## 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

Submiss	sion Identification Number (SID)				
Taxpayer's	s name	Social sec	urity numl	ber	
PAVAN	N KOTHAPALLI	673-6	4-143	3	
Spouse's r	Spouse's s	social sec	urity numbe	er	
MOUSI	IMI KOTHAPALLI	APPLI	ED FO	·R	
Part I	Tax Return Information — Tax Year Ending December 31	, 2023 (Enter year you	are au	thorizing	.)
Enter wh	hole dollars only on lines 1 through 5.				
Note: Fo	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
<b>1</b> A	Adjusted gross income		1	34	1,120.
2 T	「otal tax		2		98.
<b>3</b> F	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	5	5,108.
<b>4</b> A	Amount you want refunded to you		4	5	5,010.
5 A	Amount you owe				
Part II	Taxpayer Declaration and Signature Authorization (Be su	ire you get and keep a co	ppy of y	our retu	ırn)
return (or to send n for any do Agent to payment authoriza payment, business taxes to personal	Aledge and belief, it is true, correct, and complete. I further declare that the an riginal or amended) I am now authorizing. I consent to allow my intermediate sermy return to the IRS and to receive from the IRS (a) an acknowledgement of recelay in processing the return or refund, and (c) the date of any refund. If applica initiate an ACH electronic funds withdrawal (direct debit) entry to the financial in of my federal taxes owed on this return and/or a payment of estimated tax, and tion is to remain in full force and effect until I notify the U.S. Treasury Financi, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Paym days prior to the payment (settlement) date. I also authorize the financial institureceive confidential information necessary to answer inquiries and resolve is identification number (PIN) below is my signature for the income tax return (origon treatment) withdrawal Consent.	vice provider, transmitter, or elec- eipt or reason for rejection of the ible, I authorize the U.S. Treasury, istitution account indicated in the the financial institution to debit to ial Agent to terminate the autho- ient cancellation requests must utions involved in the processing sues related to the payment. I to	etronic re e transmis y and its e tax prep the entry rization. be recei of the el further ac	turn origina ssion, (b) the designated paration so to this acco To revoke ived no lat lectronic pa cknowledge	ator (ERO) he reason I Financial iftware for ount. This (cancel) a er than 2 ayment of e that the
	er's PIN: check one box only	Γ			
		enter or generate my PIN $^{igl }$	4   1   4	4 3 3	as my
	ERO firm name signature on the income tax return (original or amended) I am now auth	,		digits, but er all zeros	ac,
	I will enter my PIN as my signature on the income tax return (original of if you are entering your own PIN <b>and</b> your return is filed using the Prabelow.				
Your sig	nature ▶	Date ▶			
Spausa	's PIN: check one box only				
•	-	onter or generate my DINI			00 001
X	ERO firm name signature on the income tax return (original or amended) I am now auth	norizing.	don't ente	digits, but er all zeros	as my
	I will enter my PIN as my signature on the income tax return (original of if you are entering your own PIN <b>and</b> your return is filed using the Prabelow.				
Spouse'	's signature ►	Date ►			
	Practitioner PIN Method Returns Only-				
Part III	Certification and Authentication — Practitioner PIN Meth	od Only			
ERO's E	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selec		6 0 enter all ze	-	7 1
authorize	hat the above numeric entry is my PIN, which is my signature for the electronic of to file for tax year indicated above for the taxpayer(s) indicated above. I column ents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS	nfirm that I am submitting this r	eturn in a	accordance	
ERO's s	ignature ▶	Date <b>▶</b>			
	ERO Must Retain This Form — Sec	e Instructions			

Don't Submit This Form to the IRS Unless Requested To Do So

## 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 <b>S. Individual Income Ta</b> x		ırn	202	3	OMB No. 1545	-0074	IRS Use (	Only—	Do not w	rite or sta	ple in <sup>1</sup>	this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate i	nstru	ıctions.
Your first name	e and m	niddle initial	Last nar	ne						,	our so	cial sec	urity	number
PAVAN			котн	APALLI	Г						673	64	14	33
	spouse's	s first name and middle initial	Last nar		ь.					-				rity numbe
MOUSIMI			K∪TH	APALLI	Г						•	LI		-
	s (numbe	er and street). If you have a P.O. box, see			<u> </u>			1	Apt. no.					Campaig
	,	NG CREEK PKWY							2322	1		nere if yo		
		ice. If you have a foreign address, also co	mplete sr	oaces belo	w.	Sta	te	ZIP c			spouse	if filing j	jointly	y, want \$3
PLANO	•	,				TX	7	750	24		_			hecking a
Foreign countr	rv name		IF	oreian pro	vince/state/o				n postal co			ow will r or refu		nange
Ü	•			0 1			•	,		'		Yo		Spouse
Filing Statu	<u>د</u> [	Single					Head of he	ouseh	old (HOH	)				
_	_	Married filing jointly (even if only o	ne had ir	ncome)					0.00 (0)	,				
Check only one box.	Ē	Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spou	se (C	SS)			
one box.	If v	you checked the MFS box, enter the	name o	f vour so	ouse If voi	ı che					•	ld's nar	me if	the
	-	ualifying person is a child but not you							J D D J J J J					
Digital		ny time during 2023, did you: (a) reco						-		•		□ v <sub>•</sub>	!	X No
Assets		nange, or otherwise dispose of a dig						1)? (30	e instruc	LIONS	5.)	∐ Ye	<u>.s [</u>	<u> ∧</u> NO
Standard	_	neone can claim:  You as a de			•		a dependent							
Deduction	ш:	Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien	<u> </u>							
Age/Blindnes	s You	: Uwere born before January 2, 1	959	Are blir	nd <b>Spo</b>	use	: Was bor	n befo	ore Janua	ry 2,	1959	☐ Is	bline	d
Dependent	s (see	instructions):		<b>(2)</b> So	ocial security	,	(3) Relationsh	ip (4	) Check th	e box	if quali	fies for (s	see in	structions)
If more	•	First name Last name			x cre	dit	Credit for	r other	r dependent					
than four														]
dependents,														]
see instruction and check	18													]
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructi	ions)						1a		34	1,120.
	b	Household employee wages not re	eported o	on Form(s	s) W-2						1b			
Attach Form(s) W-2 here. Also	_	Tip income not reported on line 1a	(see ins	structions	)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s)	W-2 (see ir	nstru	ictions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fori	m 2441, l	ine 26 .						1e			
was withheld.	f	Employer-provided adoption bene									1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form	h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	uctions)			1i							
	z	Add lines 1a through 1h						<del>.</del> .			1z		34	1,120.
Attach Sch. B		1	2a			b Ta	axable interest	t.			2b			
if required.	3a	· —	3a				rdinary divide				3b	_		
	4a	· —	4a				axable amoun				4b	_		
Standard	5a		5a				axable amoun				5b			
Deduction for— Single or	6a		6a				axable amoun				6b	_		
Married filing	С	If you elect to use the lump-sum e		nethod. c						. [				
separately, \$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			. $\Box$	7			
Married filing jointly or	8	Additional income from Schedule		•							8			
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		34	1,120.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10			
Head of household,	11	Subtract line 10 from line 9. This is	•								11		34	1,120.
\$20,800	12	Standard deduction or itemized	•	-							12			7,700.
If you checked any box under	13	Qualified business income deduct				-					13			,
Standard Deduction,	14										14		2.5	7,700.
see instructions.	15	Subtract line 14 from line 11. If zer									15			5 420

Amount from Schedule 2, line 3   17	Form 1040 (2023	3)							Page <b>2</b>
18	Tax and	16	Tax (see instructions). Check if any from For	m(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌	·	16	643.
19	Credits	17	Amount from Schedule 2, line 3					17	
20		18	Add lines 16 and 17					18	643.
21		19	Child tax credit or credit for other depende	ents from Sched	lule 8812			19	
22   Subtract line 21 from line 18. If zero or less, enter -0   22   9!		20	Amount from Schedule 3, line 8					20	545.
Payments   23		21	Add lines 19 and 20					21	545.
Payments   23		22	Subtract line 21 from line 18. If zero or less	s. enter -0				22	98.
Payments   25		23						23	0.
Payments   25   Federal income tax withheld from:								-	98.
a Form(s) W-2	Payments								70.
b Form(s) 1099 .	,	а	Form(s) W-2			25a 5	5,108		
C Other forms (see instructions)   25c		b	Form(s) 1099						
d   Add lines 25a through 25c   26d   5 , 101		С	` '			25c			
26   2023 estimated tax payments and amount applied from 2022 return   26   27   28   29   28   29   28   29   29   29			,					25d	5,108.
Catalidying child, attach Sch. EIC.   27   Additional child tax credit from Schedule 8812   28   29   30   Reserved for future use   30   30   31   31   32   32   32   34   31   32   34   32   34   34   35   35   35   35   35   35	",		ŭ						5,200
Additional child tax credit from Schedule 8812			• •			1 1			
29	attach Sch. EIC.		,					$\dashv$	
30 Reserved for future use								-	
31				•				_	
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32								-	
Refund   34			·	- 20					
Refund   34   If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid   34   5,010   35a   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   5,010   35a   5,01			•	-	-				5 100
Sign Here   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return and accompanying schedules and statements, and to the best of my knowledge a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.   Spouse's signature. If a joint return, both must sign.   Date   Spouse's occupation   Preparer's signature   Preparer's signatu			•						
Direct deposit? See instructions.    b	Refund		,			, .			
Account number   5   5   1   3   7   5   6   0   6	D								5,010.
Amount 7 Subtract line 34 you want applied to your 2024 estimated tax					<b>c</b> Type:	Checking	Savings	;	
Amount You Owe 27 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions			•						
For details on how to pay, go to www.irs.gov/Payments or see instructions		36				36		_	
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions		37	Subtract line 33 from line 24. This is the <b>an</b>	nount you owe	see instructions			37	
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions  Designee's name  Designee's name  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge a your signature  Date  Your occupation  PROGRAM MANAGER  Spouse's signature. If a joint return, both must sign. Keep a copy for your records.  Phone no. (945)289-5275  Email address KPAVAN222@GMAIL.COM  Preparer's name  Preparer's name  Preparer's signature  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 P02082703 Self-employed Firm's name  GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-31719		38				1 1		O/	
Designee's name   Designee's name   Phone name   Phone no.   Personal identification number (PIN)    Sign Here   Date   Your occupation   PROGRAM MANAGER   PROGRAM MANAGER    Spouse's signature. If a joint return, both must sign.   Date   PROGRAM MANAGER    Spouse's signature. If a joint return, both must sign.   Date   Preparer's signature	Third Party		<u> </u>						
Designee's name  Date  PROGRAM MANAGER  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  HOME MAKER  Phone no. (945)289-5275  Designee's name  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 P02082703 Self-employed Firm's name  GLOBAL TAXES LLC  Firm's name GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-31719			·				omplete	e below.	<b>⋉</b> No
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge at belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge at the local part of the local part in the local part		De	signee's	Phone	<b>:</b>	Pers	onal ider	ntification	
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled Your signature    Your signature									
Joint return? See instructions. Keep a copy for your records.  Phone no. (945)289-5275  Preparer's name Preparer Use Only  Your signature  Date  Your occupation  PROGRAM MANAGER  Spouse's occupation  HOME MAKER  Spouse's occupation  HOME MAKER  Phone MAKER  Preparer's signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024  P02082703  Self-employer  Firm's name  GLOBAL TAXES LLC  Phone no. (678)965-95  Firm's address  245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-31719	_								
Joint return? See instructions. Keep a copy for your records.  Phone no. (945)289-5275  Paid Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024  Preparer Use Only  PROGRAM MANAGER  Spouse's occupation  HOME MAKER  Firm's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024  Phone no. (678)965-95  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-31719	Here	Yo	ur signature	Date					, ,
See instructions. Keep a copy for your records.  Phone no. (945)289-5275  Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024  Preparer Use Only  Spouse's signature. If a joint return, both must sign.  Date Spouse's occupation HOME MAKER  Phone MAKER  Preparer's signature Date PTIN Check if: 01/29/2024 P02082703 Self-employee Preparer Phone no. (678)965-95  Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-31719	loint return?				PROGRAM MA	NAGER	I		IN, enter it here
Keep a copy for your records.  Phone no. (945)289-5275  Email address KPAVAN222@GMAIL.COM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024  Preparer  Use Only  HOME MAKER    Home maker   Home		Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date			If t	he IRS se	nt your spouse an
Phone no. (945)289-5275							Ide	entity Prote	
Preparer's name   Preparer's signature   Date   PTIN   Check if:  SYAM PRIYA RAM SAGAR GUPTA TALLAM   SYAM PRIYA RAM SAGAR GUPTA TALLAM   01/29/2024   P02082703   Self-employe  Firm's name   GLOBAL TAXES   LLC   Phone no. (678)965-95  Firm's address   245   ROONEY   CT   E   BRUNSWICK   NJ   08816   Firm's EIN   84-31719	your records.				HOME MAKER	2	(se	e inst.)	
Paid Preparer Use Only  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024 P02082703 Self-employe Phone no. (678)965-95 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-31719		Ph	one no. (945)289-5275	Email address	KPAVAN222@	GMAIL.COM			
Preparer Use Only           Firm's name         GLOBAL TAXES LLC         Phone no. (678)965-95           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 84-31719	Paid	Pre	eparer's name Preparer's sign	ature		Date	PTIN		Check if:
Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-95 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-31719		SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	A RAM SAGAR	GUPTA TALLAM	01/29/2024	P0208	82703	Self-employed
Firm's address 245 ROONEY CT E BRUNSWICK NO 08816 Firm's EIN 84-31719	•	Firm's name GLOBAL TAXES LLC Pho					one no. (678)965-9522		
	Use Uniy	Fire	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Fin	m's EIN	84-3171965
Go to www.irs.gov/Form1040 for instructions and the latest information.  BAA REV 01/21/24 PRO Form 1040 (	Go to www.irs.ad	ov/Forn	n1040 for instructions and the latest information.		RΔΔ	REV 01/21/24 PPO			Form <b>1040</b> (2023)

## SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

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 PAVAN & MOUSIMI KOTHAPALLI

Your social security number 673-64-1433

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 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	545.
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	a		
b	Credit for prior year minimum tax. Attach Form 8801	b		
С	Adoption credit. Attach Form 8839	ic		
d	Credit for the elderly or disabled. Attach Schedule R	d		
е	Reserved for future use	ie		
f	Clean vehicle credit. Attach Form 8936	Sf .		
g	Mortgage interest credit. Attach Form 8396	g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	h		
i	Qualified electric vehicle credit. Attach Form 8834	Si		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	Sj		
k	Credit to holders of tax credit bonds. Attach Form 8912	k		
1	Amount on Form 8978, line 14. See instructions	SI		
m	Credit for previously owned clean vehicles. Attach Form 8936.	m		
z	Other nonrefundable credits. List type and amount:			
		Sz		
7	Total other nonrefundable credits. Add lines 6a through 6z	7		
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 104	10, 1040-SR, or		
	1040-NR, line 20		8	545.
		(Co	ontinue	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	

## Form **8889**

Department of the Treasury

Internal Revenue Service

### **Health Savings Accounts (HSAs)**

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

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

OMB No. 1545-0074

2023
Attachment Sequence No. 52

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

PAVAN KOTHAPALLI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 673-64-1433

Betoi	<b>'e you begin:</b> Complete Form 8853, Archer MSAs and Long-Term Care Insurance	e Contracts, if i	require	d.
Part	HSA Contributions and Deduction. See the instructions before completing and both you and your spouse each have separate HSAs, complete a separate HSAs.			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) See instructions		☐ Self-d	only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions through a cafeteria plan, or rollovers. See instructions	made by the contributions,	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month duri were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,85 family coverage). <b>All others</b> , see the instructions for the amount to enter	50 (\$7,750 for	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time duri include any amount contributed to your spouse's Archer MSAs	ing 2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	<u> </u>	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs at	<del>-</del>		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had far under an HDHP at any time during 2023, enter your additional contribution amount. See	mily coverage	7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023	140.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	140.
12	Subtract line 11 from line 8. If zero or less, enter -0		12	7,610.
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 instruc	tions.		
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse ea a separate Part II for each spouse.	ach have separ	ate HS	As, 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 contributions (and the earnings on those excess contributions) included on line 14 withdrawn by the due date of your return. See instructions	4a that were	14b	
С	Subtract line 14b from line 14a	<u> </u>	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	_	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also amount in the total on Schedule 1 (Form 1040), Part I, line 8f	o, include this	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additi Tax</b> (see instructions), check here			
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included of are subject to the additional 20% tax. Also, include this amount in the total on School 1040), Part II, line 17c	edule 2 (Form	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. Se completing this part. If you are filing jointly and both you and your spouse complete a separate Part III for each spouse.	ee the instruction each have sepa		
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	t I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on School 1040 Part II line 17d	edule 2 (Form	04	

## Form **8880**

#### **Credit for Qualified Retirement Savings Contributions**

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 54

Name(s) shown on return

PAVAN & MOUSIMI KOTHAPALLI

Your social security number

673-64-1433



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

				,		1	a) You		(h) You	r spouse
		ontributions, and AB 023. <b>Do not</b> include ro				(	a, 100		(b) Tou	. spouse
•	-				1					
Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) 2							0.0			
	. , , ,		•		3		1,0			
					3		1,0	90.		
		ed <b>after</b> 2020 and return (see instruction		`						
		<b>oth</b> columns. See inst			4					
•		zero or less, enter -0-	•		5		1,0	<u>a</u> n		
		naller of line 5 or \$2,0			6		1,0			
	•	f zero, <b>stop</b> ; you can't						7 7		1,090.
		1040, 1040-SR, or 10		1			120.			1,000.
		amount from the table	•			51,	120.			
Litter the appr	icable decimal	amount nom the table	e below.							
If line	8 is-	A	nd your filing status	s is—						
	But not	Married	Olingic, Married lilling							
Over-	over—	filing jointly	household	separate						
		Enter on		Qualifying survi	/ing sp	oouse				
	\$21,750	0.5	0.5	0.5						
\$21,750	\$23,750	0.5	0.5	0.2						
\$23,750	\$32,625	0.5	0.5	0.1				9	х	. 5
\$32,625	\$35,625	0.5	0.2	0.1						
\$35,625	\$36,500	0.5	0.1	0.1						
		0.5	0.4							
\$36,500	\$43,500	0.5	0.1	0.0						
\$43,500	\$47,500	0.2	0.1	0.0						
1 ' '		0.2 0.1	0.1 0.1	0.0						
\$43,500 \$47,500 \$54,750	\$47,500	0.2 0.1 0.1	0.1 0.1 0.0	0.0 0.0 0.0						
\$43,500 \$47,500	\$47,500 \$54,750 \$73,000	0.2 0.1 0.1 0.0	0.1 0.1 0.0 0.0	0.0 0.0 0.0 0.0						
\$43,500 \$47,500 \$54,750	\$47,500 \$54,750 \$73,000	0.2 0.1 0.1	0.1 0.1 0.0 0.0	0.0 0.0 0.0 0.0						
\$43,500 \$47,500 \$54,750 \$73,000 Multiply line 7	\$47,500 \$54,750 \$73,000  <b>Note:</b> I by line 9	0.2 0.1 0.1 0.0 If line 9 is zero, <b>stop</b> ; y	0.1 0.1 0.0 0.0 vou can't take this cre	0.0 0.0 0.0 0.0 edit.				10		545.
\$43,500 \$47,500 \$54,750 \$73,000 Multiply line 7 Limitation bas	\$47,500 \$54,750 \$73,000  <b>Note:</b> I by line 9 . ed on tax liabil	0.2 0.1 0.1 0.0 If line 9 is zero, <b>stop</b> ; y	0.1 0.0 0.0 0.0 vou can't take this cre	0.0 0.0 0.0 0.0 edit. 				10 11		545. 643.
\$43,500 \$47,500 \$54,750 \$73,000 Multiply line 7 Limitation bas Credit for qu	\$47,500 \$54,750 \$73,000  <b>Note:</b> I by line 9 . ed on tax liabil	0.2 0.1 0.1 0.0  If line 9 is zero, stop; y ity. Enter the amount inent savings contributions.	0.1 0.0 0.0 0.0 vou can't take this cre	0.0 0.0 0.0 0.0 edit. 						

<sup>\*</sup> See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

545.

and on Schedule 3 (Form 1040), line 4



# Application for IRS Individual Taxpayer Identification Number

▶ For use by individuals who are not U.S. citizens or permanent residents.
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Before you begin • Don't submit th	ı: iis form if you have, or are eligil	ble to get, a U.S.	. social sec	urity number (S	SN).		pply for a new ITIN enew an existing ITIN		
	ubmitting Form W-7. Read the ederal tax return with Form V								
a Nonresident	alien required to get an ITIN to cla	aim tax treaty bene	efit						
<b>b</b> Nonresident	alien filing a U.S. federal tax retur	n							
	t alien (based on days present in		_						
d ☐ Dependent o	of U.S. citizen/resident alien	<b>d,</b> enter relationsh	ip to U.S. cit	tizen/resident alie	n (see instr	ructions) 🕨			
e 🗵 Spouse of U		d or e, enter name		TN of U.S. citizen	resident a	lien (see ins			
	·	PAVAN KOTHA					673-64-1433		
_	alien student, professor, or resear		ederal tax re	eturn or claiming a	n exceptio	on			
_	spouse of a nonresident alien hold	ing a U.S. visa							
h U Other (see in	on for <b>a</b> and <b>f</b> : Enter treaty country	<b></b>		and treaty a	ticle numb	or <b>•</b>			
Name	<b>1a</b> First name		dle name	and treaty at	Last na				
(see instructions)	MOUSIMI					HAPALL]	Ι		
Name at birth if	1b First name	Mido	dle name		Last na	ame			
different ▶									
Applicant's Mailing	2 Street address, apartment nu 4595 W SPRING CRE			you have a P.O.	box, see s	separate ir	nstructions.		
Address	City or town, state or province, and country. Include ZIP code or postal code where appropriate.  PLANO TX INDIA 75024								
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. <b>Don't use a P.O. box number.</b>								
(see instructions)	City or town, state or province, and country. Include postal code where appropriate.								
Birth	4 Date of birth (month / day / year)	_		City and state o	province	(optional)	5 Male		
Information	08/15/1989	INDIA					▼ Female		
Other Information	6a Country(ies) of citizenship INDIA	<b>6b</b> Foreign tax I.I	D. number (it	fany) <b>6c</b> Type	of U.S. vis	sa (if any), n	umber, and expiration date		
	6d Identification document(s) su	bmitted (see instru	ıctions) 🔀	Passport [	Driver's	license/St	ate I.D.		
	USCIS documentation	U Other				Date of en	try into		
						the United			
	•	lo.: V5867644		p. date: 02/01		(MM/DD/Y	YYY):		
	6e Have you previously received		rnal Revenue	e Service Number	(IRSN)?				
	<ul><li>X No/Don't know. Skip lir</li><li>Yes. Complete line 6f. If</li></ul>		at on a about	and attach to thi	form (occ	inatruation	20)		
		TIN	si on a sneet		RSN	HISHUCHOL	and		
				•	NON		anu		
	name under which it was iss	Firs	t name	Middle	name		Last name		
	6g Name of college/university or company (see instructions) ▶								
	City and state ▶		•	Length o	f stay ▶				
Sign Here	Under penalties of perjury, I (applie documentation and statements, and information with my acceptance agen	to the best of my	knowledge a	nd belief, it is true	, correct, a	nd complete	e. I authorize the IRS to share		
Keep a copy for	Signature of applicant (if del	Date (month / day	/ year) I	Phone num	ıber				
your records.	Name of delegate, if applica	ble (type or print)		Delegate's relatio to applicant	nship	☐ Parent ☐ Court-appointed guardial ☐ Power of attorney			
_	Signature			Date (month / day	/ year)	n ower or Phone	i accorning		
Acceptance				, , , , , , , , ,	· · · -	Fax			
Agent's	Name and title (type or print	)	Name of co	ompany	EIN		PTIN		
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