Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social security number

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name

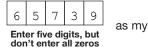
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SUR	ESH BABU MANNEPALLI		726-96	-5739	
Spouse	's name		Spouse's so	cial secur	ity number
NAG	A SUDHA MANNEPALLI		996-90	-4658	
Part	Tax Return Information – Tax Year Ending December 31, 2023 (E	Inter	year you a	are auth	norizing.)
Enter	whole dollars 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	84,333.
2	Total tax			2	0.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	12,331.
4	Amount you want refunded to you			4	12,331.
5	Amount you owe			5	
Dort	Taxpayor Declaration and Signature Authorization (Be sure you get a	nd k		ov of ve	vur roturn)

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

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

Taxpayer's PIN: check one box only

				EBO firm name	C	Ēr
$\mathbf{\Lambda}$	rauthorize	GLODAL	IAVEO		to enter or generate my PIN	_
	l authorize	CTODAT	TAVEC	TTC	to optox or concrete my DIN	6



5

6

Enter five digits, but don't enter all zeros

8

as mv

0 4

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

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

Your signature

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

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

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

Spouse's sign	nature Da	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/F	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 6 nter a		2	7	1

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

ERO's signature 🕨		Date 🕨	
	ist Retain This Form — See his Form to the IRS Unless I		
Experies of Deduction Astronomics and the	at a trate attain		E 9970 (Days of 0001)

Date

For the year Jan. 1–Oo: 31, 2023, or other tax year beginning	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not w	rite or sta	ple in this space.
SORESH BABU MANNEPALLI 726 96 57:39 If pint thum, spouse's first name and model initial Last name 996 190 40:10 996 190 40:10 996 190 40:10 996 190 40:10 996 190 40:10 996 190 40:10 996 190 40:10 10:1	For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling	l		, 20	See se	oarate i	nstructions.
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City, tow, or post office. If you have a foreign address, also complete spaces below. State 2P code MI 48.335 spouse ff filling jointly, went 38 box below will not change box below will not box will you checked the MFS box, enter the and income) checked the MFS box, enter the adupt also set of a logital asset or a financial interest in a digital asset? (See instructions.) Yes No Standard Digital Assets At any time during 2023, di you; if you as a dependent checked the MFS box below below all not a separate return or you were a dual-status allen dependents, see instructions; film ce than four dependents, see instructions; film ce than four dependent as bencher form Form(s) W-2. box 1 (see instructions) film ce than four dependent as bencher form Form 8839, line 29 film ce than four dependent as bencher form Form 8839, line 29 film ce than four dependent as bencher form Form 8839, line 29 film ce than box dependent as benotes form Form 8839, line 29 film ce than during du	35373 DF	AKE	SHIRE IN						2	0.3			
TRACTON INI 423.35 box below will not change Foreign country name Foreign province/state/country Prevign postal cody vor tax or refund. Filing Status Single Head of household (HOH) Wow Spouse Check only Married filing jointly (even if only one had income) one box. Calalifying service and the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent. Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. Assets Someone can claim: You s a dependent You spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Acay time during person is a child but not your spouse. If you checked the HOH or QSS box, enter the child's name it the enter than four dependent Dependents (see instructions): (2) Social security (a) Peatorship (2) Acadita security (a) Peatorship If more (1) First name Last name number (a) Peatorship If then four (a) Total amount from Form(s) W-2, box 1 (see instructions) 1a 84 / 333. If then four (b) Household employee wages not reported on Form(s) W-2. 1b (b) Peatorship				mplete	spaces be	low.	Sta	ite			· ·		
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ettach Forms W-2G and 109-R if tax vas withheld. d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		с	Tip income not reported on line 1a	a (see ii	nstruction	is)					. 1c	:	
1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1 was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1 If you did not g Wages from Form 8919, line 6 1 1 W2, see in Nontaxable combat pay election (see instructions) 1 0 1 W2, see Nontaxable combat pay election (see instructions) 1 0 1 Attach Sch. B 2a Tax-exempt interest 2a 2a b Taxable interest 2b Attach Sch. B 2a Tax-exempt interest 2a 2a b D ordinary dividends 3b Standard Deduction for- 5a Pensions and annuities 5a 5a b Taxable amount 4b Standard Dige or Married fling separately, S13.850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Married fling plointly or Capital gain or (loss). Attach Schedule D if required. If not required, check here 9 84, 333. Standard Deduction for- 8 Additional income from Schedule 1, line 10 7 8 Standard fling separately, S13	attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)			. 1d		
was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1i w2, see i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Add lines 1a through 1h 1z 84,333. Attach Sch. B 2a Tax-exempt interest 2a b b Taxable interest 2b if required. 3a Qualified dividends 3a b b Taxable amount 4b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Married fling joint or Gapital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 7 Married fling surving spouse. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84, 333. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 11 84, 333.<		е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e		
get a Form W-2, see instructions. h Other earned income (see instructions) 1h 0. instructions. i Nontaxable combat pay election (see instructions) 1i 1i 0. instructions. z Add lines 1a through 1h 1 1i 1i 0. Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. B 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Standard 6a Social security benefits 6a b Taxable amount 6b Married filing ionity or Oualifying surving spouse, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Standard of Deduction for 9 84,333. 9 84,333. \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7		f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
W-2, see in Outer earlied informe (see instructions) 11 11 0 instructions. i Nontaxable combat pay election (see instructions) 11 12 84,333. Attach Sch. B if required. 3a Qualified dividends 2b 2b 4a IRA distributions 4a b Taxable amount 2b 5a Qualified dividends 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 6b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 7 Single or 6a Social security benefits 6a b Taxable amount 6b offly ou elect to use the lump-sum election method, check here (see instructions) 7 7 6b Married filing jointly or 8 Additional income from Schedule 1, line 10 7 8 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84, 333. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 11	If you did not	g	Wages from Form 8919, line 6 .								. 1g		
instructions. i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 1z 84,333. Attach Sch. B 2a Tax-exempt interest 2b a Qualified dividends 3a b Taxable interest 2b a Qualified dividends 3a b Ordinary dividends 3b a IRA distributions 4a b Taxable amount 4b Standard Deduction for- 6a b Taxable amount 4b separately, separately, s13,850 F Gaptal gain or (loss). Attach Schedule D if required. If not required, check here 7 a Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84, 333. y20, 800 Head of nousehold, s20,800 Subtract line 10 from line 9. This is your adjusted gross income 11 84, 333. 12 27, 700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 12 27, 700. 14 27, 700. 14 27, 700. 14 27, 700.		h	Other earned income (see instruct	ions)							. 1h		0.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 5b 6a Social security benefits 6a b Taxable amount 7 6b Married filing jointly or C If you elect to use the lump-sum election method, check here (see instructions) 7 7 Married filing jointly or 8 Additional income from Schedule 1, line 10 7 8 Qualifying surving spouse, \$27,700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84, 333. 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 84, 333.		i	Nontaxable combat pay election (s	see ins	tructions)			1 i					
if required. 3a 3a b Ordinary dividends 3b Standard Deduction for- Bandard Deduction for- Single or Married filing separately, \$13,850 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surving spouse, \$27,700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84, 333. 10 Adjustments to income from Schedule 1, line 26 11 84, 333. 10 18 Subtract line 10 from line 9. This is your adjusted gross income 11 84, 333. 12 27, 700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 27, 700. 14		z	Add lines 1a through 1h .	• •							. 1z		84,333.
Out O	Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		
Standard Deduction for - 5a 9 7 5b • Single or Married filing separately, \$13,850 6a 0 b Taxable amount 6b • Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6b • Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 8 9 84,333. • 220,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 84,333. • If you checked any box under Standard Deduction or itemized deductions (from Schedule A) 12 27,700. • If you checked any box under Standard 14 Add lines 12 and 13 14 27,700.	if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds .		. 3b		
Deduction for- Sa Sa <td></td> <td>4a</td> <td>IRA distributions</td> <td>4a</td> <td></td> <td></td> <td>bΤ</td> <td>axable amoun</td> <td>t</td> <td></td> <td>. 4b</td> <td></td> <td></td>		4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b		
 Single or Married filing separately, \$13,850 Married filing jointy or Qualifying spouse, \$27,700 Head of household, \$20,800 Hi you checked any box under Standard Deduction, 11 Married file Usiness income deduction from Form 8995 or Form 8995-A Married file Usiness 12 and 13 Married file Usiness 12 and 13 Married file Usiness income 12 Married File Usine Standard Deduction, 14 Add lines 12 and 13 Married File Using Standard Deduction and the standard Deduction, 14 Married File Using Standard Deduction and the standard Deduction, 14 		5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b		
separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointy or Qualifying surviving spouse, \$27,700 8 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 9 84,333. \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 10 If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 12 27,700. 14 Add lines 12 and 13 14 27,700. 14 27,700.	 Single or 	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b		
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Married filing jointly or Qualifying souse, \$27,700 8 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 • Married filing jointly or Qualifying souse, \$27,700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 84, 333. • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 10 • If you checked any box under Standard Deduction, 14 Add lines 12 and 13 13 14 27, 700.		с	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)		[
jointy or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 1089Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income984, 333.984, 333.984, 333.984, 333.10101184, 333.1184, 333.12Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A131427, 700.	\$13,850	^{113,850} 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here					7						
surviving spouse, \$27,700 9 Add lines 12, 20, 30, 40, 50, 60, 7, and 6. This is your total income 9 64, 333. \$27,700 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 84, 333. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 27, 700. • If you checked any box under 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 27, 700.	Married tiling jointly or Qualifying 9 Add lines 17 2b 3b 4b 5b 6b 7 and 8 This is your total income				. 8								
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 84,333. • If you checked any box under Standard Deduction, and deduction, and deduction, and beduction, and the standard deduction, and the standard deduction, and the standard deduction and the standard deduction and the standard deduction and the standard deduction from Form 8995 or Form 8995-A 12 27,700.					. 9		84,333.						
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I is possible of the standard deduction of nemized deductions (non scriedule A) 12 27,700. I is possible of the standard deduction of nemized deductions (non scriedule A) 13 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 Deduction, 14 Add lines 12 and 13 14 27,700.	household,	11	Subtract line 10 from line 9. This is	s your a	adjusted	gross incor	ne				. 11		84,333.
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard14Add lines 12 and 131427,700.		12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		27,700.
Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 56, 633.	Deduction,	14	Add lines 12 and 13								. 14		27,700.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	ourt	taxable incom	ie .		. 15		56,633.

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

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	16	6, 355.
Credits	17	Amount from Schedule 2, lin	e3				17	,
	18	Add lines 16 and 17					18	6,355.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		19)
	20	Amount from Schedule 3, lin	ie8				20	6,355.
	21	Add lines 19 and 20					21	6,355.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			22	2 0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		23	3 0.
	24	Add lines 22 and 23. This is					24	
Payments	25	Federal income tax withheld						
·	а	Form(s) W-2				25a 12	,331.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c	,				25	d 12,331.
	26	2023 estimated tax payment					26	
If you have a l qualifying child,	27	Earned income credit (EIC)		••		27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit				29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin				31		
	32	Add lines 27, 28, 29, and 31					32	x
	33	Add lines 25d, 26, and 32. T	•		-			10.001
Refund	34	If line 33 is more than line 24					34	
Refutio	35a	Amount of line 34 you want						
Direct deposit?	b	Routing number 0 7 2		2 6			Savings	1 12/0011
See instructions.	d	Account number 9 1 3					Savings	
	36	Account number <u>9 1 1 9</u> Amount of line 34 you want a			d tax	36		
A						30		
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g					37	,
	38					38	3/	
Think Dauta		Estimated tax penalty (see in	,					
Third Party Designee		you want to allow another	•				omplete belov	v. 🔀 No
Designee		signee's		Phone			onal identificatio	
	nai			no.			per (PIN)	
Sign		der penalties of perjury, I declare tl						
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informatio	on of which prep	arer has any knowledge.
nere	Yo	ur signature		Date	Your occupation			sent you an Identity
							Protection (see inst.)	PIN, enter it here
Joint return? See instructions.				Dete	SOFTWARE I		. ,	
Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion		sent your spouse an otection PIN, enter it here
your records.					HOME MAKE	3	(see inst.)	
	Ph	one no. (248) 854-325	3	Email address		4@GMAIL.COM	I	
<u> </u>		eparer's name	Preparer's signat			Date	PTIN	Check if:
Paid		M PRIYA RAM SAGAR GUPTA	SYAM PRTY	A RAM SAG	GAR GUPTA	04/23/2024	P0208270	3 Self-employed
Preparer		m's name GLOBAL TAX				01/20/2021		(678) 965-9522
Use Only			Y CT E BRU	INSWICK N	J 08816		Firm's EIN	
Go to www.irs.or		1040 for instructions and the late						Form 1040 (2023)
			scanomation.		BAA	REV 04/03/24 PRO		(2023)

Additional Credits and Payments

OMB No. 1545-0074

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

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



	(s) shown on Form 1040, 1040-SR, or 1040-NR					ecurity number
Par	ESH BABU & NAGA SUDHA MANNEPALLI I Nonrefundable Credits			726-9	96-5	/39
1	Foreign tax credit. Attach Form 1116 if required				1	
2	Credit for child and dependent care expenses from Form 244 Form 2441			ttach	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 3	2.			5b	
6	Other nonrefundable credits:					
а	General business credit. Attach Form 3800	6a				
b	Credit for prior year minimum tax. Attach Form 8801	6b				
С	Adoption credit. Attach Form 8839	6c				
d	Credit for the elderly or disabled. Attach Schedule R	6d				
е	Reserved for future use	6e				
f	Clean vehicle credit. Attach Form 8936	6f	6,	,355.		
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				
Ι	Amount on Form 8978, line 14. See instructions	61				
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	6,355.
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form	1040,	1040-S	R, or		
	1040-NR, line 20			• •	8	6,355.

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15	
	BAA REV	04/03/24 PRO	Schedu	ule 3 (Form 1040) 2023

2	3936	Clean Vehicle Credits		0	MB No. 1545-2137
Form	1330				9 073
Departm	ent of the Treasury	Attach to your tax return.		At	
Internal I	Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest information.		Se	equence No. 69
()	shown on return		Identifying	-	
		NAGA SUDHA MANNEPALLI	726-9		/39
Notes	•	a separate Schedule A (Form 8936) for each clean vehicle placed in service durin	g the tax	year.	
		completing Parts II, III, or IV, must also complete Part I. See "Note" text below.			
Part		d Adjusted Gross Income Amount			
1a			4,333.		
b	•	me from Puerto Rico you excluded			
c	-	unt from Form 2555, line 45			
d	-	unt from Form 2555, line 50			
е	-	unt from Form 4563, line 15			
2				2	84,333.
3a		unt from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR 3a			
b	-	me from Puerto Rico you excluded			
c	-	unt from Form 2555, line 45			
d	-	unt from Form 2555, line 50			
е	-	unt from Form 4563, line 15			
4				4	
5		ller of line 2 or line 4		5	84,333.
Part		or Business/Investment Use Part of New Clean Vehicles	0.000.10		
		lividuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$30 J surviving spouse; \$225,000 if head of household).	JU,UUU IT r	narrie	d filing jointly or a
6	Enter the total	credit amount figured in Part II of Schedule(s) A (Form 8936)		6	0.
7	New clean veh	icle credit from partnerships and S corporations (see instructions)		7	
8		stment use part of credit. Add lines 6 and 7. Partnerships and S corporations, st			
		amount on Schedule K. All others, report this amount on Form 3800, Part III, line	1y	8	0.
Part		or Personal Use Part of New Clean Vehicles			
		u can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300 J surviving spouse; \$225,000 if head of household).	,000 if m	arried	filing jointly or a
9	Enter the total	credit amount figured in Part III of Schedule(s) A (Form 8936)		9	7,500.
10	Enter the amo	unt from Form 1040, 1040-SR, or 1040-NR, line 18		10	6,355.
11	Personal credi	ts from Form 1040, 1040-SR, or 1040-NR (see instructions)		11	
12	Subtract line 1	1 from line 10. If zero or less, enter -0- and stop here. You can't claim the perso	onal use		
	part of the cre	dit		12	6,355.
13		part of credit. Enter the smaller of line 9 or line 12 here and on Schedule			
		f line 12 is smaller than line 9, see instructions		13	6,355.
Part	V Credit f	or Previously Owned Clean Vehicles			
		u can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150	,000 if m	arried	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	
15	Enter the amo	unt from Form 1040, 1040-SR, or 1040-NR, line 18		15	
16	Personal credi	ts from Form 1040, 1040-SR, or 1040-NR (see instructions)		16	
17	Subtract line 1	6 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV	/ credit	17	
18		Iller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If lir			
	smaller than lir	ne 14, see instructions		18	
Part		or Qualified Commercial Clean Vehicles			
19	Enter the total	credit amount figured in Part V of Schedule(s) A (Form 8936)		19	
20		nercial clean vehicle credit from partnerships and S corporations (see instructions		20	
21		nd 20. Partnerships and S corporations, stop here and report this amount on S			
	K. All others, r	eport this amount on Form 3800, Part III, line 1aa		21	
For Pa	perwork Reduct	ion Act Notice, see separate instructions. BAA REV 04/)3/24 PRO		Form 8936 (2023)

SCHEDULE	Α
(Form 8936)	

Clean Vehicle Credit Amount

OMB No. 1545-2137

Attach	to	your	tax	return
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(FOII	11 0930)			20 23
		Attach to your tax return.		
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form8936 for instructions and the latest informati	on.	Attachment Sequence No. 69A
Name(s) shown on return		Identif	fying number
SUR	ESH BABU &	NAGA SUDHA MANNEPALLI	726	-96-5739
Part	Vehicle	Details		
1a	Year			2023
b	Make		TES	LA
с	Model		MOD	EL Y
2	Vehicle identif	ication number (VIN) (see instructions) 7 S A Y G D E E 2	Ρ	A 2 0 1 9 0 6
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	12/	27/2023
4		le used primarily outside the United States? Answer "No" if it was but an exception here. You can't claim a credit amount for a vehicle used primarily outside the Un		
5	Does the VIN e definitions. X Yes. Go to No. Go to		year? S	See instructions for
6			2 and	placed in service during
7	during the tax Yes. Go to No. Stop I	nere. You can't use this schedule to figure a credit amount for a vehicle not descr		
Part	Credit A	Amount for Business/Investment Use Part of New Clean Vehicle		
8	another perso	re the vehicle for use or to lease to others, and not for resale? Answer "No" if you n. here. You can't claim a credit amount for a vehicle you didn't acquire for use or to		
9	Tentative cred	it amount (see instructions)	9	7,500.
10	Business/inve	stment use percentage (see instructions)	10	%
11	entered 100%	by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you on line 10, stop here. Otherwise, go to Part III below	11	0.
Part	III Credit A	Amount for Personal Use Part of New Clean Vehicle		
12		1 from line 9 in Part II. Stop here and include this credit amount on line 9 in		
	Part III of Form	18936	12	7,500.

For Paperwork Reduction Act Notice, see the Form 8936 instructions. BAA REV 04/03/24 PRO Schedule A (Form 8936) 2023

Schedu	e 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	e from another person.
	☐ Yes.	
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or a	cquired for resale.
•	Can you be alaimed as a dependent on another person's tay return, such as your persont's return	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
С	Can you be claimed as a dependent on another person's tax return, such as your parent's return Yes. Stop here. You can't claim a credit amount if you can be claimed as a dependent.	111
	□ 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 vahiala avadit amaunt	4 000
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	
17	14 in Part IV of Form 8936	17
Part		
18a	Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exce	ption for certain tax-exempt
	entities discussed in the instructions applies.	
	Yes.	
	No. Stop here. The vehicle is not a qualified commercial clean vehicle unless the exception	applies.
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.	<u> </u>
	No. Stop here. You can't claim a credit amount for a vehicle you didn't acquire for use or to	b lease to others, or acquired for
	resale.	
с	Is the vehicle also powered by gas or diesel? See instructions.	
	☐ Yes.	
	□ No.	
19	Enter the cost or other basis of the vehicle. See instructions	19
20	Section 179 expense deduction (see instructions)	20
21	Subtract line 20 from line 19	21
22	Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"]	22
00	Enter the incremental east of the unbials. One instructions	
23	Enter the incremental cost of the vehicle. See instructions	23
24	Enter the smaller of line 22 or line 23	24
27		
25	Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is	
	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	
	of Form 8936	26

Schedule A (Form 8936) 2023

2023 MICHIGAN Inc Return is due April 15, 2024				n MI-10	40			nded Return]
1. Filer's First Name	M.I.	Last Name	х них. 		2. Filer's	Full Social Se	curity No	o. (Example: 123-45-6789	<u>)</u>
SURESH BABU		MANNEPALLI							.,
If a Joint Return, Spouse's First Name	M.I.	Last Name				26 —	96	- 5739	
NAGA SUDHA		MANNEPALLI			3. Spous	e's Full Social	Security	y No. (Example: 123-45-6	789)
Home Address (Number, Street, or P.O.	,				90	6 —	90	<u> </u>	
35373 DRAKESHIRE City or Town	LN, A	PT. 203	ZIP Code			District Code			
				.	4. 30100		(5 uigite	>)	
FARMINGTON 5. STATE CAMPAIGN FUND		MI	48335			63200 ERMEN, OI			
Check if you (and/or your spo filing a joint return) want \$3 of to go to this fund. This will not your tax or reduce your refund	your taxes increase	a. Filer S b. Spouse			heck this b shing, or se		your inc	come is from farming,	
7. 2023 FILING STATUS. Check a. Single b. X Married filing jointly c. Married filing separately	* If y line belo	rou check box "c," compl 3 and enter spouse's ful w:		a. 🗶 F	ESIDENC Resident Ionresiden Part-Year F	t *	* "	all that apply. f If you check box "b" or ic," you must complete and include Schedule NR .	
 EXEMPTIONS. NOTE: If so a. Number of exemptions (so 				ſ	iter 0 on lir 2	ne 9a and er x \$5,400	ſ	500 on line 9e (see ins 10800	Γ
 b. Number of individuals who blind, hemiplegic, paraple 		0 1	•			x \$3,100	9b.		00
c. Number of qualified disab	led vetera	ns		9c.		x \$400	9c.		00
d. Number of Certificates of	Stillbirth fr	om MDHHS (see instruc	tions)	9d.		x \$5,400	9d.		00
e. Claimed as dependent, se	e line 9 N	OTE above		9e.			9e.		00
f. Add lines 9a, 9b, 9c, 9d a	nd 9e. En	ter here and on line 15 .				г	9f.	10800	00
10. Adjusted Gross Income fro	m your U.	S. Form <i>1040</i> (see instru	uctions)			10.		84333	00
11. Additions from Schedule 1, li	ne 9. Incl i	ude Schedule 1				11.			00
12 Total Add lines 10 and 11						12		84333	

12.	Iolal. Add lines T0 and T1	12.	64333 0	<u></u>
13.	Subtractions from Schedule 1, line 31. Include Schedule 1	13.		00
14.	Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"	14.	84333 (00
15.	Exemption allowance. Enter amount from line 9f or Schedule NR, line 19	15.	10800	00
16.	Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"	16.	73533 0	00
17.	Tax. Multiply line 16 by 4.05% (0.0405)	17.	2978	00

Filer's Full Social Security Number

726 — 96

96 — 5739

NON	REFUNDABLE CREDITSAMOUNT		CREDIT
18.	Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions) 18a.	18b.	00
19.	Michigan Historic Preservation Tax Credit (see instructions). 19a. 00	19b.	00
20.	Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"	20.	2978 00
21.	Voluntary Contributions from Form 4642, line 6. Include Form 4642.	21.	00
22.	Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings</i> <i>Program</i> , line 5	22.	00
23.	USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)	23.	0 00
24.	Total Tax Liability. Add lines 20 through 23 24.		2978 00
REFI	JNDABLE CREDITS AND PAYMENTS		
25.	Property Tax Credit. Include MI-1040CR or MI-1040CR-2	25.	00
26.	Farmland Preservation Tax Credit. Include MI-1040CR-5	26.	00
	FEDERAL		MICHIGAN
27.	Earned Income Tax Credit. Multiply line 27a by 30% (0.30) 00 and enter result on line 27b	27b.	00
28.	Michigan Historic Preservation Tax Credit (refundable). Include Form 3581	28.	00
29.	Credit for allocated share of tax paid by an electing flow-through entity (see instructions)	29.	00
30.	Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s)	30.	3273 00
31.	Estimated tax, extension payments and 2022 credit forward	31.	00
32.	2023 AMENDED RETURNS ONLY. Taxpayers completing an original 2023 return should skip to line 33. Amended returns must include Schedule AMD (see instructions) .		
	32a. If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.		
	32b. If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.	32c.	00
			3273 00
33.	Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c 33.		5275100

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

726 — 96 — 5739

REFUND OR TAX DUE

34.	If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions. Include interest 00 and penalty 00	00
35.	Overpayment. If line 33 is greater than line 24, subtract line 24 from line 33	295 00
36.	Credit Forward. Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return	36. 00
37.	Subtract line 36 from line 35	295 00

DIRECT DEPOSIT	a. Routing Transit	t Number	b	Account Number	c. Type of Account			
Deposit your refund directly to your financial institution! See instructions and complete a, and c.	072000326		91389	7358	1. X Checking 2. Savings			
Deceased Taxpayer. If Filer and/or Sp ENTER DATE OF DEATH ONLY. Examp		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.						
				Preparer's PTIN, FEIN or S	SSN			
Filer — —	Spouse -		-	P02082703				
Taxpayer Certification. I declare under penalty of perjury that the information in this return				Preparer's Name (print or type)				
and attachments is true and complete to the l			i illis return	SYAM PRIYA I	RAM SAGAR GUPTA			
Filer's Signature		Date		Preparer's Signature				
				SYAM PRIYA I	RAM SAGAR GUPTA			
Spouse's Signature		Date		Preparer's Business Name	e, Address and Telephone Number			
				GLOBAL TAXE	S LLC			
		•		245 ROONEY	СТ			
By checking this box, I authorize	Freasury to discuss my r	E BRUNSWICK						
	, ,			678-965-952				

Refund, credit, or zero returns. Mail your return to:Michigan Department of Treasury, Lansing, MI48956Pay amount on line 34 (see instructions). Mail your check and return to:Michigan Department of Treasury, Lansing, MI48929

2023 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

INSTRUCTIONS: If you had Michigan income tax withheld in 2023, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
SURESH BABU		MANNEPALLI	726 — 96 — 5739
If a Joint Return, Spouse's First Name	M.I.	Last Name	3. Spouse's Full Social Security No. (Example: 123-45-6789)
NAGA SUDHA		MANNEPALLI	996 — 90 — 4658

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

	4	В	С	D		E	
	"X" for: Spouse	Employer's identification number (Example: 38-1234567)	Box c — Employer's name	Box 1 — Wages, tips, other compensation		Box 17 — Michigan income tax withheld	
Х		20-0388168	MEJENTA SYSTEMS	84333	00	3273	00
					00		00
					00		00
					00		00
					00		00
Enter	Table	1 Subtotal from additional Sche		00			
4.	SUB	3273	00				

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS

A	В	С	D	E
Enter "X" for: Filer or Spouse	Payer's federal identification number (Example: 38-1234567)	Payer's name	Taxable pension distribution, misc. income, etc. (see inst.)	Michigan income tax withheld
			00	
			00	
			00	
			00	
			00	
Enter Table	2 Subtotal from additional Sche	dule W forms (if applicable)		oc
5. SUB	FOTAL. Enter total of Table 2, c	olumn E		oc
6. TOTA	L. Add lines 4 and 5. Enter her	e and carry to MI-1040, line 30		. 3273 00

Attachment 13