

# IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name PURNA CHAND TALASILA	Social security number 125-59-6939
Spouse's name POOJA MEDIKONDA	Spouse's social security number 988-94-3685

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income . . . . .	1	188,534.
2	Total tax . . . . .	2	23,998.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	3	25,798.
4	Amount you want refunded to you . . . . .	4	4,003.
5	Amount you owe . . . . .	5	

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	6	9	3	9
---	---	---	---	---

 as my  
ERO firm name Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ T.purna chand Date ▶ \_\_\_\_\_

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

4	3	6	8	5
---	---	---	---	---

 as my  
ERO firm name Enter five digits, but

signature on the income tax return (original or amended) I am now authorizing. don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

ERO Must Retain This Form – See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

**BAA**

REV 01/12/24 PRO

Form **8879** (Rev. 01-2021)

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_\_ See separate instructions.

Your first name and middle initial: PURNA CHAND; Last name: TALASILA; Your social security number: 125 59 6939

If joint return, spouse's first name and middle initial: POOJA; Last name: MEDIKONDA; Spouse's social security number: 988 194 2685

Home address (number and street). If you have a P.O. box, see instructions. 1319 MEADOW CREEK DR; Apt. no. \_\_\_\_\_

City, town, or post office. If you have a foreign address, also complete spaces below. Irving; State: TX; ZIP code: 75038

Foreign country name: \_\_\_\_\_; Foreign province/state/county: \_\_\_\_\_; Foreign postal code: \_\_\_\_\_

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

Filing Status: [ ] Single [ ] Head of household (HOH) [x] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets: At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? [ ] Yes [x] No

Standard Deduction: Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Row 1: CHESHVIKA NYRA TALASILA, 738-19-8771, Daughter, [x] Child tax credit, [ ] Credit for other dependents.

Income table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1: 205,403. 1z Add lines 1a through 1h: 205,403.

Table with rows 2a through 6b. 2a Tax-exempt interest, 3a Qualified dividends, 4a IRA distributions, 5a Pensions and annuities, 6a Social security benefits, 2b Taxable interest, 3b Ordinary dividends, 4b Taxable amount, 5b Taxable amount, 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss), 8 Additional income from Schedule 1, line 10, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income: 188,534. 11 Subtract line 10 from line 9. This is your adjusted gross income: 188,534. 12 Standard deduction or itemized deductions (from Schedule A): 27,700. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income: 160,834.

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under "Standard Deduction" see instructions.

*Deduction,*

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	25,998.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	25,998.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2,000.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	23,998.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	23,998.	

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	25,798.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	25,798.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	2,203.	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	2,203.	
33	Add lines 25d, 26, and 32. These are your total payments	33	28,001.	

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,003.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,003.
	Direct deposit?	b Routing number: 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	See instructions.	d Account number: 628131216		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions.	37	
	38	Estimated tax penalty (see instructions)	38	

**Third Party** Do you want to allow another person to discuss this return with the IRS? See  Yes. Complete below.  No

**Designee** instructions

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SENIOR DEVOPS ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (937) 838-6990	Email address TALASILACHANDU@GMAIL.COM		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/27/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522 Firm's EIN 84-3171965

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR PURNA CHAND TALASILA & POOJA MEDIKONDA	Your social security number 125-59-6939
-------------------------------------------------------------------------------------------	--------------------------------------------

**Part I Additional Income**

1 Taxable refunds, credits, or offsets of state and local income taxes . . . . .				<b>1</b>	
2a Alimony received . . . . .				<b>2a</b>	
b Date of original divorce or separation agreement (see instructions): _____					
3 Business income or (loss). Attach Schedule C . . . . .				<b>3</b>	
4 Other gains or (losses). Attach Form 4797 . . . . .				<b>4</b>	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .				<b>5</b>	-16,869.
6 Farm income or (loss). Attach Schedule F . . . . .				<b>6</b>	
7 Unemployment compensation . . . . .				<b>7</b>	
8 Other income:					
a Net operating loss . . . . .	<b>8a</b>	( )			
b Gambling . . . . .	<b>8b</b>				
c Cancellation of debt . . . . .	<b>8c</b>				
d Foreign earned income exclusion from Form 2555 . . . . .	<b>8d</b>	( )			
e Income from Form 8853 . . . . .	<b>8e</b>				
f Income from Form 8889 . . . . .	<b>8f</b>				
g Alaska Permanent Fund dividends . . . . .	<b>8g</b>				
h Jury duty pay . . . . .	<b>8h</b>				
i Prizes and awards . . . . .	<b>8i</b>				
j Activity not engaged in for profit income . . . . .	<b>8j</b>				
k Stock options . . . . .	<b>8k</b>				
l 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 . . . . .	<b>8l</b>				
m Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .	<b>8m</b>				
n Section 951(a) inclusion (see instructions) . . . . .	<b>8n</b>				
o Section 951A(a) inclusion (see instructions) . . . . .	<b>8o</b>				
p Section 461(l) excess business loss adjustment . . . . .	<b>8p</b>				
q Taxable distributions from an ABLE account (see instructions) . . . . .	<b>8q</b>				
r Scholarship and fellowship grants not reported on Form W-2 . . . . .	<b>8r</b>				
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .	<b>8s</b>	( )			
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .	<b>8t</b>				
u Wages earned while incarcerated . . . . .	<b>8u</b>				
z Other income. List type and amount: _____	<b>8z</b>				
9 Total other income. Add lines 8a through 8z . . . . .				<b>9</b>	
10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .				<b>10</b>	-16,869.

**Part II** Adjustments to Income

11	Educator expenses . . . . .		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government 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 .....			
c	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:			
a	Jury duty pay (see instructions) . . . . .	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .	24c		
d	Reforestation amortization and expenses . . . . .	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	24e		
f	Contributions to section 501(c)(18)(D) pension plans . . . . .	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 tax law violations . . . . .	24i		
j	Housing deduction from Form 2555 . . . . .	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	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 adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .		26	

## Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

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

PURNA CHAND TALASILA & POOJA MEDIKONDA

Your social security number

125-59-6939

### Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required . . . . .		1	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .		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:			
a General business credit. Attach Form 3800 . . . . .	6a		
b Credit for prior year minimum tax. Attach Form 8801 . . . . .	6b		
c Adoption credit. Attach Form 8839 . . . . .	6c		
d Credit for the elderly or disabled. Attach Schedule R . . . . .	6d		
e Reserved for future use . . . . .	6e		
f Clean vehicle credit. Attach Form 8936 . . . . .	6f		
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		
l Amount on Form 8978, line 14. See instructions . . . . .	6l		
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	
8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .		8	

*(continued on page 2)*



**Part II** 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	2,203.
12	Credit for federal tax on fuels. Attach Form 4136 . . . . .		12	
13	Other payments or refundable credits:			
a	Form 2439 . . . . .	13a		
b	Credit for repayment of amounts included in income from earlier years . . . . .	13b		
c	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-SR, or 1040-NR, line 31 . . . . .		15	2,203.

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

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

PURNA CHAND TALASIL & POOJA MEDIKONDA

Your social security number

125-59-6939

**Part I** **Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
 B If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

1a Physical address of each property (street, city, state, ZIP code)

A 13-284/4, MANYAYA RESIDENCY KANURU VIJAYAWADA, ANDHRA PRADESH IN 520007

B  
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	<input type="checkbox"/>
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) .....

Income:	Properties:		
	A	B	C
3 Rents received . . . . .	3 954 .		
4 Royalties received . . . . .	4		
<b>Expenses:</b>			
5 Advertising . . . . .	5		
6 Auto and travel (see instructions) . . . . .	6		
7 Cleaning and maintenance . . . . .	7 2,451 .		
8 Commissions . . . . .	8		
9 Insurance . . . . .	9		
10 Legal and other professional fees . . . . .	10		
11 Management fees . . . . .	11 1,965 .		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest . . . . .	13		
14 Repairs . . . . .	14 3,447 .		
15 Supplies . . . . .	15 2,954 .		
16 Taxes . . . . .	16		
17 Utilities . . . . .	17 1,592 .		
18 Depreciation expense or depletion . . . . .	18 5,414 .		
19 Other (list) .....	19		
20 Total expenses. Add lines 5 through 19 . . . . .	20 17,823 .		
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 Form 6198 . . . . .	21 -16,869 .		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	22 ( 16,869 . )	( )	( )
23a Total of all amounts reported on line 3 for all rental properties . . . . .	23a 954 .		
b Total of all amounts reported on line 4 for all royalty properties . . . . .	23b		
c 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 5,414 .		
e Total of all amounts reported on line 20 for all properties . . . . .	23e 17,823 .		
24 Income. Add positive amounts shown on line 21. Do not include any losses . . . . .	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 ( 16,869 . )		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26 -16,869 .		

-16,869.

Schedule E (Form 1040)  
2023

# Credits for Qualifying Children and Other Dependents

# 2023

Attachment  
Sequence No. 47

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Name(s) shown on return

PURNA CHAND TALASILA & POOJA MEDIKONDA

Your social security number

125-59-6939

## Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .		<b>1</b>	188,534.
2a	Enter income from Puerto Rico that you excluded . . . . .	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .	2b		0.
c	Enter the amount from line 15 of your Form 4563 . . . . .	2c		
d	Add lines 2a through 2c . . . . .		<b>2d</b>	0.
3	Add lines 1 and 2d . . . . .		<b>3</b>	188,534.
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000 . . . . .		<b>5</b>	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .	6	0	
<p><b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.</p>				
7	Multiply line 6 by \$500 . . . . .		<b>7</b>	
8	Add lines 5 and 7 . . . . .		<b>8</b>	2,000.
9	Enter the amount shown below for your filing status.			
				400,000.
<ul style="list-style-type: none"> <li>• Married filing jointly—\$400,000</li> <li>• All other filing statuses—\$200,000</li> </ul>				
10	Subtract line 9 from line 3.		<b>9</b>	
				0.
<ul style="list-style-type: none"> <li>• If zero or less, enter -0-</li> <li>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.</li> </ul>				
11	Multiply line 10 by 5% (0.05) . . . . .		<b>11</b>	0.
12	Is the amount on line 8 more than the amount on line 11? . . . . .		<b>12</b>	2,000.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter 0- on lines 14 and 27.				
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from Credit Limit Worksheet A . . . . .		<b>13</b>	25,998.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents . . . . .		<b>14</b>	2,000.

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

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

**Part II-A Additional Child Tax Credit for All Filers**

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .	<input type="checkbox"/>	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		16a 0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .		16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b . . . . .		17
18a	Earned income (see instructions) . . . . .	18a	
b	Nontaxable combat pay (see instructions) . . . . .	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter 0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .		19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . Next, on line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.		20

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. . . . .	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .	22	
23	Add lines 21 and 22 . . . . .	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .		25
26	Enter the larger of line 20 or line 25 . . . . . Next, enter the smaller of line 17 or line 26 on line 27.		26

**Part II-C Additional Child Tax Credit**

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . .	27	
----	------------------------------------------------------------------------------------------------------------------	----	--

# Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.  
 Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

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

Social security number of HSA beneficiary.  
 If both spouses have HSAs, see instructions.  
 125-59-6939

PURNA CHAND TALASILA

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I** HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others, see the instructions for the amount to enter . . . . .	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .	7	
8	Add lines 6 and 7 . . . . .	8	7,750.
9	Employer contributions made to your HSAs for 2023 . . . . .	9	3,155.
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	3,155.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	4,595.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

**Part II** HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions) . . . . .	14a	3,389.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	3,389.
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	3,389.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here . . . . . <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .	17b	

**Part III** Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18	
19	Qualified HSA funding distribution . . . . .	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21	

**Paid Preparer's Due Diligence Checklist**  
*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),  
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and  
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*  
To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

Taxpayer name(s) shown on return <b>PURNA CHAND TALASILA &amp; POOJA MEDIKONDA</b>		Taxpayer identification number <b>125-59-6939</b>
Preparer's name <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>		Preparer tax identification number <b>P02082703</b>

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).  EIC  CTC/ACTC/ODC  AOTC  HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . . List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part II</b> Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part III</b> Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part IV</b> Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

<b>Part V</b> Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI** Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - 1. A copy of this Form 8867.
  - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------	--------------------------------