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



| <b>1040</b>                                      |             | artment of the Treasury-Internal Revenue Servi                       |             | urn        | 202                       | 3                                      | OMB No. 1545    | -0074  | IRS Use     | Only-           | -Do not w                  | rite or sta | aple in this space.                 |  |
|--|-------------|--|-------------|------------|---------------------------|--|-----------------|--------|-------------|-----------------|----------------------------|-------------|-------------------------------------|--|
| For the year Jai                                 | n. 1–Dec    | c. 31, 2023, or other tax year beginning                             |             |            | , 2023, end               | ling                                   |                 |        | , 20        |                 | See se                     | oarate i    | instructions.                       |  |
| Your first name                                  | e and m     | iddle initial  | Last na     | me         |                           |  |                 |        |             |                 | Your so                    | cial sec    | curity number                       |  |
| NAGENDE  | R RE        | DDY  | GOLI        |            |                           |  |                 |        |             |                 | 889                        | 99          | 6236                                |  |
| If joint return, s                               | spouse's    | s first name and middle initial                                      | Last na     | me         |                           |  |                 |        |             |                 | Spouse'                    | s social    | security number                     |  |
| Home address                                     | (numbe      | er and street). If you have a P.O. box, see                          | instruction | ons.       |                           |  |                 | A      | Apt. no.    |                 | Preside                    | ntial Ele   | ection Campaig                      |  |
| _7861 MOI  | RVEN        | PARK   |             |            |                           |  |                 |        |             |                 | Check here if you, or your |             |                                     |  |
| City, town, or p                                 | oost offi   | ice. If you have a foreign address, also co                          | mplete s    | paces bel  | ow.                       | Sta                                    | te              | ZIP c  | ode         |                 | •                          | -           | jointly, want \$3<br>nd. Checking a |  |
| IRVING   |             |  |             |            |                           | TX                                     |                 | 750    | 163         |                 | •                          |             | not change                          |  |
| Foreign countr                                   | y name      |  | F           | Foreign pr | ovince/state/             | count                                  | у               | Foreiç | gn postal c | ode             | your tax                   | or refu     |                                     |  |
| Filing Status                                    | s 🗵         | Single   | -           |            |                           |  | Head of h       | ouseh  | old (HOI    | <del>-</del>  ) |                            |             |                                     |  |
| Check only                                       |             | Married filing jointly (even if only o                               | ne had i    | ncome)     |                           |  |                 |        |             |                 |                            |             |                                     |  |
| one box.   |             | Married filing separately (MFS)                                      |             |            |                           |  | Qualifying      | surviv | ing spo     | use (C          | QSS)                       |             |                                     |  |
|  | If y        | you checked the MFS box, enter the                                   | name c      | of your sp | ouse. If you              | u che                                  | cked the HOF    | or Q   | SS box,     | enter           | the chi                    | ld's na     | me if the                           |  |
|  | qu          | ıalifying person is a child but not you                              | ur depen    | ident:     |                           |  |                 |        |             |                 |                            |             |                                     |  |
| Digital  | At a        | ny time during 2023, did you: (a) rec                                | eive (as    | a reward   | I. award. or              | pavn                                   | nent for prope  | rtv or | services    | ): or (         | b) sell.                   |             |                                     |  |
| Assets   |             | nange, or otherwise dispose of a dig                                 |             |            |                           |  |                 |        |             |                 |                            | □ Ye        | es 🗵 No                             |  |
| Standard   |             | neone can claim: You as a de   |             |            |                           |  | a dependent     | , ,    |             |                 |                            |             |                                     |  |
| Deduction  |             | <br>Spouse itemizes on a separate retur                              | •           |            |                           |  | •               |        |             |                 |                            |             |                                     |  |
| A ara /Dlindana                                  |             |  |             |            |                           |  |                 | m bafa |             | o.m O           | 1050                       |             | s blind                             |  |
|  |             | : Were born before January 2, 1                                      | 959 _       | _ Are bli  | <u> </u>                  | ouse:                                  |                 | 11     |             |                 |                            |             | (see instructions)                  |  |
| Dependent  |             | instructions): First name Last name                                  |             | (2) S      | Social security<br>number | rity (3) Relationship to you Child tax |                 |        |             |                 | or other dependent         |             |                                     |  |
| If more<br>than four                             | (1)         | East name  |             |            |                           |  | ,               |        |             |                 |                            |             |                                     |  |
| dependents,                                      |             |  |             |            |                           |  |                 |        |             |                 |                            |             | <del>–</del>                        |  |
| see instruction                                  | ıs —        |  |             |            |                           |  |                 |        |             |                 |                            |             |                                     |  |
| and check here $\square$                         | ]           |  |             |            |                           |  |                 |        |             |                 |                            |             |                                     |  |
| Income   | 1a          | Total amount from Form(s) W-2, b                                     | ox 1 (se    | e instruc  | tions) .                  |  |                 |        |             | <del>.</del> .  | 1a                         |             | 109,084.                            |  |
|  | b           | Household employee wages not re                                      | eported     | on Form    | (s) W-2 .                 |  |                 |        |             |                 | 1b                         |             |                                     |  |
| Attach Form(s)<br>W-2 here. Also                 | С           | Tip income not reported on line 1a                                   | a (see ins  | struction  | s)                        |  |                 |        |             |                 | 1c                         |             |                                     |  |
| attach Forms                                     | d           | Medicaid waiver payments not rep                                     | orted o     | n Form(s   | ) W-2 (see i              | nstru                                  | ctions)         |        |             |                 | 1d                         |             |                                     |  |
| W-2G and<br>1099-R if tax                        | е           | Taxable dependent care benefits f                                    | from For    | m 2441,    | line 26                   |  |                 |        |             |                 | 1e                         |             |                                     |  |
| was withheld.                                    | f           | Employer-provided adoption bene                                      | efits from  | n Form 8   | 839, line 29              |  |                 |        |             |                 | 1f                         |             |                                     |  |
| If you did not                                   | g           | Wages from Form 8919, line 6 .                                       |             |            |                           |  |                 |        |             |                 | 1g                         |             |                                     |  |
| get a Form<br>W-2, see                           | h           | Other earned income (see instruct                                    |             |            |                           |  |                 | · ·    |             |                 | 1h                         |             | 0.                                  |  |
| instructions.                                    | i           | Nontaxable combat pay election (s                                    | see instr   | ructions)  |                           |  | <u>1</u> i      |        |             |                 |                            |             | 100 001                             |  |
|  | <u>z</u>    | Add lines 1a through 1h  |             |            | · · ¡                     |  |                 |        |             |                 | 1z                         |             | 109,084.                            |  |
| Attach Sch. B                                    | 2a          | · -  | 2a          |            |                           |  | axable interest |        |             |                 | 2b                         |             |                                     |  |
| if required.                                     | <u>3a</u> _ |  | 3a          |            |                           |  | rdinary divide  |        |             |                 | 3b                         |             |                                     |  |
| Standard   | 4a          | <del>-</del>   | 4a          |            |                           |  | axable amoun    |        |             |                 | 4b                         |             |                                     |  |
| Deduction for—                                   | 5a          |  | 5a          |            |                           |  | axable amoun    |        |             |                 | 5b                         |             |                                     |  |
| <ul> <li>Single or<br/>Married filing</li> </ul> | 6a          | ,  | 6a          | math       | abaalah awa               |  | axable amoun    | τ      |             | · .             | 6b                         |             |                                     |  |
| separately,<br>\$13,850                          | C 7         | If you elect to use the lump-sum e                                   |             | •          |                           | `                                      | ,               |        |             |                 | 7                          |             |                                     |  |
| Married filing                                   | 8           | Capital gain or (loss). Attach Sche Additional income from Schedule  |             |            |                           |  |                 |        |             | . ∟             | 8                          |             | -10,947.                            |  |
| jointly or<br>Qualifying                         | 9           | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7                                  |             |            |                           |  |                 |        |             |                 | 9                          |             | 98,137.                             |  |
| surviving spouse,<br>\$27,700                    | 10          | Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche |             |            |                           |  | <br>            |        |             |                 | 10                         | +           | JU, 13/.                            |  |
| Head of  | 11          | Subtract line 10 from line 9. This is                                |             |            |                           |  |                 |        |             |                 | 11                         |             | 98,137.                             |  |
| household,<br>\$20,800                           | 12          | Standard deduction or itemized                                       | •           | -          | _                         |  |                 |        |             |                 | 12                         |             | 13,850.                             |  |
| If you checked<br>any box under                  | 13          | Qualified business income deduct                                     |             |            |                           |  |                 |        |             |                 | 13                         |             |                                     |  |
| Standard<br>Deduction,                           | 14          |  |             |            |                           |  |                 |        |             |                 | 14                         |             | 13,850.                             |  |
| see instructions.                                | 15          | Subtract line 14 from line 11. If zer                                |             |            |                           |  |                 | ٠      | -           |                 | 15                         |             | 8/ 287                              |  |

| Form 1040 (202                     | 3)   |   |                         |                   |                        |                        |   |                       | Page 2                |
|------------------------------------|------|---|-------------------------|-------------------|------------------------|------------------------|---|-----------------------|-----------------------|
| Tax and                            | 16   | Tax (see instructions). Check                                 | if any from Form        | (s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972      | 3 🗌                    |   | 16                    | 13,848.               |
| Credits                            | 17   | Amount from Schedule 2, lir                                   | ne 3                    |                   |                        |                        |   | 17                    |                       |
|                                    | 18   | Add lines 16 and 17   |                         |                   |                        |                        |   | 18                    | 13,848.               |
|                                    | 19   | Child tax credit or credit for                                | other dependent         | ts from Sched     | ule 8812               |                        |   | 19                    |                       |
|                                    | 20   | Amount from Schedule 3, lir                                   | ne 8                    |                   |                        |                        |   | 20                    | 7,500.                |
|                                    | 21   | Add lines 19 and 20   |                         |                   |                        |                        |   | 21                    | 7,500.                |
|                                    | 22   | Subtract line 21 from line 18                                 | B. If zero or less,     | enter -0          |                        |                        |   | 22                    | 6,348.                |
|                                    | 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                    | 6,348.                |
| Payments                           | 25   | Federal income tax withheld                                   |                         |                   |                        |                        |   |                       |                       |
| -                                  | а    | Form(s) W-2   |                         |                   |                        | <b>25a</b> 1           | 7,356.  |                       |                       |
|                                    | b    | Form(s) 1099  |                         |                   |                        | 25b                    |   |                       |                       |
|                                    | С    | Other forms (see instruction                                  | s)                      |                   |                        | 25c                    |   |                       |                       |
|                                    | d    | Add lines 25a through 25c                                     |                         |                   |                        |                        |   | 25d                   | 17,356.               |
| 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                     |   |                       |                       |
| attach Sch. 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 refu       | undable credits        |   | 32                    |                       |
|                                    | 33   | Add lines 25d, 26, and 32. T                                  | hese are your <b>to</b> | tal payments      |                        |                        |   | 33                    | 17,356.               |
| Refund                             | 34   | If line 33 is more than line 24                               | 4, subtract line 2      | 4 from line 33.   | This is the amou       | nt you <b>overpaid</b> |   | 34                    | 11,008.               |
|                                    | 35a  | Amount of line 34 you want                                    |                         |                   | is attached, che       | ck here                | 🗆   | 35a                   | 11,008.               |
| Direct deposit?                    | b    | Routing number 0 7 4  |                         |                   | <b>c</b> Type:         | Checking               | Savings   |                       |                       |
| See instructions.                  | d    | Account number 1 0 7  | 9 8 2 0                 | 5 7               |                        |                        |   |                       |                       |
|                                    | 36   | Amount of line 34 you want                                    | applied to your         | 2024 estimate     | ed tax                 | 36                     |   |                       |                       |
| Amount                             | 37   | Subtract line 33 from line 24                                 |                         |                   |                        |                        |   |                       |                       |
| You Owe                            |      | For details on how to pay, g                                  | _                       | -                 |                        |                        |   | 37                    |                       |
|                                    | 38   | Estimated tax penalty (see in                                 | nstructions) .          |                   |                        | 38                     |   |                       |                       |
| Third Party                        |      | you want to allow another                                     | •                       |                   |                        |                        |   |                       |                       |
| Designee                           |      |   |                         |                   |                        | <del></del>            | •   |                       | ⊠ No                  |
|                                    | nai  | signee's<br>ne  |                         | Phone no.         |                        |                        | sonal ident<br>nber (PIN)   | ification             |                       |
| Sign                               | Un   | der penalties of perjury, I declare t                         | hat I have examined     | d this return and | accompanying sche      | dules and stateme      | nts, and to   | the best              | of my knowledge and   |
| Here                               | bel  | ief, they are true, correct, and com                          | plete. Declaration of   | of preparer (othe | r than taxpayer) is ba | ased on all informat   | ion of whic   | h prepar              | er has any knowledge. |
| Here                               | Yo   | ur signature  |                         | Date              | Your occupation        |                        |   |                       | nt you an Identity    |
|                                    |      |   |                         |                   |                        |                        |   | tection P<br>e inst.) | PIN, enter it here    |
| Joint return?<br>See instructions. |      | augaia alamatuwa. If a laint vatuwa l                         | hath must sime          | Date              | SOFTWARE I             |                        |   | mt                    |                       |
| Keep a copy for your records.      |      | Spouse's signature. If a joint return, <b>both</b> must sign. |                         |                   | Spouse's occupat       | Ider                   | If the IRS sent your spouse an<br>Identity Protection PIN, enter it here<br>(see inst.) |                       |                       |
|                                    | Ph   | one no. (219) 386-069   | 0                       | Email address     | NAGENDER.G             | NR@GMAIL.C             | OM M  |                       |                       |
|                                    | Pre  | eparer's name   | Preparer's signat       | ure               | •                      | Date                   | PTIN  |                       | Check if:             |
| Paid                               | SYAN | PRIYA RAM SAGAR GUPTA TALLAM                                  | SYAM PRIYA              | RAM SAGAR         | GUPTA TALLAM           | 02/02/2024             | P0208   | 2703                  | Self-employed         |
| Preparer                           | Fin  | m's name GLOBAL TA  | XES LLC                 |                   |                        | •                      |   |                       | (678) 965-9522        |
| Use Only                           | Fin  |   | Y CT E BRU              | NSWICK N          | J 08816                |                        | Firn  | n's EIN               | 84-3171965            |

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

NAGENDER REDDY GOLI

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 soc | ial security number |
| 889-99   | -6236               |

| Par | t I 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. Atta | ach Schedule E .   | 5        | -10,947. |
| 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   | Section 951(a) inclusion (see instructions)                                    | 8n                 |          |          |
| 0   | Section 951A(a) inclusion (see instructions)                                   | 80                 |          |          |
| р   | Section 461(I) excess business loss adjustment                                 | 8p                 |          |          |
| q   | Taxable distributions from an ABLE account (see instructions)                  | 8q                 |          |          |
| r   | Scholarship and fellowship grants not reported on Form W-2                     | 8r                 |          |          |
| S   | Nontaxable amount of Medicaid waiver payments included on Form                 |                    |          |          |
|     | 1040, line 1a or 1d  | 8s (               | <u>)</u> |          |
| 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:  |                    |          |          |
| _   | <del></del>  | 8z                 |          |          |
| 9   | Total other income. Add lines 8a through 8z                                    |                    | 9        |          |
| 10  | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter | r here and on Form |          | 10045    |
|     | 1040, 1040-SR, or 1040-NR, line 8  |                    | 10       | -10,947. |

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                    |         |             | 15  |  |
| 16  | Self-employed SEP, SIMPLE, and qualified plans                                |         |             | 16  |  |
| 17  | Self-employed health insurance deduction                                      |         |             | 17  |  |
| 18  | Penalty on early withdrawal of savings  |         |             | 18  |  |
| 19a | Alimony paid  |         |             | 19a |  |
| b   | Recipient's SSN   |         |             |     |  |
| С   | Date of original divorce or separation agreement (see instructions):          |         |             |     |  |
| 20  | IRA deduction   |         |             | 20  |  |
| 21  | Student loan interest deduction   |         |             | 21  |  |
| 22  | Reserved for future use   |         |             | 22  |  |
| 23  | Archer MSA deduction  |         |             | 23  |  |
| 24  | Other adjustments:  |         |             |     |  |
| а   | , , , , , , , , , , , , , , , , , , ,   | 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               | 04      |             |     |  |
| _1  | •                                       | 24c     |             | _   |  |
| d   |   | 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          |         |             |     |  |
|     | <b>-</b>  | 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     |             |     |  |
|     |   |         |             | -   |  |
| 25  | Total other adjustments. Add lines 24a through 24z                            |         |             | 25  |  |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . | . Enter | nere and on |     |  |
|     | Form 1040, 1040-SR, or 1040-NR, line 10                                       |         |             | 26  |  |

## SCHEDULE 3 (Form 1040)

**Additional Credits and Payments** 

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 03

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

Your social security number 889-99-6236

| Par | Nonrefundable Credits   |            |            |      |        |               |
|-----|---|------------|------------|------|--------|---------------|
| 1   | Foreign tax credit. Attach Form 1116 if required                      |            |            |      | 1      |               |
| 2   | Credit for child and dependent care expenses from Form 2441 Form 2441 | , line     | e 11. Atta | ch   | 2      |               |
| 3   | Education credits from Form 8863, line 19                             |            |            | . [  | 3      |               |
| 4   | Retirement savings contributions credit. Attach Form 8880             |            |            | . [  | 4      |               |
| 5a  | Residential clean energy credit from Form 5695, line 15               |            |            | . [  | 5a     |               |
| b   | Energy efficient home improvement credit from Form 5695, line 32      | •          |            |      | 5b     |               |
| 6   | Other nonrefundable credits:  |            |            |      |        |               |
| а   | General business credit. Attach Form 3800                             | 6a         |            |      |        |               |
| b   | Credit for prior year minimum tax. Attach Form 8801                   | 6b         |            |      |        |               |
| С   | Adoption credit. Attach Form 8839                                     | 6c         |            |      |        |               |
| d   | Credit for the elderly or disabled. Attach Schedule R                 | 6d         |            |      |        |               |
| е   | Reserved for future use   | 6e         |            |      |        |               |
| f   | Clean vehicle credit. Attach Form 8936                                | 6f         | 7,50       | 00.  |        |               |
| g   | Mortgage interest credit. Attach Form 8396                            | 6g         |            |      |        |               |
| h   | District of Columbia first-time homebuyer credit. Attach Form 8859    | 6h         |            |      |        |               |
| i   | Qualified electric vehicle credit. Attach Form 8834                   | 6i         |            |      |        |               |
| j   | Alternative fuel vehicle refueling property credit. Attach Form 8911  | 6j         |            |      |        |               |
| k   | Credit to holders of tax credit bonds. Attach Form 8912               | 6k         |            |      |        |               |
| 1   | Amount on Form 8978, line 14. See instructions                        | <b>6</b> I |            |      |        |               |
| m   | Credit for previously owned clean vehicles. Attach Form 8936.         | 6m         |            |      |        |               |
| z   | Other nonrefundable credits. List type and amount:                    |            |            |      |        |               |
|     |   | 6z         |            |      |        |               |
| 7   | Total other nonrefundable credits. Add lines 6a through 6z            |            |            |      | 7      | 7,500.        |
| 8   | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10       | 040,       | 1040-SR,   | or   |        |               |
|     | 1040-NR, line 20  |            |            | . [  | 8      | 7,500.        |
|     |   |            |            | (coi | ntinue | ed on page 2) |

Schedule 3 (Form 1040) 2023 Page **2** 

| Par | Other Payments and Refundable Credits   |     |   |    |  |
|-----|---|-----|---|----|--|
| 9   | Net premium tax credit. Attach Form 8962                                      |     |   | 9  |  |
| 10  | Amount paid with request for extension to file (see instructions)             |     |   | 10 |  |
| 11  | Excess social security and tier 1 RRTA tax withheld                           |     |   | 11 |  |
| 12  | Credit for federal tax on fuels. Attach Form 4136                             |     |   | 12 |  |
| 13  | Other payments or refundable credits:   |     |   |    |  |
| а   | Form 2439   | 13a |   |    |  |
| b   | Credit for repayment of amounts included in income from earlier years         | 13b |   |    |  |
| С   | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c |   |    |  |
| d   | Deferred amount of net 965 tax liability (see instructions)                   | 13d |   |    |  |
| Z   | Other payments or refundable credits. List type and amount:                   | 13z |   |    |  |
| 14  | Total other payments or refundable credits. Add lines 13a through             | 13z |   | 14 |  |
| 15  | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31      | -   | - | 15 |  |

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

#### **Supplemental Income and Loss**

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13 Your social security number

| NAGI        | ENDER REDDY GOLI   |                 |            |                |                |                   | 889-9       | 9-6236         |           |
|-------------|--|-----------------|------------|----------------|----------------|-------------------|-------------|----------------|-----------|
| Par         | Income or Loss From Rental Real Estate an<br>Note: If you are in the business of renting personal proper<br>rental income or loss from Form 4835 on page 2, line 40. | rtv. use        |            | <b>C</b> . See | instru         | ctions. If you a  | are an indi | vidual, rep    | oort farm |
| Α           | Did you make any payments in 2023 that would require you   |                 | Form(s) 1  | 099? S         | See ins        | structions .      |             | . <b>Y</b>     | es 🛛 No   |
| В           | If "Yes," did you or will you file required Form(s) 1099? .  |                 |            |                |                |                   |             | . 🗌 Y          | es 🗌 No   |
| 1a          | Physical address of each property (street, city, state, ZII  |                 |            |                |                |                   |             |                |           |
| Α           | 3-49, SAPTHAGIRI COLONY WADDEPALLY, HAN  |                 |            | DANC           | ΔТ. Τ.         | FLANCANA          | TN 50       | 6007           |           |
| В           | 3-49, SAFINAGIRI COLONI WADDEFALLI, NAI  | MAMINO          | NDA WA     | INANG          | <u>а</u> ш, т. | LLANGANA          | IN JU       | 0007           |           |
| C           |  |                 |            |                |                |                   |             |                |           |
| 1b          | Type of Property (from list below)  2 For each rental real estate properation above, report the number of fair   | rental a        | and        |                | Fa             | ir Rental<br>Days |             | nal Use<br>ays | QJV       |
| Α           | personal use days. Check the Q   |                 |            | Α              |                | 365               |             | 0              |           |
| В           | if you meet the requirements to qualified joint venture. See instru  |                 |            | В              |                |                   |             |                |           |
| С           | quained joint venture. See institu   | actions.        | •          | С              |                |                   |             |                |           |
| Туре        | of Property:   |                 |            |                |                |                   |             |                |           |
| 1           | Single Family Residence 3 Vacation/Short-Term Ren  | ntal            | 5 Land     |                |                | Self-Rental       |             |                |           |
| 2           | Multi-Family Residence 4 Commercial  |                 | 6 Roya     | lties          | 8              | Other (desc       | ribe)       |                |           |
|             |  |                 |            |                |                | Properti          |             |                |           |
| Incor       | ne:  | ŀ               |            | Α              |                | В                 |             |                | С         |
| 3           | Rents received   | 3               |            |                | 81.            |                   |             |                |           |
| 4           | Royalties received   | 4               |            |                |                |                   |             |                |           |
| Expe        | nses:  |                 |            |                |                |                   |             |                |           |
| 5           | Advertising  | 5               |            |                |                |                   |             |                |           |
| 6           | Auto and travel (see instructions)   | 6               |            |                |                |                   |             |                |           |
| 7           | Cleaning and maintenance   | 7               |            | 2,4            | 15.            |                   |             |                |           |
| 8           | Commissions  | 8               |            |                |                |                   |             |                |           |
| 9           | Insurance  | 9               |            |                |                |                   |             |                |           |
| 10          | Legal and other professional fees  | 10              |            |                |                |                   |             |                |           |
| 11          | Management fees  | 11              |            | 1,6            | 50.            |                   |             |                |           |
| 12          | Mortgage interest paid to banks, etc. (see instructions)   | 12              |            |                |                |                   |             |                |           |
| 13          | Other interest   | 13              |            |                |                |                   |             |                |           |
| 14          | Repairs  | 14              |            | 2,4            | 51.            |                   |             |                |           |
| 15          | Supplies   | 15              |            | 2,3            | 32.            |                   |             |                |           |
| 16          | Taxes  | 16              |            |                |                |                   |             |                |           |
| 17          | Utilities  | 17              |            | 2,6            | 80.            |                   |             |                |           |
| 18          | Depreciation expense or depletion  | 18              |            |                |                |                   |             |                |           |
| 19          | Other (list)   | 19              |            |                |                |                   |             |                |           |
| 20          | Total expenses. Add lines 5 through 19   | 20              |            | 11,5           | 28.            |                   |             |                |           |
| 21          | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>                     | 21              | -          | -10,9          | 47.            |                   |             |                |           |
| 22          | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)  | 22 (            |            | 10,94          |                | (                 | )           | (              |           |
| <b>23</b> a | Total of all amounts reported on line 3 for all rental prope   | erties          |            |                | 23a            |                   | 581.        |                |           |
| b           | Total of all amounts reported on line 4 for all royalty prop   |                 |            |                | 23b            |                   |             |                |           |
| С           | Total of all amounts reported on line 12 for all properties  |                 |            |                | 23c            |                   |             |                |           |
| d           | Total of all amounts reported on line 18 for all properties  |                 |            |                | 23d            |                   |             |                |           |
| е           | Total of all amounts reported on line 20 for all properties  |                 |            |                | 23e            | 11                | ,528.       |                |           |
| 24          | Income. Add positive amounts shown on line 21. Do not  | <b>t</b> includ | le any los | sses           |                |                   | . 24        |                |           |
| 25          | Losses. Add royalty losses from line 21 and rental real estat  | te losse:       | s from lin | e 22. Eı       | nter to        | tal losses her    | e <b>25</b> | (              | 10,947.   |
| 26          | Total rental real estate and royalty income or (loss).   | Combi           | ne lines : | 24 and         | 25. E          | nter the resu     | ult         |                |           |
|             | here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this all  | ot apply        | to you,    | also e         | nter th        | nis amount d      |             |                | -10,947.  |

## Form **8936**

#### **Clean Vehicle Credits**

OMB No. 1545-2137 Attachment Sequence No. **69** 

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Name(s) shown on return Identifying number NAGENDER REDDY GOLI 889-99-6236

| Notes | • Complete a separate Schedule A (Form 8936) for each clean vehicle placed i  | •                         | year.    |                     |
|-------|---|---------------------------|----------|---------------------|
|       | <ul> <li>Individuals completing Parts II, III, or IV, must also complete Part I. See "Note</li> </ul>   | e" text below.            |          |                     |
| Par   | Modified Adjusted Gross Income Amount   | - 11 - 1-                 | _        |                     |
| 1a    | Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR   | <b>1a</b> 98,137.         |          |                     |
| b     | Enter any income from Puerto Rico you excluded  | 1b                        |          |                     |
| С     | Enter any amount from Form 2555, line 45  | 1c                        |          |                     |
| d     | Enter any amount from Form 2555, line 50  | 1d                        |          |                     |
| е     | Enter any amount from Form 4563, line 15  | 1e                        |          |                     |
| 2     | Add lines 1a through 1e   |                           | 2        | 98,137.             |
| 3a    | Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR   | 3a                        |          | ·                   |
| b     | Enter any income from Puerto Rico you excluded  | 3b                        |          |                     |
| С     | Enter any amount from Form 2555, line 45  | 3c                        |          |                     |
| d     | Enter any amount from Form 2555, line 50  | 3d                        |          |                     |
| е     | Enter any amount from Form 4563, line 15  | 3e                        |          |                     |
| 4     | Add lines 3a through 3e   |                           | 4        |                     |
| 5     | Enter the <b>smaller</b> of line 2 or line 4  |                           | 5        | 98,137.             |
| Part  |   |                           |          | ,                   |
|       | Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than  | \$150,000 (\$300,000 if r | married  | filing jointly or a |
|       | qualifying surviving spouse; \$225,000 if head of household).   | •                         |          |                     |
| 6     | Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)   |                           | 6        |                     |
| 7     | New clean vehicle credit from partnerships and S corporations (see instructions)  |                           | 7        |                     |
| 8     | Business/investment use part of credit. Add lines 6 and 7. Partnerships and S of  |                           |          |                     |
|       | and report this amount on Schedule K. All others, report this amount on Form 380  | 0, Part III, line 1y      | 8        |                     |
| Part  | Credit for Personal Use Part of New Clean Vehicles  |                           |          |                     |
| П     | Note: You can't claim the Part III credit if Part I, line 5, is more than \$ qualifying surviving spouse; \$225,000 if head of household).                                | 150,000 (\$300,000 if m   | arried 1 | filing jointly or a |
| 9     | Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)  |                           | 9        | 7,500.              |
| 10    | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18   |                           | 10       | 13,848.             |
| 11    | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)   |                           | 11       |                     |
| 12    | Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't described the subtract line 11 from line 10. If zero or less, enter -0- and stop here. | claim the personal use    |          |                     |
|       | part of the credit  |                           | 12       | 13,848.             |
| 13    | Personal use part of credit. Enter the smaller of line 9 or line 12 here and  |                           |          | ,                   |
|       | 1040), line 6f. If line 12 is smaller than line 9, see instructions   |                           | 13       | 7,500.              |
| Part  | IV Credit for Previously Owned Clean Vehicles   |                           |          |                     |
|       | Note: You can't claim the Part IV credit if Part I, line 5, is more than 9 qualifying surviving spouse; \$112,500 if head of household).                                  | \$75,000 (\$150,000 if m  | arried f | iling jointly or a  |
| 14    | Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)   |                           | 14       |                     |
| 15    | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18   |                           | 15       |                     |
| 16    | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)   |                           | 16       |                     |
| 17    | Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't c  |                           | 17       |                     |
| 18    | Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040),   | line 6m. If line 17 is    |          |                     |
|       | smaller than line 14, see instructions  |                           | 18       |                     |
| Part  |   |                           |          |                     |
| 19    | Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)  |                           | 19       |                     |
| 20    | Qualified commercial clean vehicle credit from partnerships and S corporations (s   | see instructions)         | 20       |                     |
| 21    | Add lines 19 and 20. Partnerships and S corporations, stop here and report this   |                           |          |                     |
|       | K. All others, report this amount on Form 3800, Part III, line 1aa  |                           | 21       |                     |
|       |   |                           |          |                     |

#### **SCHEDULE A** (Form 8936)

#### **Clean Vehicle Credit Amount**

OMB No. 1545-2137

Attachment Sequence No. **69A** Identifying number

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

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

| NAG       | ENDER REDDY GOLI   | 889-99-6236                     |
|-----------|--|---------------------------------|
| Part      | Vehicle Details  |                                 |
| 1a        | Year   | 2023                            |
| b         | Make   | TESLA                           |
| С         | Model  | MODEL Y                         |
| 2         | Vehicle identification number (VIN) (see instructions) 7 S A Y G D E E $$  | X P A 0 6 3 3 7 1               |
| 3         | Enter date vehicle was placed in service (MM/DD/YYYY)  | 01/13/2023                      |
| 4         | Was the vehicle used primarily outside the United States? Answer "No" if it was but an excepti ☐ <b>Yes. Stop here.</b> You can't claim a credit amount for a vehicle used primarily outside the Ur ☒ <b>No.</b>   |                                 |
| 5         | Does the VIN entered on line 2 belong to a <b>new clean vehicle</b> placed in service during the tax definitions.  ✓ <b>Yes.</b> Go to Part II.  ✓ <b>No.</b> Go to line 6.  | year? See instructions for      |
| 6         | Does the VIN entered on line 2 belong to a <b>previously owned clean vehicle</b> acquired after 202 the tax year? See instructions for definitions.         Yes. Go to Part IV.     No. Go to line 7.  | 22 and placed in service during |
| 7<br>Part | Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after during the tax year? See instructions for definitions.  Yes. Go to Part V.  No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described to the commercial clean vehicle acquired after during the tax year? See instructions for definitions.  Credit Amount for Business/Investment Use Part of New Clean Vehicle | NIAI                            |
| 8         | Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.  ☑ Yes.  ☐ No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or t  |                                 |
|           | resale.  |                                 |
| 9         | Tentative credit amount (see instructions)   | 9 7,500.                        |
| 10        | Business/investment use percentage (see instructions)  | 10 %                            |
| 11        | Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below   | 11                              |
| Part      |  |                                 |
| 12        | Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936   | <b>12</b> 7,500.                |
| For Pa    | perwork Reduction Act Notice, see the Form 8936 instructions. BAA REV 01/27/24   | <b>'</b>                        |



| Schedu | le A (Form 8936) 2023   |        | Page 2            |
|--------|---|--------|-------------------|
| Part   | V Credit Amount for Previously Owned Clean Vehicle  |        |                   |
| 13a    | Is the sales price of the vehicle more than \$25,000?   |        |                   |
|        | <ul><li>☐ Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.</li><li>☐ No.</li></ul>   |        |                   |
| b      | Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle Yes.   | e fror | n another person. |
|        | No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a  | -      | ed for resale.    |
| С      | Can you be claimed as a dependent on another person's tax return, such as your parent's return.  Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.  No.   | 'n?    |                   |
| d      | Is the vehicle a qualified fuel cell motor vehicle? See instructions.  Yes.  No.  |        |                   |
| 14     | Enter the sales price of the vehicle  | 14     |                   |
| 15     | Multiply line 14 by 30% (0.30)  | 15     |                   |
| 16     | Maximum vehicle credit amount   | 16     | 4,000.            |
| 17     | Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936  | 17     |                   |
| Part   | V Credit Amount for Qualified Commercial Clean Vehicle  |        |                   |
| 18a    | Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exceentities discussed in the instructions applies.  Yes.  No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception |        |                   |
| b      | Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.  Yes.  No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.                      | N      |                   |
| С      | ls the vehicle also powered by gas or diesel? See instructions.  ☐ Yes. ☐ No.   |        |                   |
| 19     | Enter the cost or other basis of the vehicle. See instructions  | 19     | 60,630.           |
| 20     | Section 179 expense deduction (see instructions)  | 20     |                   |
| 21     | Subtract line 20 from line 19   | 21     |                   |
| 22     | Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]   | 22     |                   |
| 23     | Enter the incremental cost of the vehicle. See instructions   | 23     |                   |
| 24     | Enter the smaller of line 22 or line 23   | 24     |                   |
| 25     | <b>Maximum credit.</b> Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more)  | 25     |                   |

Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V

26

of Form 8936

26