Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numbe	r	
SAI	SRIRAMAMURTHY KOLLIPARA	196-21	-0549		
Spouse'		Spouse's soo	ial securi	ity number	
HAR	I PRIYANKA ANUMALASETTY	990-97	-8324		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re auth	orizing.)	
Enter	whole dollars only on lines 1 through 5.	, ,		<u> </u>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	174,	287.
2	Total tax		2	22,	291.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	26,	491.
4	Amount you want refunded to you		4		200.
5	Amount you owe		5	·	
Part			y of yo	ur retur	n)
return (to send for any Agent t paymer authori paymer busines taxes t person	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ont, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the position or receive confidential information necessary to answer inquiries and resolve issues related to the payal identification number (PIN) below is my signature for the income tax return (original or amended) I an nic Funds Withdrawal Consent.	ter, or electriction of the too. Treasury a cated in the to debit the authorizests must be processing on ayment. I fur	onic returnation returnation its de ax prepare entry to ation. To expression receives the electrical returns a constitution of the electrical returns and returns a constitution return	rn originate ion, (b) the esignated F ration soft this account revoke (ced no later tronic paynowledge	or (ERO) or reason Financial ware for unt. This rancel) a rethan 2 rement of that the
	yer's PIN: check one box only				
X		ov DINI 1	0 5	4 9	ac my
	ERO firm name	En	ter five di n't enter		as my
	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 no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Your s	ignature ▶ Date ▶				
_					
	se's PIN: check one box only				
×		_	-		as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		ter five di n't enter :		
_	I will enter my PIN as my signature on the income tax return (original or amended) I am no	vy outhorizi	na Cha	ok thin h	ov onl v
L	if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	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 4 9 Don't ent	6 0 er all zero	8 2 7 os	1
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Inc.	tting this reti	ırn in ac	cordance	
ERO's	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

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

2023

IRS Use Only-Do not write or staple in this space.

For the year Jar	ı. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ing			, 20		See se	parate instructions.
Your first name	and mi	iddle initial	Last na	ıme						Your so	cial security number
SAI SRII	RAMAS	MURTHY	KOLI	JIPARA						196	21 0549
If joint return, s	pouse's	s first name and middle initial	Last na	ıme						Spouse'	's social security numbe
HARI PRI	YANI	KA	ANUM	MALASETTY						990	97 8324
Home address	(numbe	er and street). If you have a P.O. box, see						Apt. no.		Preside	ntial Election Campaigr
675 CHAI	RLIE	CT						3B		Check h	nere if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP	code			if filing jointly, want \$3
PORTAGE					M	Γ	49	002		U	this fund. Checking a ow will not change
Foreign country	/ name			Foreign province/state/o	coun	ty	Fore	ign postal c	ode		or refund.
											You Spouse
Filing Status	; [Single				Head of ho	ouse	hold (HOF	- 1)		
Check only		Married filing jointly (even if only or	ne had i	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surv	iving spou	use (QSS)	
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or C	QSS box,	ente	r the chi	ld's name if the
	qu	alifying person is a child but not you	ır deper	ndent:							
Digital	Δt ar	ny time during 2023, did you: (a) rece	aiva (as								
Digital Assets		ange, or otherwise dispose of a digi	•				-				☐ Yes ☒ No
Standard		eone can claim: You as a de					٠,٠ (ح			,	
Deduction	_	Spouse itemizes on a separate return		•		-					
		<u> </u>		_		_					
Age/Blindness	You:	: Were born before January 2, 1	959	Are blind Spo	use	: U Was bor	n be	fore Janua	ary 2	1959	Is blind
Dependent	,	•		(2) Social security		(3) Relationsh	ip (fies for (see instructions):
If more	(1) F	irst name Last name		number		to you		Child to	ax cr	edit	Credit for other dependents
than four									<u>_</u>		<u> </u>
dependents, see instruction	s —								<u>_</u>		
and check									<u></u>		
here L											
Income	1a	Total amount from Form(s) W-2, bo	,	,						. 1a	192,186.
Attach Form(s)	b	Household employee wages not re		, ,						. 1b	
W-2 here. Also	С	Tip income not reported on line 1a	•	•			•			. <u>1c</u>	
attach Forms W-2G and	d	Medicaid waiver payments not rep		, , , ,	ารtrเ	uctions)				. 1d	
1099-R if tax	е	Taxable dependent care benefits f		•						1e	
was withheld.	f	Employer-provided adoption bene					•			. 1f	_
If you did not get a Form	g	Wages from Form 8919, line 6 .					•			. 1g	
W-2, see	h	Other earned income (see instructi	,				ì			. 1h	0.
instructions.		Nontaxable combat pay election (s	see insti	ructions)	•	<u>li</u>					102 106
All 16:5	Z	1	 2a							1z	
Attach Sch. B if required.	2a	'	_	4-		axable interest				2b	
	3a 4a		3a 4a			Ordinary divider axable amount				3b 4b	
Standard	4 а 5а		т а 5а			axable amount				5b	
Deduction for—	6a		6a			axable amount				6b	
 Single or Married filing 	C	If you elect to use the lump-sum el					٠.		· _		
separately, \$13,850	7	Capital gain or (loss). Attach Sched		·	•	,	•			7	7
 Married filing 	8	Additional income from Schedule					•		٠ ـ	8	-17,916.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•				•			9	174,287.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•			•			10	
 Head of household, 	11	Subtract line 10 from line 9. This is								11	
\$20,800	12	Standard deduction or itemized								12	
 If you checked any box under 	13	Qualified business income deducti)5-A				13	
Standard Deduction,	14	Add lines 12 and 13								14	
see instructions.	15	Subtract line 14 from line 11. If zer			our i	taxable incom	ie			15	

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 497	'2 3 🗌			16	22,863.
Credits	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	22,863.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812 .				19	
	20	Amount from Schedule 3, lin	e8						20	572.
	21	Add lines 19 and 20							21	572.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	22,291.
	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	22,291.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				. 25	a 26	,491.		
	b	Form(s) 1099				. 251	o			
	С	Other forms (see instructions					c			
	d	Add lines 25a through 25c							25d	26,491.
If you have a	26	2023 estimated tax payment							26	,
qualifying child,	27	Earned income credit (EIC)		• •		1	1			
attach Sch. EIC.	28	Additional child tax credit from								
	29	American opportunity credit					_			
	30	Reserved for future use .		,						
	31	Amount from Schedule 3, lin							1	
	32	Add lines 27, 28, 29, and 31,							32	
	33	Add lines 25d, 26, and 32. T	,	•	•				33	26,491.
Refund	34	If line 33 is more than line 24						• •	34	4,200.
neiuliu	35a	Amount of line 34 you want				•	=		35a	4,200.
Direct deposit?	b	Routing number 1 1 1			c Type:			· □ Savings	55a	1,200.
See instructions.	d	Account number 7 8 3			C Type.			Davings		
	36	Amount of line 34 you want a			h tav	. 36	<u>. </u>			
Amount	37	•	••			. 30				
You Owe	31	Subtract line 33 from line 24 For details on how to pay, go				ns			37	
100 0 110	38	Estimated tax penalty (see in	•	•		1	1		37	
Third Party		you want to allow another								
Designee		structions	•				Yes. Co	mplete h	elow.	X No
Designee		signee's		Phone				nal identif		<u></u> ,
	nar			no.				er (PIN)		
Sign		der penalties of perjury, I declare the								
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer)	is based c	n all informatio	n of which	prepar	er has any knowledge.
11010	Yo	ur signature		Date	Your occupation	on				nt you an Identity
					COEMPIADI	e end	TATEED	(see		IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, t	oth must sign	Date	SOFTWARI		LNEER	`		nt your spouse an
Keep a copy for	Sp	ouse's signature. If a joint return, t	Jour must sign.	Date	Spouse's occi	ирацоп				ection PIN, enter it here
your records.					HOME MAI	KER		(see	inst.)	
	Ph	one no. (832)623-592	3	Email address	SAISRIRAM.	KOLLIPA	RA@GMAIL.CO	М		
	Pre	eparer's name	Preparer's signat	ure		Dat		PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	103	/22/2024	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAX				1				678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816				s EIN	,
Go to www.irs.au		n1040 for instructions and the late			BAA	DEV	03/07/24 PRO			Form 1040 (2023)
		is mended and the late			DAA	KEV	03/01/24 PRU			10 10 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

S KOLLIPARA & H ANUMALASETTY

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

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

Your social security number 196-21-0549

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-17,916.
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		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
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 . Ente		,	10 016
	1040, 1040-SR, or 1040-NR, line 8		10	-17,916.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		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	e. Enter	here and on	26	
	·				

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR S KOLLIPARA & H ANUMALASETTY

Your social security number 196-21-0549

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441	line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	572.
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6	а		
b	Credit for prior year minimum tax. Attach Form 8801 6	b		
С	Adoption credit. Attach Form 8839	С		
d	Credit for the elderly or disabled. Attach Schedule R 6	d		
е	Reserved for future use	е		
f	Clean vehicle credit. Attach Form 8936	if		
g	Mortgage interest credit. Attach Form 8396 6	g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6	h		
i	Qualified electric vehicle credit. Attach Form 8834	Si		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911) j		
k	Credit to holders of tax credit bonds. Attach Form 8912 6	k		
ı	Amount on Form 8978, line 14. See instructions	SI		
m	Credit for previously owned clean vehicles. Attach Form 8936.	m		
z	Other nonrefundable credits. List type and amount:			
		z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 104	0, 1040-SR, or		
	1040-NR, line 20		8	572.
		(co	ontinue	ed on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

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		15	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

S K	DLLIPARA & H ANUMALASETTY						196-2	1-0549	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you a	re an indiv	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you								
	f "Yes," did you or will you file required Form(s) 1099? .							че	es U No
1a	Physical address of each property (street, city, state, ZIF								
Α_	PRAKASHAM RD, SURYARAOPET VIAJAYAWADA	ANI	OHRA PR	RADESI	H IN	520002			
В									
С						1			
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	above, report the number of fair personal use days. Check the Qu			Α		365	Da	0	
В	if you meet the requirements to f			В		303			
C	qualified joint venture. See instru	ictions	3.	C					
	of Property:					l l			
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	l	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ribe)		
			<u> </u>						
				Α		Properti B	es:		С
ncon 3	Rents received	3			18.	В			<u> </u>
4	Royalties received	4			10.				
	Ises:	 							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,8	72.				
8	Commissions	8		, -					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	26.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,1					
15	Supplies	15		3,5	16.				
16	Taxes	16			1.0				
17	Utilities	17		4,3					
18	Depreciation expense or depletion	18		4,3	54.				
19 20	Other (list) Total expenses. Add lines 5 through 19	19		10 E	2.4				
		20		18,5	34.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-17,9	16.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22				()	(
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a	•	618.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		,354.		
е	Total of all amounts reported on line 20 for all properties				23e	18	,534.		
24	Income. Add positive amounts shown on line 21. Do not						. 24		
25	Losses. Add royalty losses from line 21 and rental real estate							(:	17,916.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						n 26		-17.916

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

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

S KOLLIPARA & H ANUMALASETTY

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 50

0549

Your social security number

196

CAUTION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts III. line	30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,			-	
_	or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education				
	credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	_			
	qualifying surviving spouse	5			
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6		1		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rol			6	
	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th		meet the		
•	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•	•	9	
10	After completing Part III for each student, enter the total of all amounts from a			40	12 010
11	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	13,819.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or	 I i		12	2,000.
13	qualifying surviving spouse	13	180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form		, , , , , , , , , , , , , , , , , , ,		
•	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	14	174,287.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15	5,713.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying surviving spouse	16	20,000.		
17	If line 15 is:		1		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18			17	0.286
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round least three places)			17	0.200
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet		, ctions)	18	572.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	•	,	.	
	instructions) here and on Schedule 3 (Form 1040), line 3		`	19	572.

BAA

Name(s) shown on return	Your social	security	number	
S KOLLTPARA & H ANIMALASETTY	196	21	0549	



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Informatio	1. See instructions.
	Student name (as shown on page 1 of your tax return) SAI SRIRAMAMURTHY KOLLIPARA	21 Student social security number (as shown on page 1 of your tax return) 196-21-0549
22	Educational institution information (see instructions)	150 21 0315
	Name of first educational institution	b. Name of second educational institution (if any)
	UNIVERSITY OF THE CUMBERLANDS	
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6198 College Station Drive WILLIAMSBURG KY 40769 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, se instructions.
(2) Did the student receive Form 1098-T Yes No from this institution for 2023?	(2) Did the student receive Form 1098-T ☐ Yes ☐ N from this institution for 2023?
(Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2022 with box Yes N 7 checked?
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer identification number (El if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Fo 1098-T or from the institution.
	61-0470593	
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Yes $-$ Stop! So to line 31 for this student. \times No $-$ Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	▼ Yes — Go to line 25.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	Yes — Stop! Go to line 31 for this student. No — Go to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?	Yes — Stop! Go to line 31 for this student. No — Complete lines 27 through 30 for this student
CAUT	you complete lines 27 through 30 for this student, don't	fetime learning credit for the same student in the same year. If complete line 31.
	American Opportunity Credit	
27	Adjusted qualified education expenses (see instructions). Do	
28	,	28
29 30	Multiply line 28 by 25% (0.25)	
	enter the result. Skip line 31. Include the total of all amounts t	
	Lifetime Learning Credit	
31	Adjusted qualified education expenses (see instructions). Including 31, on Part II, line 10	ude the total of all amounts from all Parts