Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer's name	Social security number
VENKATA LAKSHAMANA V BOINAPALLI	780-61-2388
Spouse's name	Spouse's social security number
JHANSI RANI PARASA	983-90-9362
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 119,970.
2 Total tax	2 10,916.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,906.
4 Amount you want refunded to you	4
5 Amount you owe	5 10.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	

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

Taxpayer's PIN: check one box only

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

1	2	3	8	8	as my
Ent don	-				

9

3 б 2

don't enter all zeros

as mv

ERO firm name 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.

Date

Your signature Venkata Lakshamana Vihari Boinapalli

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 0 to enter or generate my PIN ERO firm name Enter five digits, but

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 signature >	Date				 	 	
Practitioner PIN Method Returns Only—cont	inue be	low	,				
Part III Certification and Authentication – Practitioner PIN Method O	nly						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	1. 2	2	2		0 {	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 ►									
ERO Must Retain This Don't Submit This Form to the										
For Paperwork Reduction Act Notice, see your tax return instructions	BAA	REV 03/04/24 PRO	Form 8879 (Rev. 01-2021)							

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2023

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

JHANSI RANI

2023

BOINAPALLI

Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

VENKATA LAKSHAMANA V

COLUMBUS OH 43240

1369 AMERICAN BEAUTY LN

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

PARASA

Enter the amount 10. of your payment . 1555

REV 03/04/24 PRO

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

290P75399 01 BOIN 30 0 505375 PT0

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Or	۱ly—Do not ۱	vrite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, en	, 2023, ending , 20				See se	See separate instructions.		
Your first name	and m	iddle initial	Last na	ame						Your se	ocial sec	urity number	
VENKATA	T.AK	SHAMANA V	BOTI	JAPALLI						780		2388	
If joint return, spouse's first name and middle initial Last name												security numbe	
								983	90	9362			
		er and street). If you have a P.O. box, see						A	pt. no.			ection Campaig	
1369 AMI	RTC	AN BEAUTY LN							-			ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		•	jointly, want \$3	
COLUMBUS	3					OF	ł	432	40			nd. Checking a not change	
Foreign country				Foreign p	rovince/state	/count	ty	Foreig	n postal cod		x or refu	0	
											Yc	ou 🗌 Spouse	
Filing Status	s [Single					Head of he	ouseh	old (HOH)	•			
Check only		Married filing jointly (even if only or	ne had	income)					. ,				
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	e (QSS)			
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If yo	u che	ecked the HOF	l or QS	SS box, en	ter the ch	ild's na	me if the	
	qu	alifying person is a child but not you	ır depe	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rece	aivo (ac		d award or	navr	ment for prope	rty or	envices):	or (b) cell			
Digital Assets		ange, or otherwise dispose of a digi									ΠYe	es 🛛 No	
Standard		eone can claim: You as a de					a dependent	/ (/			
Deduction		Spouse itemizes on a separate return	n or yo		-								
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	959 [Are b	lind Sp	ouse	: 🗌 Was bor	n befo	ore January	v 2, 1959	 ls	s blind	
Dependent	s (see	instructions):		(2) 5	Social securit	у	(3) Relationsh	_{ip} (4		-	1	(see instructions)	
If more	(1) F	irst name Last name			number		to you		Child tax	credit	Credit fo	or other dependent	
than four									<u> </u>				
dependents, see instruction	s ——			_					<u> </u>				
and check	, ——								<u> </u>				
here L]										<u> </u>		
Income	1a	Total amount from Form(s) W-2, be			,							122,096.	
Attach Form(s)	b	Household employee wages not re											
W-2 here. Also	с	Tip income not reported on line 1a			-		· · · ·			. 10			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						• •		. 10			
1099-R if tax	e	Taxable dependent care benefits f				• •		• •		. 10			
was withheld.	f	Employer-provided adoption bene						• •		. 11			
lf you did not get a Form	g	Wages from Form 8919, line 6 .		• • •	• • •	• •		• •		. 10		0.	
W-2, see	h	Other earned income (see instructi	,	· · ·	· · ·	• •	· · · ·	· ·	· · ·	. 11	1	0.	
instructions.	i _	Nontaxable combat pay election (s	see insi	iructions)		• •	1 i					122,096.	
	2	Add lines 1a through 1h	2a		· · ·	 ьт	axable interest			. 12		868.	
Attach Sch. B if required.	2a 2a	'	2a 3a		1.		Ordinary divider			. 21 . 31		6.	
	<u>3a</u>		5a 4a		<u> </u>		axable amount					0.	
Standard	4a 5a		ња 5а				axable amount			· 44			
 Deduction for – Single or 	5a 6a		6a				axable amoun			. 6t			
Married filing	C	If you elect to use the lump-sum elect		method					· · ·		,		
separately, \$13,850	7	Capital gain or (loss). Attach Scher				•	,	• •				-3,000.	
 Married filing 	8	Additional income from Schedule		•				• •		. 8		5,000.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9	-	119,970.	
surviving spouse, \$27,700	10	Adjustments to income from Sche					• · · · · ·			. 10		,	
 Head of 	11	Subtract line 10 from line 9. This is								. 1		119,970.	
household, \$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.	
 If you checked any box under 	13	Qualified business income deducti								. 13		1.	
Standard	14	Add lines 12 and 13				. 555				. 14		27,701.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s. enter	-0 This is '	 vour f	taxable incom	ie .			-	92,269.	
				.,		,					- I		

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	10,916.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17						18	10,916.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	10,916.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	10,916.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 10	,905.		
	b	Form(s) 1099				25b	1.		
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,906.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,906.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆	35a	
Direct deposit?	b	Routing number X X X					Savings		
See instructions.	d	Account number X X X	X X X X	X X X Z	X X X X X	XX			
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	/Payments or	see instructions .			37	10.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						N
Designee		tructions					•		X No
	De nai	signee's ne		Phone no.			onal identific oer (PIN)	ation	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche		. ,	e best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all information	on of which I	orepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity
							Protection (see in		IN, enter it here
Joint return? See instructions.				D /	IT INDUST		``	,	
Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKER	ર	(see in		
	Ph	one no. (314)702-317	4	Email address		PALLI@GMAIL.CO)M		
		eparer's name	Preparer's signat	I		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/13/2024	P02082	703	Self-employed
Preparer		n's name GLOBAL TAX							678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)
					•				

REV 03/04/24 PRO

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

Internal Revenue Service Name(s) shown on return

Department of the Treasury

V BOINAPALLI & J PARASA

Your social security number 780-61-2388

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustments	Si	h) Gain or (loss) ubtract column (e)
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part line 2, column (g)	I, C	om column (d) and ombine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	26,991.	30,724.	2,299		-1,434.
2	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					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324 4	F	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	; (2,235.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				,	-3,669.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	170.	183.			-13.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat				12	
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	-13.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 -3,682.
	• If line 16 is a gain , 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 loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , 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 both gains?	
	No. Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (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 smaller of:	
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.	
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

BAA REV 03/04/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

Internal Revenue Service

Namo(s) shown on roturn

Sales and Other Dispositions of Capital Assets

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.

Social security number or taxpayer identification number

Name(3) shown on return	Social security number of taxpayer identification number
V BOINAPALLI & J PARASA	780-61-2388

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.

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
Webull Financial LLC	01/01/23	12/31/23	14,128.	16,050.	W	1,339.	-583.	
APEX CLEARING	01/01/23	12/31/23	1,791.	1,881.	W	41.	-49.	
CHARLES SCHWAB & CO.INC	01/01/23	12/31/23	82.	91.			-9.	
Robinhood Securities LLC	01/01/23	12/31/23	6,401.	7,562.	W	677.	-484.	
AMERITRADE	01/01/23	12/31/23	4,589.	5,140.	W	242.	-309.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	26,991.	30,724.		2,299.	-1,434.	

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.

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

	achment Sequence No. 12A
--	---------------------------------

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side V BOINAPALLI & J PARASA

Social security number or taxpayer identification number 780-61-2388

Page 2

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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	s enter a code in column (f). See the separate instructions.		If you enter an amount in column (g), enter a code in column (f).), (h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	r.) (Mo., day, yr.) (see instructions) and see Column (e) in the separate instructions. Cod	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).				
CHARLES SCHWAB & CO.INC	01/01/22	12/31/23	124.	74.			50.		
Robinhood Securities LLC	01/01/22	12/31/23	7.	64.			-57.		
AMERITRADE	01/01/22	12/31/23	39.	45.			-6.		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).		170.	183.			-13.			

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.

Qualified Business Income Deduction Simplified Computation

OMB No. 1545-2294

20

Attachment

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

Sequence No. 55 Name(s) shown on return Your taxpayer identification number

V BOINAPALLI & J PARASA

780-61-2388

Note. You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		(c) Qualified business income or (loss)	
i					
•					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v,				
2	column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 ()			
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	6 5.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 5.			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.	
10	Qualified business income deduction before the income limitation. Add lines 5 an	d 9	10	1.	
11	Taxable income before qualified business income deduction (see instructions)	11 92,270.	-		
12	Enter your net capital gain, if any, increased by any qualified dividends				
40		12 1.	-		
13	, , , , , , , , , , , , , , , , , , ,	13 92,269.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	18,454.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	1.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)	
17	Total gualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a				
	zero, enter -0		17	(0.)	
For Pri	vacy Act and Paperwork Reduction Act Notice, see instructions.	/04/24 PRO		Form 8995 (2023)	

Do not staple or paper clip.



2023 Ohio IT 1040 Individual Income Tax Return



Use only black ink/UPPERCASE letters. Use whole dollars only.

23000198 Sequence No. 1

AMENDED RETURN - Check here and i	NOL CARRYBACK - Check here and include Schedule IT NOL.			
Primary taxpayer's SSN (required) ✓ If d 780 61 2388	eceased Spouse's SSN (if fil 983 90 9			bl district # 503
First name VENKATA LAKSHAM	M.I. Last name BOINAP	ALLI		
Spouse's first name (if filing jointly) JHANSI RANI	M.I. Last name PARASA			
Address line 1 (number and street) or P.O. Box 1369 AMERICAN BEAUTY Li				
Address line 2 (apartment number, suite number	er, etc.)			
City COLUMBUS		State ZIP code OH 43240	Ohio county (first fo	ur letters)
Foreign country (if the mailing address is outsid	e the U.S.)	Foreign postal code		
Residency Status – Check only one for provident X Resident Part-year Not resident*	rimary *Indicate state prresident*	Filing Status – Check of Single, head of hous	one (as reported on fed ehold or qualifying sur	,
Check only one for spouse (if filing jointly) X Resident Part-year No resident*	*Indicate state	 Married filing jointly Married filing separate 	•	se's SSN
Ohio Nonresident Statement – See in Primary meets the five criteria for irrebuttabl		Federal extension fil	ers - check here.	
Spouse meets the five criteria for irrebuttabl	e presumption as nonresident.	lf someone can claim dependent, check her	you (or your spouse if f e.	ling jointly) as a
1. Federal adjusted gross income (federal 10 if negative			1.	119970
 2a. Additions – Ohio Schedule of Adjustments, I 	ine 11 (include schedule)	2	а.	
 a. Additions – Ohio Schedule of Adjustments, I b. Deductions – Ohio Schedule of Adjustments b. Deductions – Ohio Schedule of Adjustments c. Ohio adjusted gross income (line 1 plus line 	, line 44 (include schedule)		b.	
3. Ohio adjusted gross income (line 1 plus line	2a minus line 2b). Place a "-" in	the box if negative	3.	119970
 Exemption amount (include Schedule of D Number of exemptions including you and you 			4.	3800
5. Ohio income tax base (line 3 minus line 4; if				116170
6. Taxable business income – Ohio Schedule o	of Business Income, line 15 (inc l	ude schedule)	6.	
7. Taxable nonbusiness income (line 5 minus l	ne 6; if negative, enter zero)		7.	116170
				MM-DD-YY

2023 Ohio IT 1040



SSN: 780 61 2388 Individual Income Tax Return	
7a. Amount from line 7 on page 17	⁷ a. 116170
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	
8b.Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.
8c. Income tax liability before credits (line 8a plus line 8b)	8c. 2991
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	
12. Unpaid use tax (see instructions)	
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	
15. Estimated and extension payments, and credit carryforward from last year's return	15.
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	
17. Amended return only – amount previously paid with original and/or amended return	17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	
19. Amended return only – overpayment previously requested on original and/or amended return	
20. Line 18 minus line 19. Place a "-" in the box if negative If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	20. 4069
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.
22. Interest due on late payment of tax (see instructions)	
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State" AMOUNT E	DUE ▶ 23.
24.Overpayment (line 20 minus line 13)	
 25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability	25.
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	otal26g.
27. REFUND (line 24 minus lines 25 and 26g)YOUR REFU	JND ▶ 27. 1078
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.	If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
▶ Primary signature Phone number (314)702-3174	NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679
Spouse's signature Date	Columbus, OH 43270-2679
Preparer's printed name Phone number (678)965-9522	Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057
Authorize your preparer to Non-paid preparer PTIN: P 02082703 discuss this return	Columbus, OH 43270-2057



2023 Schedule of Ohio Withholding



23350198

Use only black ink/UPPERCASE letters. Use whole dollars only.

Primary taxpayer's SSN

Sequence No. 11

780 61 2388

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements**.

Part A - Total Withholding

 1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here and on line 14 of your Ohio IT 1040
 4069

<u>Part B -</u> 1. P/S P		Box 1 - Wages, tips, other compensation 122096	Box 2 - Federal income tax withheld 10905
	Box 15 - Employer's Ohio ID number 52611906	Box 16 - Ohio wages, tips, etc. 122096	Box 17 - Ohio income tax 4069
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



|--|

2023 Schedule of Ohio Withholding Primary taxpayer's SSN



quence No. 12

		780 61 2388	23	350298
Part C -	1099-Rs	780 01 2388		Sequence No.
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box distribution Dist	7 - ribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohi	o tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box distribution Dist	7 - ribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohi	o tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box distribution Dist	7 - ribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohi	o tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total Box distribution Dist	7 - ribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Box 14 - Ohi	o tax withheld
<u>Part D -</u> 1. P/S	<u>w-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal inco	me tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohi	o income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal inco	me tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohi	o income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Federal inco	me tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Box 15 - Ohi	o income tax withheld
Devit F				
<u>Part E -</u> 1. P/S	<u>1099-NECs</u> Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal inco	me tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Box 5 - Ohio	tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Federal inco	me tax withheld
	David Daviaria Ohia averation	Davi Z. Otata inaama	Day 5 Oble	

Box 7 - State income

Box 5 - Ohio tax withheld



Box 6 - Payer's Ohio number