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than four dependents, see instruction and check	CHAI			836-02-46	20 0				
see instruction and check	CHAN	IDRASEKHAR PASAGADUGULA		1 000 02 10.	38  SC	on	X		
and check			7	714-33-134	49 So	on	X		
horo [	HARS	HA VARDHAN PASAGADUGULA	7	787-12-212	28 So	lon	X		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .				. 1a	219,932.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2 .				. 1b	
W-2 here. Also		Tip income not reported on line 1a	•	•				. 1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep			instructio	ions)		. 1d	
1099-R if tax	е	Taxable dependent care benefits f						. 1e	
was withheld.	f	Employer-provided adoption bene						. 1f	
lf you did not get a Form	g	•						. <u>1g</u>	0
W-2, see	h	Other earned income (see instructi	,			 		. <u>1h</u>	0.
instructions.	i _	Nontaxable combat pay election (s	see inst	ructions)		<b>1</b> i			219,932.
	<u>z</u> 2a	Add lines 1a through 1h Tax-exempt interest	2a	· · · · · ·	 <b>h</b> Тохо	 able interest		. 1z . 2b	219,952.
Attach Sch. B if required.	2a 3a		2a 3a			linary dividend	• • • •	. 20 . 3b	
	<u>4a</u>		4a			able amount .	5	. 30 . 4b	
tandard	5a					able amount .		. <del>10</del> . 5b	
eduction for — Single or	6a		6a			able amount .		. 6b	
Married filing	c	If you elect to use the lump-sum elect		 method_check_here					
separately, \$13,850	7	Capital gain or (loss). Attach Sched						□ 7	-3,000.
Married filing jointly or	8	Additional income from Schedule		•	•			. 8	-18,687.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						. 9	198,245.
surviving spouse, \$27,700	10	Adjustments to income from Sche				 		. 10	
Head of household,	11	Subtract line 10 from line 9. This is						. 11	198,245.
\$20,800	12	Standard deduction or itemized						. 12	20,800.
If you checked any box under	13	Qualified business income deducti				A		. 13	
Standard Deduction,	14							. 14	20,800.
see instructions.	15	Subtract line 14 from line 11. If zer				able income			177,445.

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

Form **1040** (2023)

Form 1040 (2023	3)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from	n Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌			16	34,381.
Credits	17	Amount from Schedule 2, line 3 .						[	17	
	18	Add lines 16 and 17						[	18	34,381.
	19	Child tax credit or credit for other dep	enden	ts from Sched	ule 8812			[	19	6,000.
	20	Amount from Schedule 3, line 8 .						[	20	
	21	Add lines 19 and 20						[	21	6,000.
	22	Subtract line 21 from line 18. If zero or	<sup>r</sup> less,	enter -0				[	22	28,381.
	23	Other taxes, including self-employmer	nt tax,	from Schedule	2, line 21 .			[	23	183.
	24	Add lines 22 and 23. This is your total						[	24	28,564.
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2				25a	27,	906.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions)				25c		183.		
	d	Add lines 25a through 25c							25d	28,089.
15	26	2023 estimated tax payments and am							26	-,
If you have a L qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Schedul			-	28				
	29	American opportunity credit from Forn				29				
	30	Reserved for future use		-		30				
	31	Amount from Schedule 3, line 15				31				
	32	Add lines 27, 28, 29, and 31. These ar					a credite		32	
	33	Add lines 25d, 26, and 32. These are y		-	-			H	33	28,089.
Defund	34	If line 33 is more than line 24, subtract						• •	34	20,005.
Refund	35a	Amount of line 34 you want refunded					•	· .	35a	
Direct deposit?	55a b	Routing number X X X X X X X				Check		· 🛄 ivings	55a	
See instructions.	d	Account number X X X X X X X						wings		
	36	Amount of line 34 you want <b>applied to</b>				36				
A		· · · ·	-			30				
Amount You Owe	37	Subtract line 33 from line 24. This is the For details on how to pay, go to www.							37	475.
	38					1		· · ·	31	475.
Think Dauta		Estimated tax penalty (see instructions				38				
Third Party Designee		you want to allow another person t			n with the IRS?		Yes. Com	nlata ha		× No
Designee		signee's	• •	Phone		•••		al identific		
	na			no.			number		anon	
Sign		der penalties of perjury, I declare that I have ex			1 2 0		,			, ,
Here	be	ief, they are true, correct, and complete. Decla	aration	of preparer (othe	than taxpayer) is b	ased on	all information	of which p	orepare	er has any knowledge.
nere	Yo	ur signature		Date	Your occupation					nt you an Identity
					000000000			Protect (see in		IN, enter it here
Joint return? See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign.		JOF IWAKE ENGINEER						
Keep a copy for	Sp	buse's signature. If a joint return, <b>both</b> must s	sign.	Date	Spouse's occupa	lion				nt your spouse an ection PIN, enter it here
your records.								(see in		,
	Ph	one no. (972)249-6431		Email address	SAIRAMAKAN	IES@GI	MAIL.COM			
		eparer's name Preparer's	s signa	1		Date		PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA SYAM I	PRIY	A RAM SAG	AR GUPTA	04/1	.3/2024 P	02082	703	Self-employed
Preparer		n's name GLOBAL TAXES LL				,		Phone		678)965-9522
Use Only		n's address 245 ROONEY CT E		INSWICK N.	08816			Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the latest informati					107/04 000	1		Form <b>1040</b> (2023)
			<b>U</b> 11.		BAA	KEV 03	/07/24 PRO			1011110-10 (2023)

SCHE	DULE	1
(Form	1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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 20 23

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number RAVICHANDRA PASAGADUGULA 138-17-1729

Par	t 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. Attach S	Schedule E .	5	-18,687.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	(	)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555	(	)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	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)		- 1	
n	Section 951(a) inclusion (see instructions)		_	
0	Section 951A(a) inclusion (see instructions)		-	
р	Section 461(I) excess business loss adjustment		-	
q	Taxable distributions from an ABLE account (see instructions)       8q		-	
r	Scholarship and fellowship grants not reported on Form W-2		-	
S	Nontaxable amount of Medicaid waiver payments included on Form	(		
	1040, line 1a or 1d	(	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		-	
u _	Wages earned while incarcerated		-	
z	Other income. List type and amount: 8z			
9	Total other income. Add lines 8a through 8z	1	9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter her			
	1040, 1040-SR, or 1040-NR, line 8	· · · · · · ·	10	-18,687.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ile 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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			
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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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)		-	
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		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO	)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

SCHE	DULE	2
(Form	1040)	

## **Additional Taxes**

OMB No. 1545-0074 20

3

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

	ment of the Treasury I Revenue Service		Attachment Sequence No. <b>02</b>		
	e(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR SAGADUGULA		<b>Your soc</b> 138-17	<b>cial security number</b> 7-1729
Ра	rt I Tax				
1	Alternative r	minimum tax. Attach Form 6251 .........			1
2	Excess adva	ance premium tax credit repayment. Attach Form 8962			2
3	Add lines 1	7	3		
Pai	rt II Other	Taxes			
4	Self-employ	ment tax. Attach Schedule SE		[	4
5		urity and Medicare tax on unreported tip income.14137	5		
6	Uncollected Form 8919	social security and Medicare tax on wages. Attach	6		
7	Total addition	onal social security and Medicare tax. Add lines 5 and	6	[	7
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form	5329 if req	uired.	
	If not require	ed, check here .................		. 🗆 🛛	8

8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here $\ldots$	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	183.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(cc	ontinu	ued on page 2)

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)				
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853 .	17e			
f	Additional tax on Medicare Advantage MSA distributions. AttachForm 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
I	Tax on accumulation distribution of trusts	171			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		18		
19	Reserved for future use		19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		L83.
	BAA	REV 03/07/24 PRO	Schedu	ule 2 (Form 104	0) 2023

#### SCHEDULE D (Form 1040)

# **Capital Gains and Losses**

OMB No. 1545-0074

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

Attachment Sequence No. 12 Your social security number

20

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

RAVICHANDRA PASAGADUGULA

138-17-1729

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

#### Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

	instructions for how to figure the amounts to enter on the below.	<b>(d)</b> Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, column	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	-430.
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		-	-	6	( 401,108.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	•	· · ·		7	-401,538.

#### Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, F line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
	11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					-645.
12	<ul> <li>12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1</li> <li>13 Capital gain distributions. See the instructions</li> </ul>				12 13	
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b> Worksheet in the instructions					( 255,502.)
15	Net long-term capital gain or (loss). Combine lines 8a on the back .				15	-256,147.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-657,685.
	• If line 16 is a <b>gain</b> , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<ul> <li>☐ No. Skip lines 18 through 21, and go to line 22.</li> </ul>		
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 (	3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

BAA REV 03/07/24 PRO

Schedule D (Form 1040) 2023

				I Income and Loss						OMB No	o. 1545-0074			
(Form 1040) (From rental real estate, royalties, partnersh				hips, S	corporat	tions, es	states,	trusts, REMI	Cs, etc.)	20	23			
	epartment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.							Attachn	nent					
	Go to www.irs.gov/ScheduleE for instructions and the latest information.								ce No. <b>13</b>					
. ,	shown on return	a 7 a											al security	
	CHANDRA PA				Dontol D	al Estata an		voltino				138-1	7-1729	
Part						eal Estate an personal proper			e C See	instruc	ctions If you	are an indi	vidual rep	ort farm
	rental inco	ome o	or los	s from For	m 4835 on	page 2, line 40.	ty, acc	Concut	• • • • • •	, motrat			riddai, rop	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions													
B	f "Yes," did you	l or w	vill ye	ou file rec	uired For	m(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical addr	ress o	of ea	ach prope	erty (street	, city, state, ZIF	P code	e)						
Α														
В														
С														
1b	Type of Prope		2			al estate prope				Fa	ir Rental	Persor	nal Use	QJV
	(from list below	w)				number of fair					Days	Da	iys	
A	3					s. Check the Q. quirements to f			A		314		0	
						ture. See instru			B					
C	( <b>D</b>			•	-				C					
	of Property:	aaid		2 1	location/C	hart Tarm Dan	tal	E l one	1	7	Self-Rental			
	Single Family R Multi-Family Re				Commercia	hort-Term Ren	lai	5 Land 6 Roya				ribe)		
	Multi-Family ne	sidei	nce	4 (		ai			anies	0	Other (desc	ibe)		
_											Propert	ies:	1	
Incom									<u>A</u>	0.4	В			С
3	Rents received						3		.7	24.				
4 Expor	Royalties rece	ived					4							
Exper 5							5							
6	0						6							
7	Auto and travel (see instructions)			7		2,4	13.							
8				8										
9	Insurance .						9							
10	Legal and othe	er pro	ofess	sional fee	s		10							
11	Management fees				11		1,7	50.						
12	Mortgage interest paid to banks, etc. (see instructions)				12									
13	Other interest				13									
14	Repairs			14		3,2								
15							15		3,7	81.				
16							16		2 6	F 4				
17 18	Utilities Depreciation e						17			54. 67.				
19	Other (list)	sper	ise (	or depietio			18 19		4,5	07.				
20	Total expenses	s Ad	d lir	nes 5 thro	uah 19		20		19,4	11				
21	Subtract line 2				•									
	result is a (loss			``	,									
	file Form 6198					-	21		-18,6	87.				
22	Deductible rer													
	on Form 8582			-			22	(	18,68	· · ·	(	)	(	
23a						all rental prope				23a		724.		
b						all royalty prop				23b				
C														
d										23d		1,567. 9,411.		
е 24	Total of all am					r all properties line 21. <b>Do not</b>		 de anv lo		23e	15	. <b>24</b>		
24 25						rental real estate		-		 nter to	tal losses he		(	18,687.
26						ome or (loss).								
_•						n page 2 do no								

For Paperwork Reduction	Act Notice.	see the separate	instructions.
i of i aperwork fieudedoff	Act Notice,	see the separate	instructions.

26

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-18,687.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

SCHEDULE 8812 (Form 1040)

Department of the Treasury

### **Credits for Qualifying Children** and Other Dependents

OMB No. 1545-0074

Attach to	Form <sup>-</sup>	1040	1040-SR	or	1040-NR
Attach to	1 01111	1040,	1040-011,	01	1040-1411.

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

20 C Attachment Sequence No. 47

Internal	Revenue Service Go to www.irs.gov/scheduleos12 for instructions and the latest information.		S	equence No. 41
Name(s)	) shown on return	Yours	social s	security number
RAVI	CHANDRA PASAGADUGULA	138-	-17-	1729
Par	t 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		1	198,245.
2a	Enter income from Puerto Rico that you excluded			
b	Enter the amounts from lines 45 and 50 of your Form 2555         .         .         .         2b	0.		
с	Enter the amount from line 15 of your Form 4563			
d	Add lines 2a through 2c		2d	0.
3	Add lines 1 and 2d		3	198,245.
4	Number of qualifying children under age 17 with the required social security number 4	3		
5	Multiply line 4 by \$2,000	. [	5	6,000.
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	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resid	lent		
	alien. Also, do not include anyone you included on line 4.	ļ		
7	Multiply line 6 by \$500	-	7	
8	Add lines 5 and 7	•	8	6,000.
9	Enter the amount shown below for your filing status.			
	• Married filing jointly—\$400,000			
	• All other filing statuses— $$200,000 \int \dots $	•	9	200,000.
10	Subtract line 9 from line 3.			
	• If zero or less, enter -0			
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For			
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. $J$	•	10	0.
11	Multiply line 10 by 5% (0.05)		11	0.
12	Is the amount on line 8 more than the amount on line 11?	·	12	6,000.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	•	13	34,381.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	•	14	6,000.
	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.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/07/24 PRO Schedule 8812 (Form 1040) 2023 BAA

Schedu	ıle 8812 (Form 1040) 2023		Page <b>2</b>
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lin	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	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	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	<b>No.</b> Leave line 19 blank and enter -0- on line 20.		
	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 $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	<b>No.</b> 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.		
	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.		
Part		IS OT H	vuerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions	-	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	<b>1040 and</b> <b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, )		
	and Schedule 3 (Form 1040), line 11.		
	<b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
23 26	Enter the <b>larger</b> of line 20 or line 25	23	
<b>_</b> U	Next, enter the smaller of line 17 or line 26 on line 27.	20	
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	
	•		812 (Form 1040) 2023

Paid Preparer's Due Diligence Checklist OMB No. 1545-0074 886 Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC For tax year Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status 20 23 (Rev. November 2023) To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Attachment Department of the Treasury Sequence No. 70Go to www.irs.gov/Form8867 for instructions and the latest information. Internal Revenue Service Taxpayer name(s) shown on return Taxpayer identification number RAVICHANDRA PASAGADUGULA 138-17-1729 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA P02082703 Due Diligence Requirements Part I 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 X CTC/ACTC/ODC X HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer Yes No N/A 1 or reasonably obtained by you? X If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 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 X Did vou satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of 3 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 X Did any information provided by the taxpayer or a third party for use in preparing the return, or 4 information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . а Did you contemporaneously document your inquiries? (Documentation should include the questions h 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.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must 5 keep a copy of your documentation referenced in guestion 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 X the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate 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?
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.)
a Did you complete the required recertification Form 8862?

a Did you complete the required recertification Form 8862?
 b) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form **8867** (Rev. 11-2023)

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X

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Form 88	367 (Rev. 11-2023)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
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)?         Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not			
Part	<b>Due Diligence Questions for Returns Claiming CTC/ACTC/ODC</b> (If the return does not or ODC, go to Part IV.)	claim (	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	NO	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC	), go to	Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes X	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			

- 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	Yes	No
	complete?	X	

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form **8959** Department of the Treasury

Internal Revenue Service

Name(s) shown on return

# **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

Your social	security number
100 10	1

	ICHANDRA PASAGADUGULA	138-17	-172	9
Par	Additional Medicare Tax on Medicare Wages			
1		),285.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6         .         .         .         .         .         3			
4		),285.		
5	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
		0,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	20,285.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here an Part II		7	183.
Part	II Additional Medicare Tax on Self-Employment Income		_	
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-       8			
9	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 9			
10	Enter the amount from line 4			
11	Subtract line 10 from line 9. If zero or less, enter -0			
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter h			
Dort	go to Part III		13	
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14         (see instructions)			
15	Enter the following amount for your filing status:			
15	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying surviving spouse \$200,000 <b>15</b>			
16	Subtract line 15 from line 14. If zero or less, enter -0-		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9%			
	Enter here and go to Part IV		17	
Part				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1	040-SS		
	filers, see instructions), and go to Part V		18	183.
Part				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one FormW-2, enter the total of the amounts from box 619	3,377.		
20		),285.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	-		
		3,194.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medica withholding on Medicare wages		22	183.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W	/-2, box 🗌		
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-S	-		
		2	24	183.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03.	/07/24 PRO		Form <b>8959</b> (2023)

Form	6781
Depar	tment of the Treasury

#### **Gains and Losses From Section 1256 Contracts and Straddles**

OMB No. 1545-0644 20

Attachment Sequence No. 82

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Attach to your tax return.

Go to www.irs.gov/Form6781 for the latest information.

Internal Revenue Service Name(s) shown on tax return

138-17-1729

Identifying number

Check all applicable boxes.	A  Mixed straddle election
See instructions.	<b>B</b> Straddle-by-straddle identification election

**C** Mixed straddle account election **D** I Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

	(a) Identification of account	(b) (Loss) (c) Gain				
1	Form 1099-B Apex Clearing	-1,075.				
2	Add the amounts on line 1 in columns (b) and (c)	1,075.)				
3	Net gain or (loss). Combine line 2, columns (b) and (c)			3	-1,075.	
4	Form 1099-B adjustments. See instructions and attach statement			4		
5	Combine lines 3 and 4		[	5	-1,075.	
	<b>Note:</b> If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partne see instructions.					
6	If you have a net section 1256 contracts loss and checked box D above, e	enter the amount	t of loss to			
	be carried back. Enter the loss as a positive number. If you didn't check box	6	0.			
7	Combine lines 5 and 6		[	7	-1,075.	
8	Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter her	re and include o	n line 4 of			
	Schedule D or on Form 8949. See instructions			8	-430.	
9	Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here	e and include or	line 11 of			
	Schedule D or on Form 8949. See instructions			9	-645.	
Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.						

Secti	ion A–Losses From Strado	lles									
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales pric	e oth plus	Cost or er basis expense of sale	(f) Loss. If column (e more than ( enter differer Otherwise enter -0-	e) is (d), ence. e, ( <b>9</b> ) Unrecogn gain o offsettin		n ng	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0
10											
11a	Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions							ule	11a	()	
b	Enter the long-term portion of D or on Form 8949. See instru									11b	( )
Secti	ion B—Gains From Straddl										
	(a) Description of prop	(a) Description of property		(b) Date entered into or acquired	(c) Date closed or or sold		I) Gross les price	<b>(e)</b> Cost or other basis plus expense of sale		is	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0
12											
13a	Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions							e D	13a		
b	D or on Form 8949. See instructions								13b		
Part	Unrecognized Gains	From Pos	itions He	ld on Las	t Day o	Tax Ye	ear. Memo	entry on	ıly (se	ee ins	tructions)
	(a) Description of property				<b>(b)</b> Date acquired	l valı	Fair market alue on last(d) Cost of other bas as adjusteisiness day of tax year		er basi	is	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0
14											