### 8879 Form

(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

| Subm   | ission Identification Number (SID)   |  | <u>'</u>   |  |
|--|--|--|--|--|
| Taxpay   | er's name  | Social securi  | ty numb  | oer  |
| ABH  | ILASH AKULA  | 828-62   | -642   | 1  |
| Spouse   | 's name  | Spouse's soo   | ial secu   | urity number   |
| Part   | Tax Return Information — Tax Year Ending December 31, 2023 (Enter  | year you a   | re au  | thorizing.)  |
| 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  | 120,036.   |
| 2  | Total tax  |  | 2  | 11,385.  |
| 3  | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  | 3  | 22,606.  |
| 4  | Amount you want refunded to you  |  | 4  | 11,221.  |
| 5  | Amount you owe   |  | 5  |  |
| Part   | II Taxpayer Declaration and Signature Authorization (Be sure you get and k   | еер а сор  | y of y   | our return)  |
| return<br>to send<br>for any<br>Agent<br>payme<br>author<br>payme<br>busine<br>taxes<br>person | owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the parallidentification number (PIN) below is my signature for the income tax return (original or amended) I among Funds Withdrawal Consent.  | tter, or electroction of the too.  S. Treasury a cated in the too debit the the authorizates must be processing of ayment. I furnitude the function of the too debit the authorizates must be processing of ayment. I furnitude the too debit th | onic refransmised ax prepartion. The received in the electron and the received in the electron and the received in the electron and the received in the receiv | curn originator (ERO) asion, (b) the reason designated Financial paration software for to this account. This or revoke (cancel) a wed no later than 2 ectronic payment of knowledge that the |
|  |  |  |  |  |
| -  | ayer's PIN: check one box only   | 2  | 6 4  | 1 2 1  |
| ×  | I authorize GLOBAL TAXES LLC to enter or generate r  ERO firm name signature on the income tax return (original or amended) I am now authorizing.  | ž En   |  | digits, but<br>r all zeros   |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.  |  |  |  |
| Yours  | signature ▶ Date ▶   |  |  |  |
| Spau   | se's PIN: check one box only   |  |  |  |
| Spou   | _  | DIN  |  |  |
|  | I authorize to enter or generate r   | _  | tor five   | as my  |
|  | signature on the income tax return (original or amended) I am now authorizing.   |  |  | digits, but<br>r all zeros   |
|  | I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.  |  | _  | -  |
| Spous  | se's signature ▶ Date ▶  |  |  |  |
|  | Practitioner PIN Method Returns Only—continue below  |  |  |  |
| Part   | III Certification and Authentication — Practitioner PIN Method Only  |  |  |  |
| ERO's  | s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.  | 2 4 9 Don't ent  | 6 0<br>er all ze   | 8 2 7 1<br>eros  |
| author   | y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitted and Pub. 1345, Handbook for Authorized IRS e-file Providers of Income Income IRS e-file Providers of Income IRS e-file Providers | tting this retu  | ırn in a   | accordance with the  |
| ERO's  | s signature ▶ Date ▶   |  |  |  |
|  | ERO Must Retain This Form — See Instructions   |  |  |  |
|  | Don't Submit This Form to the IRS Unless Requested To D  | o So   |  |  |

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

| <b>1040</b>                     |               | artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Ta</b> |         | turn        | 202                                     | 3     | OMB No. 1545-    | 0074    | IRS Use     | Only-       | -Do not w   | rite or sta | aple in this sp | pace.           |
|---------------------------------|---------------|--|---------|-------------|---|-------|------------------|---------|-------------|-------------|---|-------------|-----------------|-----------------|
| For the year Jan                | ı. 1–Dec      | . 31, 2023, or other tax year beginning                                      |         |             | , 2023, end                             | ing   |                  |         | , 20        |             | See se  | oarate      | instructio      | ns.             |
| Your first name                 | and mi        | ddle initial   | Last r  | name        |   |       |                  |         |             |             | Your so   | cial sec    | curity num      | ber             |
| ABHILASH                        | I             |  | AKU     | ILA         |   |       |                  |         |             |             | 828   | 62          | 6421            |                 |
|                                 |               | first name and middle initial  | Last r  |             |   |       |                  |         |             |             |   |             | security n      | umber           |
| Home address                    | (numbe        | er and street). If you have a P.O. box, see                                  | instruc | ctions.     |   |       |                  | A       | pt. no.     |             | Preside   | ntial Ele   | ection Can      | npaign          |
| 11455 FI                        | LYOD          | DR   |         |             |   |       |                  | 1       | 903         |             |   |             | ou, or you      |                 |
| City, town, or p                | ost offic     | ce. If you have a foreign address, also co                                   | mplete  | spaces be   | low.                                    | Sta   | te               | ZIP c   | ode         |             | spouse if filing jointly, want \$3 to go to this fund. Checking a |             |                 |                 |
| OVERLANI                        | ) PAF         | RK   |         |             |   | KS    | 3                | 662     | 10          |             | -   |             | not chang       | •               |
| Foreign country                 | / name        |  |         | Foreign p   | rovince/state/o                         | count | ty               | Foreig  | n postal co |             | your tax  |             | Ū               |                 |
|                                 |               |  |         |             |   |       |                  |         |             |             |   | Yo          | ou 🗌 S          | pouse           |
| Filing Status                   | , X           | Single   |         |             |   |       | Head of ho       | ouseh   | old (HOF    | <del></del> |   |             |                 |                 |
| Check only                      |               | Married filing jointly (even if only o                                       | ne hac  | d income)   |   |       |                  |         |             |             |   |             |                 |                 |
| one box.                        |               | Married filing separately (MFS)  |         |             |   |       | ☐ Qualifying     | surviv  | ing spou    | ıse (0      | QSS)  |             |                 |                 |
|                                 | If y          | ou checked the MFS box, enter the  | name    | of your s   | pouse. If you                           | ı che | ecked the HOH    | or Q    | SS box, e   | enter       | the chi   | ld's na     | me if the       |                 |
|                                 |               | alifying person is a child but not you                                       |         |             |   |       |                  |         |             |             |   |             |                 |                 |
| D: :: 1                         | Λ± σ.«        | overtime and union 2002 did visite (a) was                                   | -iv /-  |             | d avvoud av                             |       |                  | <b></b> |             | /           | h\ a a  |             |                 |                 |
| Digital<br>Assets               |               | ny time during 2023, did you: (a) rec<br>ange, or otherwise dispose of a dig |         |             |   | -     |                  | -       |             |             |   | □ Ye        | es 🛛 N          | J۵              |
|                                 |               | eone can claim: You as a de  |         |             |   |       | a dependent      | i): (O  | o monuc     | Juon        | 3.)   | <u> </u>    | <u> </u>        |                 |
| Standard<br>Deduction           | _             | Spouse itemizes on a separate retur  | •       |             | •                                       |       | •                |         |             |             |   |             |                 |                 |
|                                 |               | <u> </u>   | ii Oi y |             | duai-status t                           | ancii | <u> </u>         |         |             |             |   |             |                 |                 |
| Age/Blindness                   | You:          | Were born before January 2, 1  | 959     | Are b       | lind <b>Spo</b>                         | use   | : U Was bor      | n befo  | re Janua    | ary 2,      | 1959  | ls          | s blind         |                 |
| Dependents                      | s (see        | instructions):   |         | (2)         | Social security                         |       | (3) Relationshi  | ip (4   | •           |             |   |             | (see instruc    | •               |
| If more                         | <b>(1)</b> Fi | First name Last name   |         |             | number                                  |       | to you           |         | Child to    | ax cre      | edit  | Credit fo   | or other depe   | endents         |
| than four                       |               |  |         |             |   |       |                  |         | L           |             |   |             | _Ц_             |                 |
| dependents,<br>see instructions | s —           |  |         |             |   |       |                  |         | L           |             |   |             | _Ц_             |                 |
| and check                       | . —           |  |         |             |   |       |                  |         | L           |             |   |             | _Ц_             |                 |
| here                            |               |  |         |             |   |       |                  |         | L           |             |   |             |                 |                 |
| Income                          | 1a            | Total amount from Form(s) W-2, b   | ,       |             | ,                                       |       |                  |         |             |             | 1a  |             | 135,5           | <u>40.</u>      |
| Attach Form(s)                  | b             | Household employee wages not re  | eporte  | d on Form   | n(s) W-2                                |       |                  |         |             |             | 1b  |             |                 |                 |
| W-2 here. Also                  | С             | Tip income not reported on line 1a (see instructions)                        |         |             |   |       |                  |         |             | 1c          |   |             |                 |                 |
| attach Forms<br>W-2G and        | d             | Medicaid waiver payments not rep   |         |             |   | nstru | ictions)         |         |             |             | 1d  |             |                 |                 |
| 1099-R if tax                   | е             | Taxable dependent care benefits to   |         |             |   |       |                  |         |             |             | 1e  |             |                 |                 |
| was withheld.                   | f             | Employer-provided adoption bene  |         |             |   |       |                  |         |             |             | 1f  |             |                 |                 |
| If you did not get a Form       | g             | Wages from Form 8919, line 6.  |         |             |   |       |                  |         |             |             | 1g  |             |                 |                 |
| W-2, see                        | h             | Other earned income (see instruct  | ,       |             |   |       |                  | · ·     |             |             | 1h  |             |                 | 0.              |
| instructions.                   | i             | Nontaxable combat pay election (   | see ins | structions) | )                                       |       | <u>li</u>        |         |             |             |   |             | 105 5           | 4.0             |
|                                 | <u>z</u>      | Add lines 1a through 1h  | . i     |             |   |       |                  |         |             |             | 1z  |             | 135,5           |                 |
| Attach Sch. B if required.      | 2a            | '  | 2a      |             |   |       | axable interest  |         |             |             | 2b  |             |                 | 28.             |
|                                 | 3a            |  | 3a      |             |   |       | Ordinary divider |         |             |             | 3b  |             |                 |                 |
| tandard                         | 4a            |  | 4a      |             |   |       | axable amount    |         |             |             | 4b  |             |                 |                 |
| eduction for-                   | 5a            |  | 5a      |             |   |       | axable amount    |         |             |             | 5b  |             |                 |                 |
| Single or<br>Married filing     | 6a            | ,  | 6a      |             |   |       | axable amount    |         |             | · .         | 6b  |             |                 |                 |
| separately, \$13,850            | C<br>7        | If you elect to use the lump-sum e   |         |             |   |       |                  |         |             | ٠           | , , , , , , , , , , , , , , , , , , ,                             |             | 7               | 5.2             |
| Married filing                  | 7             | Capital gain or (loss). Attach Sche  |         |             |   |       |                  |         |             | . ∟         | 7   |             | -16,4           | 52.             |
| jointly or<br>Qualifying        | 8             | Additional income from Schedule  |         |             |   |       |                  |         |             |             | 9   |             | 120,0           |                 |
| surviving spouse,<br>\$27,700   | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  |         | -           |   |       |                  |         |             |             |   |             | 120,0           | ٥٥.             |
| Head of                         | 10            | Adjustments to income from Sche  |         | •           |   |       |                  |         |             |             | 10  |             | 120 0           | 36              |
| household, [ \$20,800           | 11<br>12      | Subtract line 10 from line 9. This is  | -       |             | _                                       |       |                  |         |             |             | 11<br>12  |             | 120,0           |                 |
| If you checked any box under    | 13            | Standard deduction or itemized  Qualified business income deduct             |         |             |   |       |                  |         |             |             | 13  | _           | 13,8            | <u> </u>        |
| Standard                        | 14            | Add lines 12 and 13  |         |             |   |       |                  |         |             |             | 14  |             | 13,8            | 50              |
| Deduction, see instructions.    | 15            | Subtract line 14 from line 11. If zer  |         |             |   |       |                  | <br>e   |             |             | 15  | _           | 106,1           |                 |
|                                 | . •           |  | 10      | ,           | - , , , , , , , , , , , , , , , , , , , | Jui 1 |                  |         |             |             | 10  | 1           | I               | $\sim$ $\sim$ . |

| Form 1040 (202)           | 16         | Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3                                 | 16      | Page 18,885.    |
|---------------------------|------------|--|---------|-----------------|
| ax and<br>redits          | 17         | Amount from Schedule 2, line 3   | 17      | 10,000.         |
| icuits                    | 18         | Add lines 16 and 17  | 18      | 18,885.         |
|                           | 19         | Child tax credit or credit for other dependents from Schedule 8812                                     | 19      | 10,000.         |
|                           | 20         | Amount from Schedule 3, line 8   | 20      | 7,500.          |
|                           | 21         | Add lines 19 and 20  | 21      | 7 <b>,</b> 500. |
|                           | 22         | Subtract line 21 from line 18. If zero or less, enter -0-  | 22      | 11,385.         |
|                           | 23         | Other taxes, including self-employment tax, from Schedule 2, line 21                                   | 23      |                 |
|                           | 23<br>24   | Add lines 22 and 23. This is your <b>total tax</b>   | 24      | 0.<br>11,385.   |
| lovmonto                  | 25         | Federal income tax withheld from:  | 24      | 11,303.         |
| Payments                  | 25<br>a    | Form(s) W-2  |         |                 |
|                           | a<br>b     | Form(s) 1099   | -       |                 |
|                           | C          | Other forms (see instructions)   | -       |                 |
|                           | d          | Add lines 25a through 25c  | 25d     | 22,606          |
|                           | 26         | 2023 estimated tax payments and amount applied from 2022 return  | 26      | 22,000          |
| ou have a alifying child, | 27         | Earned income credit (EIC)   | 20      |                 |
| ach Sch. EIC.             | 28         | Additional child tax credit from Schedule 8812   | -       |                 |
|                           | 29         | American opportunity credit from Form 8863, line 8   | -       |                 |
|                           | 30         | Reserved for future use  |         |                 |
|                           | 31         | Amount from Schedule 3, line 15  |         |                 |
|                           | 32         | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>        | 32      |                 |
|                           | 33         | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | 33      | 22,606          |
| efund                     | 34         | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> | 34      | 11,221.         |
| ioraria                   | 35a        | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here               | 35a     | 11,221          |
| rect deposit?             | b          | Routing number 1 0 1 1 0 0 0 4 5 c Type: X Checking Savings  |         | ·               |
| e instructions.           | d          | Account number 5 1 8 0 0 7 8 9 7 5 0 4   |         |                 |
|                           | 36         | Amount of line 34 you want applied to your 2024 estimated tax  |         |                 |
| Amount                    | 37         | Subtract line 33 from line 24. This is the <b>amount you owe</b> .                                     |         |                 |
| ou Owe                    |            | For details on how to pay, go to www.irs.gov/Payments or see instructions                              | 37      |                 |
|                           | 38         | Estimated tax penalty (see instructions)   |         |                 |
| hird Party                | Do         | you want to allow another person to discuss this return with the IRS? See                              |         |                 |
| esignee <sup>*</sup>      | ins        | tructions  |         | <b>⋉</b> No     |
|                           | De:<br>nar | signee's Phone Personal identifine no. number (PIN)  | ication |                 |

Your signature

Joint return?

| See instructions.<br>Keep a copy for<br>your records. | eep a copy for     |                        |                  |               |         | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |                  |                 |            |                         |
|---|--------------------|------------------------|------------------|---------------|---------|---|------------------|-----------------|------------|-------------------------|
|   | Phone no.          | (408) 806-688          | 0                | Email address | ABHIA   | KULA5(  | 9@GMAIL.CO       | )M              |            |                         |
| Daid  | Preparer's nam     | е                      | Preparer's signa | ture          |         |   | Date             | PΤ              | īN         | Check if:               |
| Paid  | SYAM PRIYA RAM     | SAGAR GUPTA TALLAM     | SYAM PRIYA       | RAM SAGAR     | GUPTA ' | TALLAM  | 02/21/2024       | P0              | 2082703    | Self-employed           |
| Preparer Use Only                                     | Firm's name        | GLOBAL TAX             | XES LLC          |               |         |   |                  |                 | Phone no.  | (678) 965-9522          |
| Ose Only  | Firm's address     | 245 ROONE              | Y CT E BRU       | NSWICK N      | J 0881  | L6  |                  |                 | Firm's EIN | 84-3171965              |
| Go to www.irs.go                                      | v/Form1040 for ins | tructions and the late | st information.  |               | BAA     |   | REV 02/11/24 PRO | EV 02/11/24 PRO |            | Form <b>1040</b> (2023) |
|   |                    |                        |                  |               |         |   |                  |                 |            |                         |
|   |                    |                        |                  |               |         |   |                  |                 |            |                         |

Your occupation

SOFTWARE ENGINEER

Date

If the IRS sent you an Identity Protection PIN, enter it here

(see inst.)

### SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

Your social security number

| ABHI | LASH AKULA  |              | 828-62-6       | 421      |
|------|---|--------------|----------------|----------|
| Par  | t I Additional Income   |              |                |          |
| 1    | Taxable refunds, credits, or offsets of state and local income taxes          |              | 1              | 0.       |
| 2a   | Alimony received  |              |                |          |
| 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                                     |              |                |          |
| 5    | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedul  | e E . <b>5</b> | -16,528. |
| 6    | Farm income or (loss). Attach Schedule F                                      |              | 6              |          |
| 7    | Unemployment compensation   |              | 7              |          |
| 8    | Other income:   |              |                |          |
| а    | Net operating loss  | 8a (         | )              |          |
| b    | Gambling  | 8b           |                |          |
| С    | Cancellation of debt  | 8c           |                |          |
| d    | Foreign earned income exclusion from Form 2555                                | 8d (         | )              |          |
| е    | Income from Form 8853   | 8e           |                |          |
| f    | Income from Form 8889   | 8f           |                |          |
| g    | Alaska Permanent Fund dividends   | 8g           |                |          |
| h    | Jury duty pay   | 8h           |                |          |
| i    | Prizes and awards   | 8i           |                |          |
| j    | Activity not engaged in for profit income                                     | 8j           |                |          |
| k    | Stock options   | 8k           |                |          |
| - 1  | Income from the rental of personal property if you engaged in the rental      |              |                |          |
|      | for profit but were not in the business of renting such property              | 81           |                |          |
| m    | Olympic and Paralympic medals and USOC prize money (see                       |              |                |          |
|      | instructions)   | 8m           |                |          |
| n    | Section 951(a) inclusion (see instructions)                                   | 8n           |                |          |
| 0    | Section 951A(a) inclusion (see instructions)                                  | 80           |                |          |
| р    | Section 461(I) excess business loss adjustment                                | 8p           |                |          |
| q    | Taxable distributions from an ABLE account (see instructions)                 | 8q           |                |          |
| r    | Scholarship and fellowship grants not reported on Form W-2                    | 8r           |                |          |
| S    | Nontaxable amount of Medicaid waiver payments included on Form                |              |                |          |
|      | 1040, line 1a or 1d   | 8s (         | )              |          |
| t    | Pension or annuity from a nonqualifed deferred compensation plan or           |              |                |          |
|      | a nongovernmental section 457 plan  | 8t           |                |          |
| u    | Wages earned while incarcerated   | 8u           |                |          |
| Z    | Other income. List type and amount:   |              |                |          |
|      | Substitute Payment from 1099-Misc 44.   | 8z           | 44.            |          |
| 9    | Total other income. Add lines 8a through 8z                                   |              |                | 44.      |
| 10   | Combine lines 1 through 7 and 9. This is your additional income. Ente         | r here and o | n Form         |          |

1040, 1040-SR, or 1040-NR, line 8 . . . . . .

-16,484.

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

| Par | Adjustments to Income   |      |       |     |      |
|-----|---|------|-------|-----|------|
| 11  | Educator expenses   |      | <br>  | 11  |      |
| 12  | Certain business expenses of reservists, performing artists, and fee-       |      | _     |     |      |
|     | officials. Attach Form 2106   |      | <br>L | 12  |      |
| 13  | Health savings account deduction. Attach Form 8889                          |      | <br>[ | 13  |      |
| 14  | Moving expenses for members of the Armed Forces. Attach Form 3903           |      | <br>L | 14  |      |
| 15  | Deductible part of self-employment tax. Attach Schedule SE                  |      | <br>L | 15  |      |
| 16  | Self-employed SEP, SIMPLE, and qualified plans                              |      |       | 16  |      |
| 17  | Self-employed health insurance deduction                                    |      | <br>L | 17  |      |
| 18  | Penalty on early withdrawal of savings                                      |      | _     | 18  |      |
| 19a | Alimony paid  |      |       | 19a | <br> |
| b   | Recipient's SSN   |      |       |     |      |
| С   | Date of original divorce or separation agreement (see instructions):        |      |       |     |      |
| 20  | IRA deduction   |      |       | 20  | <br> |
| 21  | Student loan interest deduction   |      | _     | 21  |      |
| 22  | Reserved for future use   |      |       | 22  |      |
| 23  | Archer MSA deduction  |      | <br>  | 23  | <br> |
| 24  | Other adjustments:  |      |       |     |      |
| а   | , , , ,   | 24a  |       |     |      |
| b   | Deductible expenses related to income reported on line 8l from the          |      |       |     |      |
|     | ,                                     | 24b  |       |     |      |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals             | 04-  |       |     |      |
| ال. | · · · · · · · · · · · · · · · · · · ·                                       | 24c  |       |     |      |
|     | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                                       | 24d  | -     |     |      |
| е   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e  |       |     |      |
| f   |   | 24f  | _     |     |      |
| g   |   | 24g  |       |     |      |
| h   | Attorney fees and court costs for actions involving certain unlawful        | 2.19 |       |     |      |
|     |   | 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  | <br> |
| 26  | Add lines 11 through 23 and 25. These are your adjustments to income        |      |       |     |      |
|     | Form 1040, 1040-SR, or 1040-NR, line 10                                     |      | <br>  | 26  |      |

### **SCHEDULE 3** (Form 1040)

**Additional Credits and Payments** 

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

OMB No. 1545-0074 Attachment Sequence No. **03** 

Your social security number

Department of the Treasury Internal Revenue Service

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

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

| ABH | ILASH AKULA   | 828-6           | 52-64         | :21    |
|-----|---|-----------------|---------------|--------|
| Par | t 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 1 Form 2441           | 1. Attach       | 2             |        |
| 3   | Education credits from Form 8863, line 19   |                 | 3             |        |
| 4   | Retirement savings contributions credit. Attach Form 8880                               |                 | 4             |        |
| 5a  | Residential clean energy credit from Form 5695, line 15                                 |                 | 5a            |        |
| b   | Energy efficient home improvement credit from Form 5695, line 32                        |                 | 5b            |        |
| 6   | Other nonrefundable credits:  |                 |               |        |
| а   | General business credit. Attach Form 3800 6a  |                 |               |        |
| b   | Credit for prior year minimum tax. Attach Form 8801 6b                                  |                 |               |        |
| С   | Adoption credit. Attach Form 8839 6c  |                 |               |        |
| d   | Credit for the elderly or disabled. Attach Schedule R 6d                                |                 |               |        |
| е   | Reserved for future use   |                 |               |        |
| f   | Clean vehicle credit. Attach Form 8936 6f   | 7 <b>,</b> 500. |               |        |
| 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                              |                 |               |        |
| I   | Amount on Form 8978, line 14. See instructions 6I                                       |                 |               |        |
| m   | Credit for previously owned clean vehicles. Attach Form 8936 . 6m                       |                 |               |        |
| Z   | Other nonrefundable credits. List type and amount:                                      |                 |               |        |
|     | 6z  |                 |               |        |
| 7   | Total other nonrefundable credits. Add lines 6a through 6z                              |                 | 7             | 7,500. |
| 8   | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 104 1040-NR, line 20 | 10-SR, or       | 8             | 7,500. |
|     |   | ntinu           | ed on page 2) |        |

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

Schedule 3 (Form 1040) 2023

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             | n 13z | 14 |  |
| 15  | Add lines 9 through 12 and 14. Enter here and on Form 1040, 104 line 31       |       | 15 |  |

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

Attach to Form 1040, 1040-SR, or 1040-NR. 20

Attachment Sequence No. **12** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 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.

Name(s) shown on return Your social security number ABHILASH AKULA 828-62-6421 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 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) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (a) with column (a) 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 11,520. 9,701. -60. 1,759. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 1,759. Part II Long-Term Capital Gains and Losses – Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments Subtract column (e) (d) (e) lines below Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result whole dollars. line 2, column (a) with column (a) 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 2,820. 3,827. -1,007.Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-1,007.

14

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

### Part III Summary

| 16 | Combine lines 7 and 15 and enter the result  | 16 |   | 752. |
|----|--|----|---|------|
|    | • 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?  ☐ <b>Yes.</b> Go to line 18.  ☑ <b>No.</b> Skip lines 18 through 21, and go to line 22.  |    |   |      |
| 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 | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?  ☐ 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. |    |   |      |
|    | ■ 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 <b>smaller</b> of:   |    |   |      |
|    | • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)  | 21 | ( | )    |
|    | 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?  |    |   |      |
|    | ☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.   |    |   |      |
|    | ■ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.   |    |   |      |
|    |  |    |   |      |

### **Sales and Other Dispositions of Capital Assets**

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return ABHILASH AKULA Social security number or taxpayer identification number 828-62-6421

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

| ☐ (B) Short-term transactions☐ (C) Short-term transactions☐   | •   | ` '                            | •                                   | sis <b>wasn't</b> report  | ed to the IF                        | RS   | ,   |
|---|---|--------------------------------|-------------------------------------|---|-------------------------------------|--|---|
| 1 (a) Description of property   | (b) Date acquired                         | (c) Date sold or               | <b>(d)</b><br>Proceeds              | (d) Cost or other basis Proceeds See the Note below If you enter an amount enter a code in See the separate |                                     | f any, to gain or loss<br>amount in column (g),<br>ode in column (f).<br>arate instructions. | (h)<br>Gain or (loss)<br>Subtract column (e)                  |
| (Example: 100 sh. XYZ Co.)  | (Mo day yr)   al                          | disposed of (Mo., day, yr.)    | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions.  | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment  | from column (d) and<br>combine the result<br>with column (g). |
| ROBINHOOD SECURITIES LLC  | 01/01/23                                  | 12/31/23                       | 9,973.                              | 8,306.  | E                                   | -60.   | 1,607.  |
| APEX CLEARING   | 09/21/22                                  | 06/14/23                       | 1,547.                              | 1,395.  |                                     |  | 152.  |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
|   |   |                                |                                     |   |                                     |  |   |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6). | al here and inc<br>is checked), <b>li</b> | lude on your<br>ne 2 (if Box B | 11,520.                             | 9,701.  |                                     | -60.   | 1,759.  |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2023) Attachment Sequence No. **12A** F

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

ABHILASH AKULA

Social security number or taxpayer identification number

828-62-6421

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| <ul> <li>X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>☐ (F) Long-term transactions not reported to you on Form 1099-B</li> </ul> |  |                                |                                     |  |   |                                       |   |  |  |
|---|--|--------------------------------|-------------------------------------|--|---|---------------------------------------|---|--|--|
| 1 (a)   | (b) Date acquired                          | (c) Date sold or               | (d)<br>Proceeds                     | (e) Cost or other basis See the <b>Note</b> below      | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f).  See the separate instructions. |                                       | (h) Gain or (loss) Subtract column (e)                        |  |  |
| Description of property (Example: 100 sh. XYZ Co.)  | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions. | (f)<br>Code(s) from<br>instructions   | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g). |  |  |
| ROBINHOOD SECURITIES LLC  | 01/01/22                                   | 12/31/23                       | 2,493.                              | 3,515.   |   |                                       | -1,022.   |  |  |
| APEX CLEARING   | 12/14/20                                   | 06/14/23                       | 327.                                | 312.   |   |                                       | 15.   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
|   |  |                                |                                     |  |   |                                       |   |  |  |
| 2 Totals. Add the amounts in columns<br>negative amounts). Enter each total<br>Schedule D, line 8b (if Box D above<br>above is checked), or line 10 (if Box   | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 9 (if Box E | 2,820.                              | 3,827.   |   |                                       | -1,007.   |  |  |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

**BAA** REV 02/11/24 PRO Form **8949** (2023)

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

Supplemental Income and Loss

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

Attachment

Your social security number

OMB No. 1545-0074

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

ABHILASH AKULA 828-62-6421 **Income or Loss From Rental Real Estate and Royalties** Part I 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . В 1a Physical address of each property (street, city, state, ZIP code) MATURI NAGAR COLONY HYDERABAD TELANGANA IN 500049 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Days** personal use days. Check the QJV box only Α Α 350 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties Properties: Α В C Income: 920. 3 Rents received . 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 1,258. 7 7 Cleaning and maintenance . . . 8 Commissions . . . . 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 11 1,365. 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 13 14 3,899. 14 Repairs . . . . . . . . 15 15 3,865. Supplies . . . . . . . . 16 16 Taxes 17 Utilities . . . . . . . . 17 2,859. 18 4,202. 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 17,448. Total expenses. Add lines 5 through 19 . . . . . 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 -16,528.file Form 6198 . . . . . . . . . . . . . . . . 21 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 16,528.) 920. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 4,202. Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties . 23e 17,448. 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 16,528. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 ... -16,528.

### Form **8936**

### Clean Vehicle Credits

OMB No. 1545-2137 Attachment

Identifying number

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

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

ABHILASH AKULA 828-62-6421 Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year. Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below. Part I **Modified Adjusted Gross Income Amount** 1a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR 120,036. Enter any income from Puerto Rico you excluded 1b Enter any amount from Form 2555, line 45 . . . . . . C 1c Enter any amount from Form 2555, line 50 . . . . . . . . . . . . . 1d d Enter any amount from Form 4563, line 15 . . . . . . . . 1e е 2 Add lines 1a through 1e . . . . . . 2 120,036. Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a 109,008. 3a Enter any income from Puerto Rico you excluded 3b Enter any amount from Form 2555, line 45 . . . . . . 3c Enter any amount from Form 2555, line 50 . . . . 3d Enter any amount from Form 4563, line 15 . . . . . . . 4 109,008. Enter the **smaller** of line 2 or line 4 5 109,008. Credit for Business/Investment Use Part of New Clean Vehicles Part II Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) . . . 6 6 0. 7 New clean vehicle credit from partnerships and S corporations (see instructions) 7 8 Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y . . . 8 0. Part III **Credit for Personal Use Part of New Clean Vehicles** Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household). 9 Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) . 9 7,500. 10 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . . 10 18,885. Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 11 11 12 Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use 12 18,885. 13 Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions . . . . . . . . . . . . . . . . 13 7,500. Part IV **Credit for Previously Owned Clean Vehicles** Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household). 14 Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) . . . . . . . . . . . 14 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 . . . 15 15 16 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 16 Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit 17 17 Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is 18 18 **Credit for Qualified Commercial Clean Vehicles** Part V Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936) . . . . . . . . . . . . 19 19 20 Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) . 20 Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule 21 

### SCHEDULE A (Form 8936)

### **Clean Vehicle Credit Amount**

OMB No. 1545-2137

2023

On. Attachment Sequence No. 69A

Department of the Treasury Internal Revenue Service Name(s) shown on return Attach to your tax return.

Go to www.irs.gov/Form8936 for instructions and the latest information.

| ABH       | ILASH AKULA  | 828    | 3-62-6421                  |
|-----------|--|--------|----------------------------|
| Part      | Vehicle Details  |        |                            |
| 1a        | Year   |        | 2023                       |
| b         | Make   | TES    | SLA                        |
| С         | Model  | Y      |                            |
| 2         | Vehicle identification number (VIN) (see instructions) 7 S A Y G D E E 4   | l P    | A 1 1 7 6 3 5              |
| 3         | Enter date vehicle was placed in service (MM/DD/YYYY)  | 05,    | /20/2023                   |
| 4         | Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception ☐ <b>Yes. Stop here.</b> You can't claim a credit amount for a vehicle used primarily outside the Unix No.  |        |                            |
| 5         | Does the VIN entered on line 2 belong to a <b>new clean vehicle</b> placed in service during the tax definitions.  ☑ <b>Yes.</b> Go to Part II.  ☐ <b>No.</b> Go to line 6.  | year?  | See instructions for       |
| 6         | Does the VIN entered on line 2 belong to a <b>previously owned clean vehicle</b> acquired after 202 the tax year? See instructions for definitions.  | 22 and | d placed in service during |
| 7<br>Part | Does the VIN entered on line 2 belong to a <b>qualified commercial clean vehicle</b> acquired after during the tax year? See instructions for definitions.  Yes. Go to Part V.  No. Stop here. You can't use this schedule to figure a credit amount for a vehicle not described.  Credit Amount for Business/Investment Use Part of New Clean Vehicle |        | ·                          |
| 8         | Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you another person.  ☑ Yes.  ☐ No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.   |        |                            |
| 9         | Tentative credit amount (see instructions)   | 9      | 7,500.                     |
| 10        | Business/investment use percentage (see instructions)  | 10     | %                          |
| 11        | Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below   | 11     | 0.                         |
| Part      | Credit Amount for Personal Use Part of New Clean Vehicle   |        |                            |
| 12        | Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936   | 12     | 7,500.                     |
|           |  |        | <u> </u>                   |

| Schedu | le A (Form 8936) 2023  |        | Page 2                       |  |  |
|--------|--|--------|------------------------------|--|--|
| Part   | V Credit Amount for Previously Owned Clean Vehicle   |        | •                            |  |  |
| 13a    | Is the sales price of the vehicle more than \$25,000?  |        |                              |  |  |
|        | Yes. Stop here. The vehicle doesn't qualify for the Part IV credit.  |        |                              |  |  |
|        | □ No.  |        |                              |  |  |
| b      | Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.        |        |                              |  |  |
|        | Yes.   |        | ad fay was als               |  |  |
|        | No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a                                   | cquire | ed for resale.               |  |  |
| С      |  |        |                              |  |  |
|        | Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.  |        |                              |  |  |
|        | □ No.  |        |                              |  |  |
| d      | Is the vehicle a qualified fuel cell motor vehicle? See instructions.  |        |                              |  |  |
|        | ☐ Yes.   |        |                              |  |  |
|        | □ No.  |        |                              |  |  |
|        |  |        |                              |  |  |
| 14     | Enter the sales price of the vehicle   | 14     |                              |  |  |
| 15     | Multiply line 14 by 30% (0.30)   | 15     |                              |  |  |
|        |  |        |                              |  |  |
| 16     | Maximum vehicle credit amount  | 16     | 4,000.                       |  |  |
|        |  |        |                              |  |  |
| 17     | Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line                                      | 47     |                              |  |  |
| Part   | 14 in Part IV of Form 8936   | 17     |                              |  |  |
| 18a    | Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exce                              | ention | for certain tax-exempt       |  |  |
|        | entities discussed in the instructions applies.  | puo    | Tor outain tax oxompt        |  |  |
|        | ☐ Yes.   |        |                              |  |  |
|        | No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception                                    | appli  | es.                          |  |  |
| b      | Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from |        |                              |  |  |
|        | another person.  |        |                              |  |  |
|        | Yes.   |        | a ka adhana an an iond fan   |  |  |
|        | No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to resale.                          | o leas | e to others, or acquired for |  |  |
|        |  |        |                              |  |  |
| С      | Is the vehicle also powered by gas or diesel? See instructions.  |        |                              |  |  |
|        | ☐ Yes. ☐ No.   |        |                              |  |  |
|        |  | 1      | I                            |  |  |
| 19     | Enter the cost or other basis of the vehicle. See instructions   | 19     |                              |  |  |
| 19     | Litter the cost of other basis of the vehicle. See histractions  | 19     |                              |  |  |
| 20     | Section 179 expense deduction (see instructions)   | 20     |                              |  |  |
|        |  |        |                              |  |  |
| 21     | Subtract line 20 from line 19  | 21     |                              |  |  |
| 00     | Multiply line 01 by 150/ (0.15) [200/ (0.20) if the appropriate 100 phase is "Ne"]   | 00     |                              |  |  |
| 22     | Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]  | 22     |                              |  |  |
| 23     | Enter the incremental cost of the vehicle. See instructions  | 23     |                              |  |  |
|        |  |        |                              |  |  |
| 24     | Enter the smaller of line 22 or line 23  | 24     |                              |  |  |
| 25     | Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is                                 |        |                              |  |  |
| _0     | 14,000 pounds or more)   | 25     |                              |  |  |
| 26     | Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V                                       |        |                              |  |  |
| _0     | of Form 8936   | 26     |                              |  |  |

### 2023 KANSAS INDIVIDUAL INCOME TAX

305



4088066880 828626421 ABHILASH AKULA AKUL

11455 FLYOD DR APT 1903 OVERLAND PARK

KS 66210

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2023

WY

500

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Head of Household (Do not Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) State of Legal Residence Χ

> Part-Year Resident (Complete Sch S, Part B) From То

Enter the total exemptions for you, your spouse (if applicable), If filing status above is Head of If claiming the Disabled Veteran Personal Exemptions: Exemption allowance, enter the total here. and each person you claim as a dependent. Household, add one exemption. (See instructions for qualifications

> 1 Total Kansas exemptions

In the following spaces, provide the requested information for all persons you claimed as dependents. DO NOT include you or your spouse. If additional space is needed, enclose a separate sheet, only after completing all nine lines below

0

Date of Birth - MMDDYYYY SSN Dependent Name - First, Middle and Last

Food Sales Tax Credit: You must have been a Kansas resident for ALL of 2023. Complete this section to determine your qualifications and credit.

 $\boldsymbol{\mathsf{A}}.$  Had a dependent child who lived with you all year and was under the age of 18 all of 2023?

E. Number of exemptions claimed

B. Were you (or spouse) 55 years of age or older all of 2023 (born prior to January 1, 1968)?

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2006)

C. Were you (or spouse) totally and permanently disabled or blind **all** of 2023, regardless of age? If you answered NO to A, B, and C, **STOP HERE**, you do

G. Total qualifying exemptions (subtract line F from line E)

not qualify for this credit.

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return.

H. Food Sales Tax Credit (multiply line G by \$125). Enter

If Line D is more than 30,615 **STOP HERE,** you do not qualify for this credit.

result here and on line 18 of this form.

REV 11/29/23 PRO



### **2023** KANSAS INDIVIDUAL INCOME TAX 305



| ABHILASH   | AKULA   | AKUL  | 828626421                             |
|--|---|---|---------------------------------------|
| Federal adjusted gross income                                      | 120036  | 23. Refundable portion of earned income tax credit                  | 0                                     |
| 2. Modifications   | 0   | 24. Refundable portion of tax credits                               | 0                                     |
| 3. Kansas adjusted gross income                                    | 120036  | 25. Payments remitted with original return                          | 0                                     |
| Standard or itemized deductions. (If itemizing, complete KS Sch A) | 3500  | 26. Credit for tax paid on the K-120S                               | 0                                     |
| 5. Exemption allowance   | 2250  | 27. Overpayment from original return. This figure is a subtraction. | 0                                     |
| 6. Total deductions  | 5750  | 28. Total refundable credits  | 7069                                  |
| 7. Taxable income  | 114286  | 29. Underpayment  | 0                                     |
| 8. Tax   | 6057  | 30. Interest  | 0                                     |
| 9. Nonresident percentage  | 0.0000  | 31. Penalty   | 0                                     |
| 10. Nonresident tax  | 0   | 32. Estimated tax penalty   | 0                                     |
| 11. KS tax on lump sum distributions                               | 0   | 33. AMOUNT YOU OWE  | 0                                     |
| 12. TOTAL INCOME TAX   | 6057  | 34. Overpayment   | 1012                                  |
| 13. Credit for taxes paid to other states                          | 0   | 35. CREDIT FORWARD  | 0                                     |
| 14. Credit for child and dependent care expenses                   | 0   | 36. Chickadee Checkoff  | 0                                     |
| 15. Other credits  | 0   | 37. Senior Citizens Meals On Wheels<br>Contribution Program         | 0                                     |
| 16. Subtotal   | 6057  | 38. Breast Cancer Research Fund                                     | 0                                     |
| 17. Earned Income Credit   | 0   | 39. Military Emergency Relief Fund                                  | 0                                     |
| 18. Food Sales Tax Credit  | 0   | 40. Kansas Hometown Heroes Fund                                     | 0                                     |
| 19. Total Tax Balance  | 6057  | 41. Kansas Creative Arts Industry Fund                              | 0                                     |
| 20. KS income tax withheld from W-2, 1099 or K-19                  | 7069  | 42. Local School District Contribution Fund. School District Number | 0                                     |
| 21. Estimated tax paid   | 0   | 43. Kansas Historic Site Contribution Fund. Historic Site Number    | 0                                     |
| 22. Amount paid with Kansas extension                              | 0   | 44. REFUND  | 1012                                  |
|  | Taxation or the Director's designee to discuss my ies of perjury that to the best of my knowledge and |   |                                       |
| Taxpayer Signature (Required)                                      | Date  | Spouse Signature (Required)   | Date                                  |
| Preparer<br>Signature  |   |   | PTIN, EIN or SSN (Required) P02082703 |

INDIVIDUAL INCOME TAX PO Box 750260 TOPEKA KS 66699-0260

Page 2 of 2

## SUPPLEMENTAL SCHEDULE

305



828626421 ABHILASH **AKULA** AKUL

### PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

### ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related

A5. Business interest expense carryforward deduction (I.R.C. § 163(J))

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A6. Unqualified withdrawals from First Time Home Buyer Savings Account

A3. Kansas Expensing Recapture (enclose applicable schedules)

A7. Other additions to FAGI (enclose list)

A4. Low income student scholarship contribution (enclose Sch K-70)

A8. Total additions to FAGI (add lines A1 - A7)

#### SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A9. Social Security benefits

A17. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951A)

A10. KPERS lump sum distributions exempt from income tax

A18. Disallowed business interest deduction (I.R.C. § 163(J))

A11. Interest on U.S. Government obligations (reduced by related

A19. Disallowed business meal expenses (I.R.C. § 274)

- expenses)

A12. State or local income tax refund (if included in line 1 of Form K-40)

A20. Contributions to an ABLE savings

A13. Retirement benefits specifically exempt from Kansas Income Tax A21. Kansas Expensing Deduction (Enclose K-120EX)

A14. Military compensation of a nonresident servicemember (Non-Residents only)

A22. Qualified Contributions from First Time Home Buyer Savings Account

A15. Contributions to Learning Quest or other states' qualified tuition

A23. Other subtractions from FAGI

(enclose list)

A16. Armed forces recruitment, sign-up,

or retention bonus

A24. Total subtractions from FAGI (add

lines A9 - A23)

#### **NET MODIFICATIONS:**

A25. Net modifications to FAGI (subtract line A24 from line A8). Enter total here and on line 2, Form K-40.

0