a through 1h	. ;							. <u>1</u> 2	107,0)56.
Attach Sch. B	2 a	Tax-exempt interest	2a				axable interest			. 2t)	
if required.	3a	· '	3a				ordinary divider			. 3b		
Standard	4a		4a				axable amount			. 4k)	
Deduction for—	5a		5a				axable amount			. 5b		
 Single or Married filing 	6a	,	6a				axable amount	t		. 6k)	
separately,	_ c	If you elect to use the lump-sum e			,		•		L	╣ [=		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							L	 	_	1.0.4
jointly or Qualifying	8	Additional income from Schedule								. 8		
surviving spouse,	9		es 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		132.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_					. 11		932.
If you checked	12	Standard deduction or itemized		`		,				. 12		350.
any box under Standard	13	Qualified business income deduct			995 or Form	899	ъ-А			. 13		250
Deduction, see instructions.	14	Add lines 12 and 13								. 14		350.
	/ 1h	SUBTROOT UPO 1/1 trom Upo 11 It 70	CO OF IOC	ontor	II INC IC W		ravania inaam	_		1 46		. 🛏 /

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	10,504.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	10,504.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,504.
	23	Other taxes, including self-e			•			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	10,504.
Payments	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 15	5,887.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,887.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return	.,		26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	!		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	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,887.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	5,383.
	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	5,383.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings		
See instructions.	d	Account number 4 8 8	1 0 8 9	4 9 7 7	7 9				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•			_			
Designee							•		⋉ No
		signee's me		Phone no.			sonal ident ber (PIN)	ification	
Cian		der penalties of perjury, I declare t	hat I have examined		accompanying sche			the best	of my knowledge and
Sign		lief, they are true, correct, and com							, ,
Here	Yo	ur signature	Date	Your occupation	If th	e IRS se	nt you an Identity		
		· ·							IN, enter it here
Joint return?		Spouse's signature. If a joint return, both must sign.			SOFTWARE :		inst.)		
See instructions. Keep a copy for your records.	Sp			Date	Spouse's occupat	Spouse's occupation			nt your spouse an ection PIN, enter it here
,		(000)460 000		For all and done			(e inst.)	
-		one no. (972)469-273 eparer's name	6 Preparer's signat	Email address	VISHNUKANDI	HULA@GMAIL.C Date	PTIN		Check if:
Paid		·	'		מווחת תחודי			2702	Self-employed
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPIA TALLAM	02/08/2024	P0208		
Use Only		m's name GLOBAL TA		NICIAT CIZ NI	T 00016		-		(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	MSWICK N	J 08816		Firm	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

VISHNU KANDHULA

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

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

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

	Sequence No. 01
Your soci	ial security number
311_80	_4299

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-24,124.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n		8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	r here and on Form	_	04.40:
	1040, 1040-SR, or 1040-NR, line 8		10	-24,124.

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

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889			. 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

2023
Attachment
Sequence No. 13

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

VIS	HNU KANDHULA						311-8	9-4299	
Par									
	Note: If you are in the business of renting personal proper	rty, use S	Schedule	C . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
_	rental income or loss from Form 4835 on page 2, line 40.		·/-\ •	0000.0	. !				- V N-
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u> Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code)							
Α	FL.NO:401,PLOT NO:94&99 ROAD NO:15,KU	KATPAI	LLY HY	DERA	BAD,	TELANGAN	A IN 5	00085	
В									
C									
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental		nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ays	401
A	personal use days. Check the Quif you meet the requirements to f			Α		365		0	
B	qualified joint venture. See instru			В					\perp
C				С					
	of Property:				_				
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lities	8	Other (desc	ribe)		
						Propert	ies:		
Incor	ne:			Α		В			С
3	Rents received	3		6	70.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6			50.				
7	Cleaning and maintenance	7		2,2	41.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,7	20.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			66.				
15	Supplies	15		5,7	3⊥.				
16	Taxes	16		ГО	1.0				
17 18	Utilities	17		2,9	10.				
19	·	19		۷,9	70.				
20	Other (list) Total expenses. Add lines 5 through 19	20		24,7	9.4				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		21,1	71.				
4 1	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-24,1	24.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (24,12	24.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope	,			23a		670.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		2,976.		
е	Total of all amounts reported on line 20 for all properties				23e	24	1,794.		
24	Income. Add positive amounts shown on line 21. Do not	t include	e any los	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losses	from lin	e 22. E	nter to	tal losses he	re 25	(24,124.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no						on		
	Schedule 1 (Form 1040) line 5. Otherwise, include this a	mount i	n tha tat	al on li	no /11	on nage o	1 00	1	_2/ 12/

Form **8889**

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 52

Department of the Treasury Internal Revenue Service

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

VISHNU KANDHULA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 311-89-4299

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	elf-only
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		3,030.
•	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	450.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	3,400.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.	rate	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	ions k	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number VISHNU KANDHULA Sch E FL.NO:401, PLOT NO:94&99 311-89-4299 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 2,976. 85,400. S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,976. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.