IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

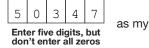
Submission Identification Number (SID)

Taxpayer's name Social security number MAHESH YALLAREDDY 515-75-0347 Spouse's name Spouse's social security number 650-99-8613 MALA JAYARAM REDDY Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 84,646. 1 1 6,379. 2 2 3 3 6,294. 4 4 5 5 85. Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

				FBO firm name		E	n
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		י



6 1

Enter five digits, but don't enter all zeros

3

as mv

9 8

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 lauthorize GLOBAL TAXES LLC ERO firm name

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 signature ►	Date I							
Practitioner PIN Method Returns Only—continu	e be	low						
Part III Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	0 all zer	 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 🕨
	ain This Form — See Instructions m to the IRS Unless Requested To Do So
Experience of Deduction Astronomics and the set	

Date

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

MAHESH

MALA



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040. Do not staple this voucher or your payment to Form 1040.

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

YALLAREDDY

JAYARAM REDDY

2037 ELK SPRINGS DR

HERMITAGE TN 37076

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

Enter the amount of your payment . . REV 03/04/24 PRO 1555

85.

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or stap	ole in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate ir	nstructions.	
Your first name	and m	iddle initial	Last r	name							-	urity number	
MAHESH				LAREDI	V						75	•	
	ouse's	s first name and middle initial	Last r									security number	
					עחחשמ					1 .	99	-	
MALA Home address ((numbe	er and street). If you have a P.O. box, see		ARAM F				Δ	pt. no.		• •	ction Campaigr	
2037 ELK			motrac					ľ	.p			ou, or your	
		ce. If you have a foreign address, also co	molete	spaces be	low	Sta	ate	ZIP co	ode			ointly, want \$3	
HERMITAG			mpiere	opuece se		TN		370				d. Checking a	
Foreign country				Foreign p	rovince/state/				n postal code		ow will n k or refur	lot change	
, ereigit eeanity	name			i orongir p	o filloo, otato,		.,		in poordi oo di			_	
Filing Status] Single					Head of he	aucoh					
Filing Status			no hac	incomo)				Jusen					
Check only		Married filing jointly (even if only one had income)											
one box.	L If y	Married filing separately (MFS) Qualifying surviving spouse (QSS)											
	-	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:											
Digital		ny time during 2023, did you: (a) rece									_		
Assets	exch	ange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (S∈	e instruction	ons.)		s 🛛 No	
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı						
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Sp	ouse	: 🗌 Was bor	n befc	ore January	2, 1959	ls	blind	
Dependents		•		(2) 5	Social security	,	(3) Relationsh	in (4) Check the	box if qual	ifies for (s	ee instructions):	
•		irst name Last name		(2)	number	, ,	to you	Child tax of		credit	Credit for	other dependents	
lf more than four													
dependents,												$\overline{\Box}$	
see instructions and check	;											\square	
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a		123,360.	
	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1k		i	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	•		.,						;		
attach Forms	d	Medicaid waiver payments not rep								. 10	1		
W-2G and	е	Taxable dependent care benefits f			, ,		, , , , ,			. 16	•		
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	839, line 29					. 1f	:		
lf you did not	g	Wages from Form 8919, line 6			-					. 10			
get a Form	h	Other earned income (see instructi								. 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i						
	z	Add lines 1a through 1h								. 1z	:	123,360.	
Attach Sch. B	2a		2a			bТ	axable interest	t.		. 2t	,	1.	
if required.	3a	Qualified dividends	3a		115.	bС	Drdinary divider	nds .		. 3b	,	115.	
	4a		4a				axable amount			. 4t	,		
Standard	5a	Pensions and annuities	5a				axable amount			. 5b	,		
 Deduction for – Single or 	6a		6a			bТ	axable amount	t		. 6b	,		
Married filing separately,	с	If you elect to use the lump-sum e	lection	n method.	check here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Sche								7			
 Married filing jointly or 	8	Additional income from Schedule								. 8		-38,830.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		84,646.	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						. 10	,		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		84,646.	
\$20,800	12	Standard deduction or itemized	-							. 12		27,700.	
 If you checked any box under 	13	Qualified business income deducti					95-A .			. 13		,	
Standard Deduction,	14									. 14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer		ess, enter	-0 This is v	/our f	taxable incom	e .				56,946.	
	-			-,									

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

Form **1040** (2023)

Form 1040 (2023	8)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	6,379.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17						18	6,379.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,379.
	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	6,379.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 6	,294.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	6,294.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	6,294.
Refund	34	If line 33 is more than line 24	1, 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							
See instructions.	d	Account number X X X							
	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, go to <i>www.irs.gov/Payments</i> or see instructions						37	85.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				_
Designee	ins	structions					•		X No
	De nai	signee's ne		Phone no.			onal identific per (PIN)	ation	
Sign		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		()	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Date Your occupation If				nt you an Identity
									IN, enter it here
Joint return?					SENIOR MAN		(see in	,	
See instructions. Keep a copy for				Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOUSE WIFE				section Find, enter it here
	Ph	one no. (615) 939-861	5	Email address		_ 09@gmail.cc	M		
		eparer's name	Preparer's signat		MAILESII, IKS	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		TATH DUGUL	GOLIN INDAM	03/03/2024			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TACANTCI/ IN			1 11115		Form 1040 (2023)
ao to www.iis.go		in the instructions and the late	scinomation.		BAA	REV 03/04/24 PRO			1 0mm 1 0 TU (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number MAHESH YALLAREDDY & MALA JAYARAM REDDY 515-75-0347 Additional Income

Fai	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	-38,830.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	
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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	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:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-38,830.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Schedule 1 (Form 1040) 2023

1	Educator expenses		 	11	
2	Certain business expenses of reservists, performing artists, and fee		nment		
-	officials. Attach Form 2106		 	12	
3	Health savings account deduction. Attach Form 8889		 	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
5	Deductible part of self-employment tax. Attach Schedule SE			15	
6	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
8	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN			Tou	
c	Date of original divorce or separation agreement (see instructions):	•			
20				20	
21	Student loan interest deduction			20	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	· · ·	 • •	23	
<u>а</u>		24a			
a b	Deductible expenses related to income reported on line 81 from the	24a		-	
D		24b			
•	Nontaxable amount of the value of Olympic and Paralympic medals	240		-	
С	and USOC prize money reported on line 8m	24c			
А	Reforestation amortization and expenses	240 24d		-	
d	Repayment of supplemental unemployment benefits under the Trade	24u	 	-	
е		24e			
	Act of 1974	24e 24f		-	
f	Contributions to section 501(c)(18)(D) pension plans			-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful				
_	discrimination claims (see instructions)	24h		_	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
-	tax law violations	24i		_	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	 	26	

SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

asurv	Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
ce	Go to www.irs.gov/ScheduleC for instructions and the latest information.

2 Attachment

					041; partnerships must generally file actions and the latest information.		Attachment Sequence No. 09
Name	of proprietor					Social	security number (SSN)
MAHI	ESH YALLAREDDY					515-	75-0347
Α	Principal business or profession	on, incl	uding product or service (se	e instri	uctions)	B Ente	r code from instructions
	SOFTWARE SERVICES					5	1 9 2 0 0
С	Business name. If no separate	e busine	ess name, leave blank.			D Emp	loyer ID number (EIN) (see instr.)
E	Business address (including s	uite or	room no.) 2037 ELF	K SPF	RINGS DR		
	City, town or post office, state	e, and Z	IP code HERMITAG	GE, 1	FN 37076		
F	Accounting method: (1)	K Cas	h (2) 🗌 Accrual (3)	Other (specify)		
G	Did you "materially participate	e" in the	operation of this business	during	2023? If "No," see instructions for li	mit on lo	osses . 🗙 Yes 🗌 No
н	If you started or acquired this	busine	ss during 2023, check here				
I .					n(s) 1099? See instructions		
J		e requir	ed Form(s) 1099?				🗌 Yes 🗌 No
Par							
1					this income was reported to you or	1 1	
2	Returns and allowances					. 2	
3	Subtract line 2 from line 1 .					. 3	
4	Cost of goods sold (from line	42) .				. 4	
5	Gross profit. Subtract line 4 f	rom lin	e3			. 5	
6	Other income, including feder	al and	state gasoline or fuel tax cre	edit or ı	refund (see instructions)	. 6	
7	Gross income. Add lines 5 ar	nd 6 .			<u> </u>	. 7	
Part	II Expenses. Enter ex	pense	s for business use of yo	pur ho	ome only on line 30.		
8	Advertising	8		18	Office expense (see instructions)		
9	Car and truck expenses		4 001	19	Pension and profit-sharing plans	. 19	
40	(see instructions)	9	4,081.	20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a L	Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11 12		b	Other business property		
12 13	Depletion	12		21 22	Repairs and maintenance		
	expense deduction (not			22	Taxes and licenses		3,166.
	included in Part III) (see instructions)	13		23	Travel and meals:	. 20	5,100.
14	Employee benefit programs			a	Travel	24a	968.
17	(other than on line 19)	14		b	Deductible meals (see instructions)		1,600.
15	Insurance (other than health)	15	1,100.	25	Utilities		3,180.
16	Interest (see instructions):			26	Wages (less employment credits)	26	
а	Mortgage (paid to banks, etc.)	16a	24,735.	27a	Other expenses (from line 48)	. 27a	
b	Other	16b		b	Energy efficient commercial bldgs	3	
17	Legal and professional services	17			deduction (attach Form 7205) .	. 27b	
28	Total expenses before expen	ses for	business use of home. Add	l lines a	8 through 27b	. 28	38,830.
29	Tentative profit or (loss). Subt	ract lin	e 28 from line 7			. 29	-38,830.
30	Expenses for business use of unless using the simplified me Simplified method filers only	thod. S	See instructions.		nses elsewhere. Attach Form 8829 Ir home:)	
	and (b) the part of your home	used fo	or business:		. Use the Simplified		
	Method Worksheet in the inst	ruction	s to figure the amount to ent	ter on l	line 30	. 30	
31	Net profit or (loss). Subtract	line 30	from line 29.))		
	• If a profit, enter on both Sch checked the box on line 1, set					31	-38,830.
	• If a loss, you must go to lin	e 32.			J		
32	If you have a loss, check the b	oox tha	t describes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you mu 	box on	line 1, see the line 31 instruc	tions.)	Estates and trusts, enter on	32a 32b	 All investment is at risk. Some investment is not at risk.

REV 03/04/24 PRO

Schedu	e C (Form 1040) 2023			Page 2
Part	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	ach ex	kolanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car of are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year) $01/05/2023$ Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your		e for:	
а	Business 6,230 b Commuting (see instructions) c			5 , 770
45	Was your vehicle available for personal use during off-duty hours?		🗙 Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗙 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗙 No
b	If "Yes," is the evidence written?	 07h	Yes	No
Part	• Other Expenses. List below business expenses not included on lines 6–26, line	270,	or line 30.	
48	Total other expenses. Enter here and on line 27a	48		

Form **88889** Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	2023 Attachment Seguence No. 52		
	Sequence No. 32		
mber of HSA beneficiary.			

			umber of HSA beneficiary. ave HSAs, see instructions.	
MAHI	ESH YALLAREDDY	515-75-03		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (Contracts, if req	uired.	
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separate			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) de			
-			Self-only 🗵 Family	
2	HSA contributions you made for 2023 (or those made on your behalf), including those m			
	unextended due date of your tax return that were for 2023. Do not include employer co contributions through a cafeteria plan, or rollovers. See instructions		0.	
3	If you were under age 55 at the end of 2023 and, on the first day of every month during			
Ū	were, or were considered, an eligible individual with the same coverage, enter \$3,850			
	family coverage). All others, see the instructions for the amount to enter		7,750.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from I	Form 8853,		
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during			
	include any amount contributed to your spouse's Archer MSAs		0.	
5	Subtract line 4 from line 3. If zero or less, enter -0		7,750.	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and			
_	coverage under an HDHP at any time during 2023, see the instructions for the amount to er		7,750.	
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had famil under an HDHP at any time during 2023, enter your additional contribution amount. See ins			
8	Add lines 6 and 7	8	7,750.	
9	Employer contributions made to your HSAs for 2023 9	5,967.		
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11	5,967.	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	1,783.	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa		0.	
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each a separate Part II for each spouse.	1 have separate	HSAs, complete	
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14 a	a 381.	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a			
	contributions (and the earnings on those excess contributions) included on line 14a			
-	withdrawn by the due date of your return. See instructions			
C 15	Subtract line 14b from line 14a			
15 16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, i			
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f		0.	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition			
h	Tax (see instructions), check here			
D	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I are subject to the additional 20% tax. Also, include this amount in the total on Schedu			
	1040), Part II, line 17c		0	
Part				
	completing this part. If you are filing jointly and both you and your spouse eac			
	complete a separate Part III for each spouse.		_	
18	Last-month rule			
19	Qualified HSA funding distribution			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,			
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu 1040), Part II, line 17d	·		
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 1040), Part II, line 17d.
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 For Paperwork Reduction Act Notice, see your tax return instructions.
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Form 8889 (2023)

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25	Itemization Statement	
Description	Amount	
ELECTRICITY	960.	
Cellphone	840.	
Internet	780.	
GAS	600.	
Total	3,180.	