Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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 SARAT B POLAVARAPU 704-49-6000 Spouse's social security number Spouse's name 621-85-4580 JAYASRI KORUKONDA 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 449,011. 1 1 2 2 89,785. 3 3 90,187. 4 4 402. 5 5 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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

Ent	er fiv n't er	ve di nter a	gits, all ze	but	as my
9	6	0	0	0	

5 4

Enter five digits, but don't enter all zeros

8 0

as mv

5

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.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

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.

Spouse's signature 🕨	Da	te 🕨	•							
Practitioner F	PIN Method Returns Only—continue	belo)w							
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	 		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 ►
	tain This Form — See Instructions rm to the IRS Unless Requested To Do So
Experies of Definition Act Matter and a state of a	

Date

to enter or generate my PIN

1040		artment of the Treasury—In S. Individual I			turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do not	write or sta	aple in this space.
For the year Jan	. 1-Dec	a. 31, 2023, or other tax	/ear beginning			, 2023, end	ling			, 20	See se	eparate i	instructions.
Your first name	and mi	iddle initial		Last n	ame						Your s	ocial sec	urity number
SARAT B				POL	AVARAP	U					704	49	6000
If joint return, sp	oouse's	first name and middle	initial	Last n	ame	-							security number
JAYASRI				KOR	UKONDA						621	85	4580
Home address	(numbe	er and street). If you hav	ve a P.O. box, see	instruc	tions.				A	pt. no.			ection Campaign
5901 ASI	'ER I	DR							8	81			ou, or your
City, town, or p	ost offi	ce. If you have a foreig	n address, also co	mplete	spaces bel	ow.	Sta	ite	ZIP c	ode			jointly, want \$3
MCKINNEY							TΣ	ζ	750	71			nd. Checking a not change
Foreign country	/ name				Foreign pr	ovince/state/	count	ty	Foreig	n postal coo	de your ta	ax or refu	nd.
												Yo	ou 🗌 Spouse
Filing Status	; [Single						Head of h	ouseh	old (HOH)			
Check only	X	Married filing jointly	y (even if only o	ne had	income)			_					
one box.		Married filing sepa	• • •					Qualifying		• ·			
		ou checked the MF				pouse. If you	u che	ecked the HOF	l or Q	SS box, er	nter the cl	nild's na	me if the
	qu	alifying person is a c	hild but not you	ir depe	endent:								
Digital	At ar	ny time during 2023,	did you: (a) rec	eive (as	s a reward	l, award, or	payr	ment for prope	rty or	services);	or (b) sell	,	
Assets	exch	ange, or otherwise o	lispose of a dig	tal ass	et (or a fir	nancial inter	est ir	n a digital asse	t)? (Se	e instruct	ions.)	🗌 Ye	es 🛛 No
Standard	Som	eone can claim:	You as a de	pendei	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a	a separate retur	n or yo	u were a	dual-status	alien	1					
Age/Blindness	You:	Were born befo	ore January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1959	🗌 ls	s blind
Dependents	s (see	instructions):			(2) S	Social security	,	(3) Relationsh	ip (4			· · ·	(see instructions):
If more	(1) F	irst name L	ast name			number		to you		Child ta		Credit fo	or other dependents
than four			LAVARAPU			-89-373		Son		×			
dependents, see instructions	<u>, BOI</u>	DHIN POI	LAVARAPU		116	-13-137	3	Son		X	ן ר		
and check]		
here 🗌	10	Total amount from		ov 1 /o	aa inatrus	tional] 4		<u> </u>
Income	1a b	Total amount from		•		,					· 1		471,993.
Attach Form(s)		Household employ Tip income not rep	•	•		. ,							
W-2 here. Also attach Forms	c d	Medicaid waiver pa		•		,					. 1		
W-2G and	e	Taxable dependen	, ,		`	, ,			• •		. 1		
1099-R if tax was withheld.	f	Employer-provided							• •		. 1		
If you did not	g	Wages from Form	•			· ·					. 1		
get a Form	h	Other earned incor									. 1	•	0.
W-2, see instructions.	i	Nontaxable comba	•	,				11	Ì		-		
	z	Add lines 1a throug									. 1	z	471,993.
Attach Sch. B	2a	Tax-exempt intere	- I	2a			bТ	axable interest	t.		. 2	b	
if required.	3a	Qualified dividends	s	3a			b C	Ordinary divide	nds .		. 3	b	
	4a	IRA distributions		4a			bТ	axable amoun	t		. 4	b	
Standard Deduction for—	5a	Pensions and annu	ities	5a			bΤ	axable amoun	t		. 5	b	
 Single or 	6a	Social security ber	efits	6a			bΤ	axable amoun	t		. 6	b	
Married filing separately,	с	If you elect to use	the lump-sum e	lection	method,	check here	(see	instructions)					
\$13,850 • Married filing	7	Capital gain or (los	s). Attach Sche	dule D	if required	d. If not requ	uired	, check here				7	1,957.
jointly or	8	Additional income	from Schedule	1, line [·]	10						. 8	3	-24,939.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3	b, 4b, 5b, 6b, 7	and 8	. This is y	our total in e	come	e			. 9)	449,011.
\$27,700 • Head of	10	Adjustments to inc									. 1	0	
household,	11	Subtract line 10 fro	om line 9. This is	your a	adjusted	gross incol	ne				. 1	1	449,011.
\$20,800 • If you checked г	12	Standard deducti	on or itemized	deduc	tions (fro	m Schedule	A)				. 1	2	38,714.
any box under Standard	13	Qualified business	income deduct	on fror	m Form 89	995 or Form	899	5-A			. 1	3	
Deduction,	14	Add lines 12 and 1										4	38,714.
see instructions.	15	Subtract line 14 fro	om line 11. If zer	o or le	ss, enter -	0 This is y	our	taxable incom	ie .		. 1	5	410,297.

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	88,959.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	88,959.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	1,500.
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					🗌	21	1,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			🗆	22	87,459.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		🗆	23	2,326.
	24	Add lines 22 and 23. This is	your total tax				🗆	24	89,785.
Payments	25	Federal income tax withheld							<u>.</u>
,	а	Form(s) W-2				25a 89	,211.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c	976.		
	d	Add lines 25a through 25c	<i>.</i>				2	25d	90,187.
If you have a	26	2023 estimated tax payment	s 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				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-		[33	90,187.
Refund	34	If line 33 is more than line 24						34	402.
	35a	Amount of line 34 you want				•	. 🗆 🗟	35a	402.
Direct deposit?	b	Routing number 0 2 6					Savings		
See instructions.	d	Account number 3 2 5	1 0 5 5	9 3 8 8					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	' See			
Designee		structions	•				omplete bel	ow.	🗙 No
_		signee's		Phone			onal identifica	tion	
<u></u>	nai			no.			per (PIN)	h t	- f l
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here				Date	.,,				nt you an Identity
	10	ur signature		Dale	Your occupation				IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see ins	t.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.							Identity (see ins		ection PIN, enter it here
your rooordor			-		SOFTWARE 1		,		
		one no. (650) 440-278		Email address	SARATHBABU.POI	LAVARAPU@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		M PRIYA RAM SAGAR GUPTA	SYAM PRIY	a ram sac	GAR GUPTA	04/15/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAX			- 00010				678)965-9522
			Y CT E BRU	NSWICK N			Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

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

Department of the Treasury Internal Revenue Service

Attachment Sequence No. **01** Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number SARAT B POLAVARAPU & JAYASRI KORUKONDA 704-49-6000

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Alimony received 1 b Date of original divorce or separation agreement (see instructions): 2a 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule F 5 7 Brantal real estate, royalites, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 8a (8 Other income: 8a (a Net operating loss 8a (8e c Cancellation of debt 8e 8d (9 Foreign eamed income exclusion from Form 2555 8d (9 Total other income inform Form 8833 8t 1 Income from form 8883 8t 1 Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8t 1 Income from form 3ABLE account (see instructions) 8n 1 Paction 951(a) inclusion (see instructions) 8n 1 Pactol 951(a) inclusio	Par	t Additional Income		
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h Jury duty pay	f	Income from Form 8889		
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j Activity not engaged in for profit income 8j k Stock options 8k l 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 8k m Olympic and Paralympic medals and USOC prize money (see instructions) 8m n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n g Taxable distributions from an ABLE account (see instructions) 8g 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 8t u Wages earned while incarcerated 8u o Other income. List type and amount: 8z g 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 -24, 939.	h			
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 8l m Olympic and Paralympic medals and USOC prize money (see instructions) 8n n Section 951(a) inclusion (see instructions) 8n o Section 951(a) inclusion (see instructions) 8o p Section 461(l) excess business loss adjustment 8g 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 8t w Wages earned while incarcerated 8u z Other income. List type and amount: 8z m 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 -24, 939.	i			
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instructions)				
n Section 951(a) inclusion (see instructions) 8n 8n o Section 951A(a) inclusion (see instructions) 8o 8p p Section 461(l) excess business loss adjustment 8g 8g q Taxable distributions from an ABLE account (see instructions) 8g 8g r Scholarship and fellowship grants not reported on Form W-2 8r 8s 8s s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s 9 8t 8u 8t u Wages earned while incarcerated 8a 8u 8z 9 9 Total other income. Add lines 8a through 8z 9 -24, 939. 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 -24, 939.	m			
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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 8r t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8t u Wages earned while incarcerated 8u 8u other income. List type and amount: 8z 9 Total other income. Add lines 8a through 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 9	р			
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8 t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan 8 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 9	•			
1040, line 1a or 1d 10			_	
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 9	S			
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u Wages earned while incarcerated 8u 8u z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 8z 9 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 9	t			
z Other income. List type and amount: 8z 9 9 Total other income. Add lines 8a through 8z			_	
Bz 9 Total other income. Add lines 8a through 8z	-		_	
9 Total other income. Add lines 8a through 8z	z			
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 -24,939.	0			
1040, 1040-SR, or 1040-NR, line 8	-		_	
	10			-21 939
	or Po	perwork Reduction Act Notice, see your tax return instructions.		

F Paperwor Act Notice, see your tax returr Reduction instructions

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	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	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
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)	_	
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	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEI	DULE	2
(Form	1040)	

Additional Taxes

OMB No. 1545-0074

2

Attach to Form 1040, 1040-SR, or 1040-NR.	
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	Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.		At	tachment equence No. 02
Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc		ecurity number
SAR	AT B POLAVARAPU & JAYASRI KORUKONDA	704-49	9-60	00
Pa	rt I Tax			
1	Alternative minimum tax. Attach Form 6251		1	
2	Excess advance premium tax credit repayment. Attach Form 8962		2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	7	3	
Par	t II Other Taxes			
4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income.Attach Form 41375			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919 6			
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if requ	uired.		
	If not required, check here		8	0.
9	Household employment taxes. Attach Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959		11	2,326.
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-ter insurance from Form W-2, box 12		13	
14	Interest on tax due on installment income from the sale of certain residentia and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales over \$150,000	•	15	
16	Recapture of low-income housing credit. Attach Form 8611	[16	
		(cor	ntinu	ed on page 2)

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

Schedule 2 (Form 1040) 2023

17 Other additional taxes: Image: state in the image: state in th	
Image: Non-section of the section o	
bRecapture of federal mortgage subsidy, if you sold your home see instructions17bcAdditional tax on HSA distributions. Attach Form 888917cdAdditional tax on an HSA because you didn't remain an eligible individual. Attach Form 888917deAdditional tax on Archer MSA distributions. Attach Form 885317efAdditional tax on Medicare Advantage MSA distributions. Attach Form 885317egRecapture of a charitable contribution deduction related to a fractional interest in tangible personal property17ghIncome you received from a nonqualified deferred compensation plan described in section 409A17hiCompensation you received from a nonqualified deferred compensation plan described in section 457A17jjSection 72(m)(5) excess benefits tax17k	
see instructions17bcAdditional tax on HSA distributions. Attach Form 888917cdAdditional tax on an HSA because you didn't remain an eligible individual. Attach Form 888917deAdditional tax on Archer MSA distributions. Attach Form 885317efAdditional tax on Medicare Advantage MSA distributions. Attach Form 885317egRecapture of a charitable contribution deduction related to a fractional interest in tangible personal property17ghIncome you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hiCompensation you received from a nonqualified deferred compensation plan described in section 457A17ijSection 72(m)(5) excess benefits tax17jkGolden parachute payments17k	
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 888917de Additional tax on Archer MSA distributions. Attach Form 885317ef Additional tax on Medicare Advantage MSA distributions. Attach Form 885317eg Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property17gh Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hj Section 72(m)(5) excess benefits tax17jk Golden parachute payments17k	
individual. Attach Form 888917deAdditional tax on Archer MSA distributions. Attach Form 885317efAdditional tax on Medicare Advantage MSA distributions. Attach Form 885317egRecapture of a charitable contribution deduction related to a fractional interest in tangible personal property17dhIncome you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hiCompensation you received from a nonqualified deferred compensation plan described in section 457A17ijSection 72(m)(5) excess benefits tax17jkGolden parachute payments17k	
fAdditional tax on Medicare Advantage MSA distributions. Attach Form 885317fgRecapture of a charitable contribution deduction related to a fractional interest in tangible personal property17ghIncome you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17hiCompensation you received from a nonqualified deferred compensation plan described in section 457A17ijSection 72(m)(5) excess benefits tax17jkGolden parachute payments17k	
Form 885317fg Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property17gh Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A17gi Compensation you received from a nonqualified deferred compensation plan described in section 457A17ij Section 72(m)(5) excess benefits tax17jk Golden parachute payments17k	
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plan that fails to meet the requirements of section 409A17hi Compensation you received from a nonqualified deferred compensation plan described in section 457A17ij Section 72(m)(5) excess benefits tax17jk Golden parachute payments17k	
compensation plan described in section 457A17ijSection 72(m)(5) excess benefits tax17i17jkGolden parachute payments17i17k	
k Golden parachute payments	
I Tax on accumulation distribution of trusts	
m Excise tax on insider stock compensation from an expatriated corporation	
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	
• Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR 170	
 p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund 17p 	
q Any interest from Form 8621, line 24	
z Any other taxes. List type and amount:	
17z	
18 Total additional taxes. Add lines 17a through 17z 17z 18 18	
19 Reserved for future use 19 19	
20 Section 965 net tax liability installment from Form 965-A 20	
Add lines 4, 7 through 16, and 18. These are your total other taxes. Enter here and	
on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b. 21 BAA REV 03/07/24 PRO Schedule 2 (Form	

SCHEDULE	A
(Form 1040)	

Itemized Deductions Itemized Deductions Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 2023

(Form 1040)		Attach to Form 1040 or 1040-SR.			2023	
Department of the Internal Revenue Se		ITY Go to www.irs.gov/ScheduleA for instructions and the latest in Caution: If you are claiming a net qualified disaster loss on Form 4684, see the	6.	Attachment Sequence No. 07		
Name(s) shown on					cial security number	
SARAT B P	DLA.	VARAPU & JAYASRI KORUKONDA		704-	49-6000	
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2				
Expenses	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		4		
Taxes You	5	State and local taxes.				
Paid	а	State and local income taxes or general sales taxes. You may include				
		either income taxes or general sales taxes on line 5a, but not both. If				
		you elect to include general sales taxes instead of income taxes,				
		check this box	5a 34,32	5.		
	b	State and local real estate taxes (see instructions)	5b 9,916	5.		
		State and local personal property taxes	5c	_		
	d	IAdd lines 5a through 5c	5d 44,241	1.		
	е	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
		separately)	5e 10,000).		
	6	Other taxes. List type and amount:				
	_	VEHICLE	6 150			
		Add lines 5e and 6		7	10,150.	
Interest	8	Home mortgage interest and points. If you didn't use all of your home				
You Paid		mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your mortgage interest		instructions and check this box				
deduction may be imited. See nstructions.	а	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a 25,571	L.		
	b	Home mortgage interest not reported to you on Form 1098. See				
		instructions if limited. If paid to the person from whom you bought the				
		home, see instructions and show that person's name, identifying no., and address				
			8b	_		
	с	Points not reported to you on Form 1098. See instructions for special				
		rules	8c			
	d	Reserved for future use	8d			
		Add lines 8a through 8c	8e 25,571	L.		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9		10	25,571.	
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more, see				
Charity		instructions	11 2,993	3.		
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,				
got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12	_		
see instructions.		Carryover from prior year	13	_		
		Add lines 11 through 13		14	2,993.	
Casualty and	15	Casualty and theft loss(es) from a federally declared disaster (othe				
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1 instructions				
	16	Other_from list in instructions List type and amount:		15		
Other Itemized	10	Other-from list in instructions. List type and amount:				
Deductions				16		
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter this amount o	-	<u> </u>	
Itemized	.,	Form 1040 or 1040-SR, line 12		17	38,714.	
Deductions	18	If you elect to itemize deductions even though they are less than your	standard deductior			
		check this box	[

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

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.

Attachment Sequence No. 12 Your social security number

20

Internal Revenue Service Name(s) shown on return

Department of the Treasury

SARAT B POLAVARAPU & JAYASRI KORUKONDA

704-49-6000

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e) from column (d) and				
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)	combine 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	10,500.	8,543.		1,957.				
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					
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from 5					
6									
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				1,957.				

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 le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	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					
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 12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11 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	

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

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 1,957.
	• 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 ()
	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 03/07/24 PRO

Schedule D (Form 1040) 2023

Form **8949**

Department of the Treasury

Internal Revenue Service

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.



Name(s) shown on return

Social security number or taxpayer identification number

704-49-6000

SARAT B	POLAVARAPU	&	JAYASRI	KORUKONDA	
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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 (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	Proceeds S	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)			(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).
MERRILL	01/01/23	12/31/23	10,500.	8,543.			1,957.
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	10,500.	8,543.			1,957.

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

	SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										o. 1545-0074
	ent of the Treasury Revenue Service		Attach to Form 1040, Go to www.irs.gov/ScheduleE for			, -		formation.	-	Attachm Sequend	nent ce No. 13
Name(s)	shown on return							Yo	ur socia	al security	number
SARA	T B POLAVA	RAPU	& JAYASRI KORUKONDA					7	04-4	9-6000	
Part	Note: If yo	ou are in	ss From Rental Real Estate an the business of renting personal proper ss from Form 4835 on page 2, line 40.			C . See	e instruc	ctions. If you are a	an indiv	/idual, rep	ort farm
A D			ents in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	tructions		. 🗌 Ye	s 🕅 No
					. ,						
1a			each property (street, city, state, ZIF								
					,						
			KWY UNIT 81 DUBLIN CA 94	1568-	-/55/						
	144 IVY S'	T ROSI	EVILLE CA 95678-2580								
C							1	I			
1b	Type of Prope						Fa			al Use	QJV
	(from list below	N)	above, report the number of fair personal use days. Check the Q					Days	Da	-	
	1		if you meet the requirements to f			A		90		243	
	1		qualified joint venture. See instru	ictions	S	B		365		0	
						С					
	of Property:						_				
	Single Family R Multi-Family Re			tal	5 Land 6 Roya		-	Self-Rental Other (describe	e)		
								Properties:			
Incom	e.					Α		B			С
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Expen				· ·							
5				5							
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9				9							
10			ssional fees	10							
11	0	•		11		0	90.				
12	•		d to banks, etc. (see instructions)	12			37.	6.0	86.		
13	Other interest			13		210		0,0			
14				14							
15				15							
16				16							
17				17				1.4	40.		
18			or depletion	18			0.	23,6			
19			Line 19 Other Expenses	19		22,9		20,0			
20			ines 5 through 19	20		26,7		31,1	62		
21	•		line 3 (rents) and/or 4 (royalties). If			_ · / /	. , .	JI,1			
4 I			nstructions to find out if you must	1							
	file Form 6198			21		-17,1	77.	-7,7	62.		
22			estate loss after limitation, if any,			, -	-		-		
			structions)	22	(17,17	77.)	(7,76	52.)	(
23a			eported on line 3 for all rental prope				23a	33,0			
b			eported on line 4 for all royalty prop				23b	,-	-		
c			eported on line 12 for all properties				23c	8.9	23.		
d			eported on line 18 for all properties				23d	23,6			
e			eported on line 20 for all properties				23e	57,9			
24			amounts shown on line 21. Do not						24		
25			sses from line 21 and rental real estat				nter to		25	(:	24,939.
26			ate and royalty income or (loss).							<u> </u>	,
			Id IV, and line 40 on page 2 do no								
			0), line 5. Otherwise, include this ar						26	-	-24,939.
For Pa			Notice, see the separate instructions		NP			-24,939.			orm 1040) 202

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

Namedia elsa con return. Do not else mars al docal socutin number if how not there also. Namedia elsa construction before commendation of the socutin and the social and the social social social and the social socielitical social social soc	Schedul	e E (Form 1040) 2023				Attachment	Sequer	nce No. 13	3						Page 2
Caution: The IRS compares amounts imported on your tax return with amounts shown on Schedule(s) K-1. Part U Income or Loss From Partnerships and S Corporations Note: If your report a loss, needing a distribution, signose of stock, or receive a loan resyment from an S corporation, you must check the box in column (e) on ite 28 and stack the required basis immations, a priory par unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section A NMMA LAS FAINAB LLC P B C P C P P P P P P P P P P P P P P P P	Name(s)	shown on return. Do not enter name an	d social sec	curity number	er if shown on other side. Yo					•					
Eart III Income or Loss From Partnerships and S Corporations Note: Five report loss, neeve a diffusion, dispose of stack, or receive a loss from an a stack and structure in the 8 and attack there required basis computation. If you report loss from an a structure in the 8 and attack there in the 8 and attack there for 168.8 cells instructures. 27 Are you reporting any loss not allowed in a prior year due to the attrick or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582, or unreinhoused partnership expenses? If you analytexed Vess from a structure in the structure in th	SARA	T B POLAVARAPU & JAYA	ASRI KO	ORUKONDA	1						70	4-49	-6000		
Note: If you report alloss, nearbor a distribution, dispose of stack, or respite a loss from an 2 constraition, you must check the tox in column (if on line 28 and attach form 6188. See instructions, you must check the tox in column (if on line 28 and attach form 6188. See instructions, you must check the tox in column (if on line 28 and attach form 6188. See instructions, you must check the tox in column (if on line 28 and attach form 6188. See instructions, you must check the set instructions before completing this section. 28 Are your peorting any loss on allowed in a prior year due to the at-risk or base limitations, and you answered. "Yeas," see instructions before completing this section. Image: Section 18 (Section 18 (Sect				,				ts shown	n on S	chedule(s) K-	1.				
the box in column (e) on line 28 and attach the required basis computation. If you report loses from a at crists during without any answer the tota inclus if on line 28 and attach Form 1988. See instructions. 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582, or nurrishmut and the sequence of the set of	Part														
amount is not at risk, you must check the look in column (f) on line 28 and attaich Form 6198. See instructions. 27 Are you reporting any loops ont allowed in a prior year due to the at-risk to basis limitations, a prior year of unallowed loss from a see instructions before completing this section 28 (a) Name		Note: If you report a loss, re	ceive a di	stribution, di ttach the rec	spose	e of stock, (basis com	or recei	ive a loan n If you n	repayi	ment from an S a loss from an a	6 COr	porations a ctive	on, you r vity for w	nust ch hich ar	eck
passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section		amount is not at risk, you m	ust check	the box in c	columr	ווחפ (f) on line	28 and	d attach F	Form 6	198. See instru	ctior	ns.	inty for th	union di	.,
passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section	27	Are you reporting any loss no	t allowed	in a prior	vear c	due to the	at-ris	k or bas	sis limi	tations. a prid	or ve	ear ur	nallowed	d loss f	rom a
28 (a) Name (b) Enter Prog performing (c) Check if performing (c) Che															
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36 Add columns (c) and (e) of line 34b 36 (37 Total estate and trust income or (loss). Combine lines 35 and 36 37 9art IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder 38 (a) Name (b) Employer identification number (c) Excess inclusion from Schedules Q, line 20 (d) Taxable income (net loss) from Schedules Q, line 3b 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 9 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 40 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1045), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated 42	b	Totals													
37 Total estate and trust income or (loss). Combine lines 35 and 36	35										. L	35			
Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder 38 (a) Name (b) Employer identification number (c) Excess inclusion from Schedules Q, line 2c (see instructions) (d) Taxable income (net loss) from Schedules Q, line 3b 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 9 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 9 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 40 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated 42											· L	\)
38 (a) Name (b) Employer identification number (c) Excess inclusion from Schedules Q, line 2c (see instructions) (d) Taxable income (net loss) from Schedules Q, line 1b (e) Income from Schedules Q, line 3b 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 39 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 40 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated 42								<u></u>				-			
(a) Name (b) Employer identification number Schedules Q, line 2c (see instructions) Content loss) from Schedules Q, line 3b 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 40 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated 42		Income or Loss From	N Real E	state Mo	rtgag								Holde	r	
 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below . 39 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	38	(a) Name				/er l`	Sched	ules Q, line	e 2c	(net loss) fi	rom				
Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 40 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated 42					auonn	lumber	(see	instruction	IS)	Schedules Q,	line	1b	Schedu		
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 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below			niiy. Ente	i the result	nere	anu moiu	ueini			e 41 below .	•	39			
 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5		-	s) from E	orm 4835	ΔΙςο	complete	line 4	2 helow				40			
 1 (Form 1040), line 5		,	,			•				d on Schedul	_ -				
 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions . 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated 	71											41	-	-24.9	39.
 farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions . 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated 	42				e. Fr	nter vour	aros	s						, , ,	
 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions . 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated 															
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated		(Form 1065), box 14, code B; §	Schedule	K-1 (Form	1120-	-S), box 1	7, cod								
professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated															
reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated	43														
from all rental real estate activities in which you materially participated															

53 Form Department of the Treasury

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No.	1545-0074

			.,			,	
o to www.irs.	.aov/F	orm5329	for in	nstructio	ons and t	the latest	information.

Internal	Revenue Service	Go to www.irs.gov/F	orm5329 for instructions and the lates	st information.	Seq	luence No. 29	9
Name o	of individual subject to a	dditional tax. If married filing jointly,	see instructions.		Your socia	al security nu	mber
SAR	AT B POLAVARA	APU			704-49	9-6000	
		Home address (number and s	street), or P.O. box if mail is not delivered to ye	bur home		Apt. no.	
	Your Address O	nly City, town or post office, state	e, and ZIP code. If you have a foreign address	, also complete the spaces			
	Are Filing This	below. See instructions.			If this is a	n amended	
	by Itself and Not Your Tax Return				return, ch		
••••		Foreign country name	Foreign province/state/c	ounty	Foreign po	stal code	
				-			
		ditional 10% tax on the full , line 8, without filing Form 53	amount of the early distributions, y 329. See instructions.	ou may be able to re	eport this	tax direct	tly on
Par	t Additiona	I Tax on Early Distributi	ons. Complete this part if you too	k a taxable distributio	n (other	than a qua	alified
			ned age 591/2 from a qualified ret				
			porting this tax directly on Schedu				
			hat you qualify for an exception to	the additional tax on	early dis	tributions (or for
	certain Roth	n IRA distributions. See instru	ictions.				
1	•		structions). For Roth IRA distributio		1		
2	Early distribution	s included on line 1 that are	not subject to the additional tax (see	e instructions).			
		-	the instructions:		2		
3	•		e 2 from line 1		3		
4		. ,	lude this amount on Schedule 2 (Fo		4		
			was a distribution from a SIMPLE II	RA, you may have to			
D		hat amount on line 4 instead					
Part			tions From Education Accoun				
	•		on Schedule 1 (Form 1040), line 8z			avings acc	count
			P), or on Schedule 1 (Form 1040), lin				
5			rdell ESA, a QTP, or an ABLE accou		5		
6			ubject to the additional tax (see instr	,	6		
7			e 6 from line 5		7 8		
8 Part			lude this amount on Schedule 2 (Fo		-		
rarı			utions to Traditional IRAs. Con le or you had an amount on line 17 o			a more to	your
9			your 2022 Form 5329. See instruction				
	-		23 are less than your maximum		3		
10			rwise, enter -0	10			
11			ncome (see instructions)	11	-		
12		s of prior year excess contrib	. ,	12	-		
13					13		
14			13 from line 9. If zero or less, enter		14		
15					15		
16		•	15		16		
17			of line 16 or the value of your traditio				
			024). Include this amount on Schedule		17		
Part			utions to Roth IRAs. Complete		outed mo	re to your	Roth
			ad an amount on line 25 of your 202			,	
18	Enter your excess	s contributions from line 24 of	your 2022 Form 5329. See instructior	s. If zero, go to line 23	18		0.
19	If your Roth IRA	contributions for 2023 are le	ess than your maximum allowable				
			er-0	19			
20	2023 distribution	s from your Roth IRAs (see ir	nstructions)	20			
21					21		
22	Prior year excess	s contributions. Subtract line	21 from line 18. If zero or less, ente	r-0	22		
23		-	ns)		23	13,0	00.
24			23		24	13,0	00.
25			of line 24 or the value of your Roth I				
	2023 (including 20	023 contributions made in 202	24). Include this amount on Schedule	2 (Form 1040), line 8	25		Ο.

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

Form 53	329 (2023	3)						Page 2
Part				tributions to Coverdell ESAs. C han is allowable or you had an amount				
26	Enter	the excess c	contributions from line 32 c	f your 2022 Form 5329. See instruction	s. If zero, g	o to line 31	26	
27				SAs for 2023 were less than the uctions. Otherwise, enter -0	27			
28				As (see instructions)	28			
29			-		-		29	
30				ne 29 from line 26. If zero or less, ente			30	
31		•		ions)			31	
32				nd 31			32	
33				er of line 32 or the value of your Coverde				
00				in 2024). Include this amount on Schedu			33	
Part	VI ,	Additional	Tax on Excess Contr	ibutions to Archer MSAs. Comple	te this part	if you or you	ur emp	oloyer contributed
		more to you	r Archer MSAs for 2023 th	nan is allowable or you had an amount	t on line 41	of your 2022	2 Form	5329.
34	Enter	the excess c	contributions from line 40 c	of your 2022 Form 5329. See instruction	ns. If zero, g	jo to line 39	34	
35	If the	contribution	ns to your Archer MSAs f	or 2023 are less than the maximum				
	allowa	able contribu	ution, see instructions. Ot	herwise, enter -0	35			
36	2023	distributions	from your Archer MSAs	from Form 8853, line 8	36			
37	Add li	nes 35 and 3	36				37	
38	Prior	year excess	contributions. Subtract li	ne 37 from line 34. If zero or less, ente	er-0		38	
39	Exces	ss contributio	ons for 2023 (see instruct	ions)			39	
40	Total	excess cont	ributions. Add lines 38 ar	nd 39			40	
41	Addit	ional tax. E	Enter 6% (0.06) of the s	smaller of line 40 or the value of y	our Archer	· MSAs on		
			. ,	butions made in 2024). Include this a				
	(Form	1040), line 8	8				41	
Part V	VII .	Additional	Tax on Excess Con	tributions to Health Savings Ac	counts (HSAs). Cor	nplete	this part if you,
				nployer contributed more to your HS	SAs for 202	23 than is al	lowab	le or you had an
		amount on li	ne 49 of your 2022 Form	5329.				
42	Enter	the excess of	contributions from line 48	of your 2022 Form 5329. If zero, go to	o line 47		42	
43	lf the	contributio	ons to your HSAs for 2	2023 are less than the maximum				
	allowa	able contribu	ution, see instructions. Ot	herwise, enter -0	43			
44			•	rm 8889, line 16	44			
45	Add l	nes 43 and 4	44				45	
46	Prior	year excess	contributions. Subtract lin	ne 45 from line 42. If zero or less, ente	er-0		46	
47	Exces	ss contribution	ons for 2023 (see instruct	ions)			47	
48	Total	excess cont	ributions. Add lines 46 ar	nd 47			48	
49	Addit	ional tax. Er	nter 6% (0.06) of the sma	aller of line 48 or the value of your H	SAs on De	cember 31,		
				2024). Include this amount on Schedule			49	
Part \				ibutions to an ABLE Account. C	omplete th	is part if con	tributi	ons to your ABLE
			2023 were more than is a					
50			ons for 2023 (see instruct	,			50	
51				maller of line 50 or the value of yo				
Devt				n Schedule 2 (Form 1040), line 8			51	
Part				nulation in Qualified Retirement			As). (complete this part
50				quired distribution from your qualified			50	
52			· ·				52	
53 54			•	(see instructions)			53	
54			rom line 52. If zero or less				54	
55				o calculate the additional tax. If you q	·	ie 10% tax		
				ne qualified retirement plan, check this 040), line 8 or Form 1041, Schedule G			55	
								t of my knowledge and
		nly if You	belief, it is true, correct, and com	clare that I have examined this form, including accouplete. Declaration of preparer (other than taxpayer) is	s based on all i	nformation of whi	ch prepa	arer has any knowledge.
Are Filing This Form by Itself and Not With								
	Tax Re		Your signature			Date		
— · ·		Print/Type prep		Preparer's signature	Date	Check	;f	PTIN
Paid		21 - II	-			self-emp		
Prep		Firm's name		1	I	Firm's EIN		
Use	Uniy	Firm's address	3			Phone no.		

Form 5329 (2023)

SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

20 23 Attachment Sequence No. 47

Internal Revenue Service		
Name(s) shown on return		

Name(s)	Name(s) shown on return Your so		r social security number		
SARAT	I B POLAVARAPU & JAYASRI KORUKONDA	704-49	-6000		
Par	t I Child Tax Credit and Credit for Other Dependents				
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	449,011.		
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.			
c	Enter the amount from line 15 of your Form 4563 2c				
d	Add lines 2a through 2c	. 2d	0.		
3	Add lines 1 and 2d	. 3	449,011.		
4	Number of qualifying children under age 17 with the required social security number 4	2			
5	Multiply line 4 by \$2,000	. 5	4,000.		
6	Number of other dependents, including any qualifying children who are not under age				
	17 or who do not have the required social security number	0			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	ent			
	alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500				
8	Add lines 5 and 7	. 8	4,000.		
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000				
	• All other filing statuses— $$200,000 \int \dots $. 9	400,000.		
10	Subtract line 9 from line 3.				
	• If zero or less, enter -0				
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For				
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	50,000.		
11	Multiply line 10 by 5% (0.05)		2,500.		
12	Is the amount on line 8 more than the amount on line 11?		1,500.		
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.			
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from Credit Limit Worksheet A	. 13	88,959.		
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	. 14	1,500.		
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		_		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the addition				
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NI	R through	n line 27		
	(also complete Schedule 3, line 11) before completing Part II-A.				

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 8812 (Form 1040) 2023 REV 03/07/24 PRO BAA

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27	🔲
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0
b 17 18a b 19	Number of qualifying children under 17 with the required social security number: x \$1,600. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter the on line 27 . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Nontaxable combat pay (see instructions). 18b Is the amount on line 18a more than \$2,500? . No. Leave line 19 blank and enter -0- on line 20.	16b 17	
20	 ❑ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	Puerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22		
23	Add lines 21 and 22		
24 25	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. Subtract line 24 from line 23. If zero or less, enter -0- .	25	
26	Enter the larger of line 20 or line 25	26	
	Next, enter the smaller of line 17 or line 26 on line 27.		
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 03/07/24 PRO Sch	edule 8	812 (Form 1040) 2023

Form **8889** 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 Sequence No. 52

Name(s				f HSA beneficiary.
JAYA	ASRI KORUKONDA	both spouses h 621-85		As, see instructions.
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance C	Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing t and both you and your spouse each have separate HSAs, complete a separat			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) du	uring 2023.		
	See instructions	l		lf-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 concontributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during	2023, you		
	were, or were considered, an eligible individual with the same coverage, enter \$3,850	(\$7,750 for		
	family coverage). All others, see the instructions for the amount to enter		3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from F	orm 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		4	Ο.
5	Subtract line 4 from line 3. If zero or less, enter -0	+	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and	t t		,
•	coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family	ł	-	,
•	under an HDHP at any time during 2023, enter your additional contribution amount. See ins		7	
8	Add lines 6 and 7		8	7,750.
9	Employer contributions made to your HSAs for 2023	2,200.	-	.,
10	Qualified HSA funding distributions	272001		
11	Add lines 9 and 10		11	2,200.
12	Subtract line 11 from line 8. If zero or less, enter -0	+	12	5,550.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Pa	+	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructio			
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each		rate I	HSAs, complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2023 from all HSAs (see instructions)	t	14a	2,396.
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	ł	14b	
C	Subtract line 14b from line 14a		14c	2,396.
15	Qualified medical expenses paid using HSA distributions (see instructions)	t t	15	2,396.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, i amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
h	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on I			
D	are subject to the additional 20% tax. Also, include this amount in the total on Schedu			
	1040), Part II, line 17c		17b	
Part				efore
	completing this part. If you are filing jointly and both you and your spouse eac			
	complete a separate Part III for each spouse.	•		,
18			18	
19	Qualified HSA funding distribution	+	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,	+	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedu		-	
	1040), Part II, line 17d		21	

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

Form	B867	Paid Preparer's Due Diligence Checkli			No. 1545	
		Earned Income Credit (EIC), American Opportunity Tax Credit (AO Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT	C) and		ortaxye 20 23	
•	ovember 2023)	Credit for Other Dependents (ODČ)), and Head of Household (HOH) Filir To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 104	ng Status			
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form8867 for instructions and the latest inform			hment ence No.	70
Taxpaye	er name(s) shown or	n return	Taxpayer identificatio	n number		
SAR	AT B POLAVA	ARAPU & JAYASRI KORUKONDA	704-49-600	0		
Prepare	r's name		Preparer tax identifica	ation numl	ber	
		I SAGAR GUPTA	P02082703			
Part		gence Requirements				
		propriate box for the credit(s) and/or HOH filing status claimed on the ret ned (check all that apply).		e the rel AOTC		arts I-\ HOH
1		lete the return based on information for the applicable tax year provided	by the taxpayer	Yes	No	N/A
	•	obtained by you?		×		
2	worksheets fo 1040) instruct	claimed on the return, did you complete the applicable EIC and/or (und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Scher ions, and/or the AOTC worksheet found in the Form 8863 instruction hat provides the same information, and all related forms and schedules	dule 8812 (Form is, or your own	X		
3		/ the knowledge requirement? To meet the knowledge requirement, you	must do both of			
U	the following.	, the knowledge requirement? To meet the knowledge requirement, you				
	Interview the	taxpayer, ask questions, and contemporaneously document the taxpaye at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	r's responses to			
		mation to determine that the taxpayer is eligible to claim the credit(s) ar of figure the amount(s) of any credit(s)		X		
4	information re	nation provided by the taxpayer or a third party for use in preparing asonably known to you, appear to be incorrect, incomplete, or inconsist ons 4a and 4b. If " No ," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent in	formation? .			
b	you asked, wh	emporaneously document your inquiries? (Documentation should includ nom you asked, when you asked, the information that was provided, and d on your preparation of the return.)	the impact the			
5	keep a copy o applicable wor 8867 and any	y the record retention requirement? To meet the record retention require f your documentation referenced in question 4b, a copy of this Form 886 rksheet(s), a record of how, when, and from whom the information used to applicable worksheet(s) was obtained, and a copy of any document(s) you relied on to determine eligibility for the credit(s) and/or HOH filing st of the credit(s)	7, a copy of any to prepare Form provided by the atus or to figure	X		
	.,	uments provided by the taxpayer, if any, that you relied on:				
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate or HOH filing status and the amount(s) of any credit(s) claimed on the red for audit?	return if his/her	X		
7		e taxpayer if any of these credits were disallowed or reduced in a previous				
	(If credits wer	re disallowed or reduced, go to question 7a; if not, go to question 8.) ete the required recertification Form 8862?	-			
a	•	ete the required recentification Form 8002?				

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?

For Paperwork Reduction Act Notice, see separate instructions.

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quature tuition and related expenses for the claimed AOTC?		Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14 Part	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification	k year	Yes	No
r art	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	turn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	list for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instru	uctions	under

- 1. A copy of this Form 8867.
- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 03/07/24 PRO

Form 8867 (Rev. 11-2023)

Form **8959**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

SARAT B POLAVARAPU & JAYASRI KORUKONDA

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

704-49-6000

Your social security number

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6 . . .		
4	Add lines 1 through 3 4 508,426		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
•	Single, Head of household, or Qualifying surviving spouse \$200,000 5 250,000.		050 406
6	Subtract line 5 from line 4. If zero or less, enter -0	6	258,426.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to	7	2,326.
Part	Part II	1	2,520.
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
Ũ	had a loss, enter -0		
9	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
		13	
Part			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
45	(see instructions)	-	
15	Enter the following amount for your filing status:		
	Married filing jointly \$250,000		
	Single, Head of household, or Qualifying surviving spouse \$200,000 15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
••	Enter here and go to Part IV	17	
Part	V Total Additional Medicare Tax		
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS		
	filers, see instructions), and go to Part V	18	2,326.
Part	V Withholding Reconciliation		
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1 20 508, 426.	-	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	976.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with	20	
27	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	976.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO		Form 8959 (2023)

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

3

20

Attach to your tax return.

	Attach to your tax return. Go to www.irs.gov/Form8960 for instructions and the latest information.			A	Attachment 70		
		-	st mor	mauon.	N		Sequence No. 72
• •) shown on your tax ו גענגע דעס	etum RAPU & JAYASRI KORUKONDA				-49-0	curity number or EIN
		nt Income Section 6013(g) election (see instructions)			104-	-49-1	0000
Far	investme	Section 6013(h) election (see instructions)					
		\square Regulations section 1.1411-10(g) election (see instructions)	otructi	ione)			
1	Taxable interes	\Box (see instructions)		-		1	
2		and see instructions)				2	
3	•					3	
4a		tate, royalties, partnerships, S corporations, trusts, trades or	· i		• •	-	
та	businesses, etc	c. (see instructions)	4a	-24,	939.		
b	section 1411 tr	r net income or loss derived in the ordinary course of a non- ade or business (see instructions)	4b				
С		4a and 4b	• •			4c	-24,939.
5a	-	s from disposition of property (see instructions)	5a	1,	957.		
b		oss from disposition of property that is not subject to net one tax (see instructions)	5b				
с	Adjustment fro	m disposition of partnership interest or S corporation stock (see					
	instructions) .		5c				
d		5a through 5c				5d	1,957.
6		investment income for certain CFCs and PFICs (see instructions)				6	
7		tions to investment income (see instructions)				7	
8	Total investme	nt income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	-22,982.
Part		nt Expenses Allocable to Investment Income and Modifi		ns			
9a		erest expenses (see instructions)	9a			-	
b		d foreign income tax (see instructions)	9b				
c		investment expenses (see instructions)	9c				
d		b, and 9c				9d	
10		lifications (see instructions)				10	
11 Dort	Tax Com	ns and modifications. Add lines 9d and 10	• •		• •	11	
_		-		ata linan 1	0 17		
12		t income. Subtract Part II, line 11, from Part I, line 8. Individuals, c ists, complete lines 18a–21. If zero or less, enter -0				12	0.
	Individuals:		• •		• •	12	0.
13		ted gross income (see instructions)	13	119	011.		
14	-	ed on filing status (see instructions)	14		000.		
15		4 from line 13. If zero or less, enter -0	15	199,			
16		er of line 12 or line 15				16	0.
17		t income tax for individuals. Multiply line 16 by 3.8% (0.038). Ent					
		turn (see instructions)				17	0.
18a			18a				
b		or distributions of net investment income and charitable					
	deductions (se	e instructions)	18b				
С	instructions). I	,	18c				
19a		· · · · · · · · · · · · · · · · · · ·	19a				
b	-	, , , , , , , , , , , , , , , , , , ,	19b				
c		<i>,</i>	19c				
20						20	
21		t income tax for estates and trusts. Multiply line 20 by 3.8% (0.0				21	
Eor Po		ur tax return (see instructions)		03/07/24 PRO		21	Form 8960 (2023)
I UI Fa			REV	03/01/24 PKU			1 UIII UJUU (2023)

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

BAA

See separate instructions. Description of the Transmission. Description of the Description of the Transmission. Description of the Description.	\$	8582		Pa	ssive Activ	ity Loss Lim	nitations		0	MB No. 1545-1008
Interview Service Cost to wow its gov/Form\$522 for instructions and the latest information. Stature information Status information Identifying unmarks T04-49-6000 FPR11 2023 Passive Activity Loss T04-49-6000 Caution: Complete Parts IV and V before completing Part I. T04-49-6000 Rental Real Estate Activities in the instructions.) 1a 1a Activities with net loss (enter the amount from Part IV, column (a)) 1a 2 Combine lines 1a, 1b, and 1c 1a 1d Other Passive Activities Total Complete Parts IV and Trom Part V, column (a)) 1a 2 Combine lines 1a, 1b, and 1c 1d 2 Combine lines 1a, 1b, and 1c 1d 2 Combine lines 1a and 2 and subtract any prior year unallowed losses (enter the amount from Part V, column (b)) 2d -10, 603. 3 Combine lines 1a and 2 and subtract any prior year unallowed losses enter dom amount from Part V, column (b)) 2d -10, 603. 3 Combine lines 1a and 2 and subtract any prior year unallowed losses enter dom and trom the V, column (c)) 2d -10, 603. 3 Combine lines 1a and 2 and subtract any prior year unallowed losses enter dom and schedulos a	Form	JJUZ	•		-					20 23
Namedia book on statu Identifying number SARAT B # OLAVERAPT & JAYASKI KORUKONDA 704-49-6000 Part1 2023 Passive Activity Loss Caution: Complete Parts V and V before completing Part I. 704-49-6000 Fental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a 1a Activities with net loss (enter the amount from Part IV, column (a)) 1a 1b 1 2 Combine lines 1a, 1b, and 1c 1d 1d 1d 2a Activities with net loss (enter the amount from Part V, column (b)) 2a -10, 603. 2 Combine lines 1a, 1b, and 1c 1d -10, 603. 3 Combine lines 2a, 2b, and 2c -10, 603. 2d -10, 603. 3 Combine lines 2a, 2b, and 2c -10, 603. 3 -10, 603. 4 Combine lines 2a, 2b, and 2c -10, 603. 3 -10, 603. 3 Combine lines 2a, 2b, and 2c -10, 603. 3 -10, 603. 4 Combine lines 2a, 2b, and 2c -10, 603. 3 -10, 603.						A	Attachment			
SARAT B POLAVRARUT & UTAYARUT KORUKONDA 704-49-6000 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities in the instructions.) 1a In Activities with net icome (enter the amount from Part IV, column (b)) 1a De Activities with net icose (enter the amount from Part IV, column (b)) 1a Combine lines 1a, 1b, and 10 1a Ord Hard Rest Rest Activities 1a Activities with net icose (enter the amount from Part IV, column (b)) 1a Combine lines 1a, 1b, and 10 1a Activities with net loss (enter the amount from Part V, column (a)) 1a Activities with net loss (enter the amount from Part V, column (c)) 2a Combine lines 2a, 2b, and 2c 2a Prior years' unallowed losses (enter the amount from Part V, column (c)) 2a Combine lines 2a, 2b, and 2c 2b Combine lines 1a and 2a and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed for Sease entered on line 1 a is zon or nore), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instaad, go to line 10.				Go to www.i	rs.gov/Form8582 to	or instructions and	the latest informat			
Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a 1a Activities with net loss (enter the amount from Part IV, column (a)) 1a 1 1b 1a 2 Activities with net loss (enter the amount from Part IV, column (b)) 1a 2 Activities with net loss (enter the amount from Part V, column (b)) 1a 2 Activities with net loss (enter the amount from Part V, column (b)) 2a 0 Activities with net loss (enter the amount from Part V, column (b)) 2a 2 Activities with net loss (enter the amount from Part V, column (b)) 2a 4 Combine lines 2, 2b, and 2c 2 Combine lines 2, 2b, and 2c 3 Combine lines 2, 2b, and 2c 4 Combine lines 2, 2b, and 2c 5 Combine lines 2a, 2b, and 2c 6 Combine lines 2a, 2b, and 2c 7 Combine lines 2a, 2b, and 2c 6 Inter the amount from Part V, column (c		,		RAPU & JAYASRI K	ORUKONDA					
Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities with hort ince in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) 1a 1a 1b 1b 1b 1c								10	1 19	
Allowance for Rental Real Estate Activities in the instructions,) 1a 1a 1a 1a Activities with net income (enter the amount from Part IV, column (a)) 1b 1b 1c b Activities with net loss (enter the amount from Part IV, column (a)) 1b 1c 1c c Combine lines 1a, 1b, and 1c 1c 1c 1d All Other Passive Activities 1a 0 0 0 2a Activities with net loss (enter the amount from Part V, column (a)) 2a 0 0 b Activities with net loss (enter the amount from Part V, column (a)) 2d 1-10, 603. c Combine lines 2a, 2b, and 2c				-		eting Part I.				
b Activities with net loss (enter the amount from Part IV, column (b)) 10 10 c Combine lines 1a, 1b, and 1c 1d All Other Passive Activities 2a 0. 2a Activities with net loss (enter the amount from Part V, column (b)) 2b 0. b Activities with net loss (enter the amount from Part V, column (c)) 2b 0. combine lines 2a, 2b, and 2c 2a 0. 2b -10, 603. d Combine lines 2d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is a zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses (and line 1d is zero or more), skip Part II and go to line 10. 3 -10, 603. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. 5 6 Part II. Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 6 6 Enter the smaller of the loss on line 3 - - 7 7 7 Subtract line 6 from line 4 or rise 3. - - 6 6 6							ive participation, s	see Special		
c Prior years' unallowed losses (enter the amount from Part V, column (ci)) It It d Combine lines 1a, 1b, and 1c It It 2a Activities with net income (enter the amount from Part V, column (a)) It It b Activities with net loss (enter the amount from Part V, column (b)) It It c Prior years' unallowed losses (enter the amount from Part V, column (b)) It It c Combine lines 2a, 2b, and 2c It It It d Combine lines 2a, 2b, and 2c It It It c Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all tosses one the forms and schedules normally used It	1a	Activities	with r	net income (enter the ar	mount from Part IN	/, column (a)) .	1a			
d Combine lines 1a, 1b, and 1c 1d All Other Passive Activities 1d All Other Passive Activities 1d 2a Activities with net income (enter the amount from Part V, column (a)) 2a 0. 2b Activities with net loss (enter the amount from Part V, column (b)) 2b (-10, 603.) 2c (D) 2c 0. d Combine lines 2, b, and 2c 2c 0. 3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1 co 2c. Report the losses on the forms and schedules a 1. -10, 603. 1f line 3 is a loss and: • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. 3 Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. 10 Part III Special Allowance for Rental Real Estate Activities With Active Participation Note: Filing all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the smaller of the loss on line 1 d or the loss on line 3	b	Activities)							
All Other Passive Activities 2a Activities with net income (enter the amount from Part V, column (a)) 2a 0. b Activities with net itos (enter the amount from Part V, column (b)) 2b (-10, 603.) c Combine lines 2a, 2b, and 2c 2c 2d -10, 603. 3 Combine lines 2a, 2b, and 2c 2d -10, 603. 3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1 c or 2c. Report the losses on the forms and schedules normally used -10, 603. If line 3 is a loss and: • Line 2d is a loss, go to Part II. • Line 2d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part III Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 4 Enter the smaller of line 10 or theto loss on line 3	С	Prior year	rs' una	allowed losses (enter th	e amount from Pa	art IV, column (c))	1c ()	
2a Activities with net income (enter the amount from Part V, column (a)) 2a 0. b Activities with net loss (enter the amount from Part V, column (b)) 2b (-10, 603.) c Pior years' unallowed losses (enter the amount from Part V, column (c)) 2c d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return, all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used -10, 603. ormally used exation: fyour filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II. Instead, go to line 10. Part II as positive amounts. See instructions for an example. 4 Enter the smaller of the loss on line 1 d or the loss on line 3. 5 Enter S150.000. If married filing separately, see instructions for an example. 4 Enter the smaller of line 4 or line 5, skip lines 7 and 8 and enter -0- on line 8. Of line 3 includes any CRD, see instructions. <	d	Combine	lines	1a, 1b, and 1c					1d	
b Activities with net loss (enter the amount from Part V, column (b)) Image: Column (b) Image: Columo Image: Columo Image: Co	All Ot	ther Passiv	ve Act	ivities						
c Prior years' unallowed losses (enter the amount from Part V, column (c)) 2c (2d -10, 603. d Combine lines 2a, 2b, and 2c	2a	Activities	with r	net income (enter the ar	mount from Part V	, column (a)) .	2 a	0.		
d Combine lines 2a, 2b, and 2c -10, 603. 3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1 or 2c. Report the losses on the forms and schedules normally used	b	Activities	with r	net loss (enter the amou	unt from Part V, co	olumn (b))	2b (·	-10,603.		
3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules a romally used	С	Prior year	rs' una	allowed losses (enter th	e amount from Pa	art V, column (c))	2c ()	
zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	d	Combine	lines	2a, 2b, and 2c					2d	-10,603.
prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -10,603. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II. Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the smaller of the loss on line 10 or the loss on line 3	3									
normally used 3 -10, 603. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the smaller of the loss on line 1 d or the loss on line 3 5 Enter \$150,000. If married filing separately, see instructions 6 Intervention 7 Subtract line 6 for mine 5 6 Intervention 7 Subtract line 6 from line 5 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions 5 9 Enter the smaller of line 10 and 2a and enter the total 10 Add the income, if any, on lines 1a and 2a and enter the total 11 0. 12 Add the income, if any on lines 1a and 2a and enter the total 13 Total losses allowed from all passive activities for 2										
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Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Name of activity Current year Prior years Overall gain or loss Name of activity (a) Net income (line 1a) (b) Net loss (line 1b) (c) Unallowed loss (line 1c) (d) Gain (e) Loss Total. Enter on Part I, lines 1a, 1b, and 1c Image: Current year Im	• •			-					11	0.
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(a) Net income (line 1a) (b) Net loss (line 1b) (c) Unallowed loss (line 1c) (d) Gain (e) Loss Image: Comparison of the second state of the s		Ne	amo o	factivity	Currer	it year	Phor years	UVE	an ya	
Total. Enter on Part I, lines 1a, 1b, and 1c Image: Construction of the second secon		INC		ractivity				(d) Gai	n	(e) 055
					(line 1a)	(line 1b)	loss (line 1c)			(-) 2000
	Total.	. Enter on F	Part I.	lines 1a, 1b. and 1c						
					ictions.		REV 03/0	17/24 PRO		Form 8582 (2023)

Form 8582 (2023)							Page 2	
Part V Complete This Part Befor	e Part I, Lines 2	2a, 2b,	and 2c. S	ee instruc	ctions.			
	Current year			Prior y	ears	Overa	ll gain or loss	
Name of activity	(a) Net income (line 2a)			(c) Unallowed loss (line 2c)		(d) Gain	(e) Loss	
NAMMA LAS PALMAS LLC	0.		10,603.				10,603.	
Total. Enter on Part I, lines 2a, 2b, and 2c Part VI Use This Part if an Amour	0.		10,603.		tiono			
Part VI Use This Part if an Amour			, Line 9. 5		ctions.			
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio		(c) Special allowance	(d) Subtract column (c) from column (a).	
				1.00	0			
Part VII Allocation of Unallowed L	.osses. See inst	ruction	S.					
Name of activity	Form or sch and line nu to be report (see instruct	mber ted on	(a)	_oss	(b) Ratio	(c) Unallowed loss	
NAMMA LAS PALMAS LLC	E Ln 2	8A	3A 1		1.00000000		10,603.	
 Total				10,603.		1.00	10,603.	
Part VIII Allowed Losses. See instru		<u>· ·</u>		10,000.		1.00	10,003.	
Name of activity	Form or sch and line nu to be repor (see instruc	mber ted on	(a)	LOSS	(b) Ur	nallowed loss	(c) Allowed loss	
NAMMA LAS PALMAS LLC	E Ln 2	8A		10,603.		10,603.	0.	
Total				10,603.		10,603.	0.	

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Form **8582** (2023)

Additional Information From 2023 Federal Tax Return

Schedule E: Supplemental Income and Loss Income Or Loss From Rental Real Estate And Royalties (1) -- Line 19 Other Expenses: Property

19 Other Expenses: Property	Continuation Statement
Expense Description	Amount
APPLIANCES INSURANCE	360.
AHS SERVICES	360.
RELOCATION EXPENCES	3,600.
APPLIANCES UPGRADE	2,600.
TECHNICIAN SERVIES	1,200.
PAINTING	6,500.
UPLINE EXPENSES	4,000.
RAILROAD US EXPRESS	1,200.
MILEAGE EXPENSES	300.
CABINET EXPENSES	2,500.
CARPET WASH	330.
	Total 22,950.

TAXABLE YEAR		FORM
2023	California e file Signature Authorization for Individuals	8870

2023	California e-file Signature Authorizat	ion for Individuals	8879
Your name	•	Your SSN or ITIN	
SARAT B PC	DLAVARAPU	704-49-600	00
Spouse's/RDP's nar	me	Spouse's/RDP's S	SN or ITIN
JAYASRI KO	DRUKONDA	621-85-458	30
Part I Tax Ret	urn Information (whole dollars only)		
	sted gross income (AGI). See instructions		
	we. See instructions		
			11/2
	yer Declaration and Signature Authorization (Be sure you obtain and keep a co f perjury, I declare that I have examined a copy of my individual income tax retu		nte for the tax year
domestic partner (provider to transm to my ERO, intern return, I understar penalties. I acknow	rect deposit authorization stated on my return. If I have filed a joint return, this i (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. nit my complete return to the Franchise Tax Board (FTB). If the processing of m nediate service provider, and/or transmitter the reason(s) for the delay or the nd that if the FTB does not receive full and timely payment of my tax liability, I re wledge that I have read and consent to the Electronic Funds Withdrawal Consen al identification number (PIN) as my signature for my electronic income tax retu	I authorize my ERO, transmitter, or intermed y return or refund is delayed, I authorize the date when the refund was sent. If I am filin emain liable for the tax liability and all applica t included on the copy of my electronic incom	diate service e FTB to disclose ng a balance due able interest and me tax return. I have
Taxpayer's PIN: cl	heck one box only		
I authorize	GLOBAL TAXES LLC	to enter my PIN 4	6 0 0 0
	ERO firm name	Do n	ot enter all zeros
_	ture on my 2023 e-filed California individual income tax return.		
	ny PIN as my signature on my 2023 e-filed California individual income tax retur d using the Practitioner PIN method. The ERO must complete Part III below.	n. Check this box only if you are entering you	ur own PIN and you
Your signature	·	_Date	
Spouse's/RDP's P	PIN: check one box only		
X Lauthorize	GLOBAL TAXES LLC	to enter my PIN 4	4 5 8 0
	ERO firm name		ot enter all zeros
as my signat	ture on my 2023 e-filed California individual income tax return.		
	my PIN as my signature on my 2023 e-filed California individual income tax urn is filed using the Practitioner PIN method. The ERO must complete Part III t	• •	ering your own PII
Spouse's/RDP's si	ignature	Date	
	Practitioner PIN Method Returns Only con	tinue below	
Part III Certifi	ication and Authentication — Practitioner PIN Method Only		
	Filer Identification Number (EFIN)/PIN. it EFIN followed by your five-digit self-selected PIN.	2 2 4 9 6 0 8 2	7 1

Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return 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 FTB Pub. 1345, 2023 Handbook for Authorized

ERO's signature	 Date		04/15/2024
0		-	

e-file Providers.

	ADLL	YEAR	Cal	iforn	ia No	onres	side	ent o	or P	art-Y	ear					CALIF	ORNIA FOR
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8.	-12	2-198	1 0	8-27-	-1982												
				a filing sta	atus is di	fferent fro	om you			g status, c]	
s	1		Single				4	H	lead o	f househo	ld (with	qualifying	person)). See in:	struction	s.	
Status	2	1 1		RDP filing spouse/F			5	Q	lualify	ing surviv	ing spou	se/RDP. E	Enter yea	ir spous	e/RDP di	ed.	
			-	uctions.				S	ee ins	tructions.							
	3	Ν	/larried/	RDP filing) separate	ely. Enter	spous	e's/RDP	's SSN	l or ITIN a	bove an	d full nam	e here				
	6	If some	one can	claim vou	ı (or vou	r spouse/	(RDP) ;	as a dep	ender	t, check ti	ne box h	ere. See i	nstr		6		
				-			,			the box b						Who	
	7		2	checked			,			x. If you e instruct	ions (7 2	X \$144			WIIU	le dollars o
	8	Blind: If	you (or	your spo	use/RDP) are visu	ially im	npaired,	enter	1;	C						
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You	r nar	me: POLAVARAPU	Over SSN or ITIN	J: 704-49-6000		
	11	Exemption amount: Add line 7 through I	ne 10		• 11 \$	1180
	12	Total California wages from your federal Form(s) W-2, box 16	• 12	425718	. 00	
Total Taxable Income	13 14	Enter federal AGI from federal Form 104 California adjustments – subtractions. En Part II, line 27, column B	 13 14 	449011 .00		
	15	Subtract line 14 from line 13. If less than See instructions	<i>.</i>	· · · · · · · · · · · · · · · · · · ·	15	449011 .00
al Taxa	16	California adjustments – additions. Enter line 27, column C			• 16	2200 .00
Tota	17 18	Adjusted gross income from all sources. Enter the larger of: Your California itemi Part III, line 30; OR Your California stan	zed deductions from	Schedule CA (540NR),		451211 .00 38630 m
	19	Subtract line 18 from line 17. This is you enter -0-	r total taxable incom	e. If less than zero,	 18 19 	412581 .00
		Тах		ax Rate Schedule		
	31 32	Tax. Check the box if from:		TB 3803	• 31	31676 .00
	35	(540NR), Part IV, line 1		400779	• 35	366468 .00
ome	36	CA Tax Rate. Divide line 31 by line 19		• 36 0.0768		
ole Inc	37	CA Tax Before Exemption Credits. Multip	ly line 35 by line 36 .		③ 37	28145 .00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide lin If more than 1, enter 1.0000		• 38 0.8882		
0	39	CA Prorated Exemption Credits. Multiply If the amount on line 13 is more than \$2	•	ns	③ 39	1048 .00
	40	CA Regular Tax Before Credits. Subtract	line 39 from line 37. I	f less than zero, enter -0	• 40	27097 .00
	41	Tax. See instructions. Check the box if fr	om: • 🔄 Schedu	le G-1 • 🛄 FTB 5870A	• 41	.00
	42	Add line 40 and line 41			• 42	27097 .00
lits	50 51	Nonrefundable Child and Dependent Care Attach form FTB 3506 Credit for joint custody head of househo See instructions	ii.		• 50	.00
Special Credits	52 53	Credit for dependent parent. See instruct Credit for senior head of household. See instructions			- <u>00</u> - <u>00</u>	
	54	Credit percentage. Enter the amount from If more than 1, enter 1.0000. See instruc		• 54		
	55	Credit amount. See instructions			• 55	
	;	Side 2 Form 540NR 2023	175 31	132234		

You	r nan	ne: POLAVARAPU Your SSN or ITIN: 704-49-6000		1
Special Credits	58	Enter credit name code • and amount •	58	
	59	Enter credit name code and amount	59	_ 00
	60	To claim more than two credits, see instructions. Attach Schedule P (540NR)	60	.00
	61	Nonrefundable Renter's Credit. See instructions	61	_ 00
	62	Add line 50 and line 55 through line 61. These are your total credits	62	.00
	63	Subtract line 62 from line 42. If less than zero, enter -0		27097 .00
Ś	71	Alternative Minimum Tax. Attach Schedule P (540NR)	71	
Other Taxes	72	Mental Health Services Tax. See instructions	72	
Othei	73	Other taxes and credit recapture. See instructions	73	.00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	27097 .00
				215.0
	81	California income tax withheld. See instructions		31569 .00
	82	2023 California estimated tax and other payments. See instructions	82	.00
Ś	83	Withholding (Form 592-B and/or Form 593). See instructions	83	.00
Payments	84	Excess SDI (or VPDI) withheld. See instructions	84	.00
Рау	85	Earned Income Tax Credit (EITC). See instructions	85	
	86	Young Child Tax Credit (YCTC). See instructions	86	00
	87	Foster Youth Tax Credit (FYTC). See instructions	87	.00
	88	Add line 81 through line 87. These are your total payments. See instructions	88	31569 .00
ISR Penalty	91	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage		
ISR I		Individual Shared Responsibility (ISR) Penalty. See instructions • 91		. 00
Overpaid Tax/Tax Due	92 93	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88) 92) 93	31569 .00
ł Tax/	101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92) 101	4472 .00
srpaic		Amount of line 101 you want applied to your 2024 estimated tax		0_00
ŇŎ		Overpaid tax available this year. Subtract line 102 from line 101		4472 .00
		REV 03/05/24 PRO	100	• <u>00</u>

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Vour	name:
rour	name.

Contributions

POLAVARAPU

 \Box Your SSN or ITIN:

N: 704-49-6000

. 00

		<u>Code</u>	Amount
	California Seniors Special Fund. See instructions	• 400	
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401	
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	
	California Breast Cancer Research Voluntary Tax Contribution Fund.	• 405	
	California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406	
	Emergency Food for Families Voluntary Tax Contribution Fund	• 407	
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408	
	California Sea Otter Voluntary Tax Contribution Fund	• 410	
	California Cancer Research Voluntary Tax Contribution Fund	• 413	
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422	.00
	State Parks Protection Fund/Parks Pass Purchase	• 423	00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	• 424	
	Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	
	Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	
	Suicide Prevention Voluntary Tax Contribution Fund	• 444	
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445	00
120	Add amounts in code 400 through code 445. This is your total contribution	• 120	.00

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Your	r nan	ne: POLAVARAPU Your SSN or ITIN: 704-49-6000	
Amount You Owe	121	AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 121 Pay Online – Go to ftb.ca.gov/pay for more information.	00
Interest and Penalties		Underpayment of estimated tax.	.00
Inter Per		Total amount due. See instructions. Enclose, but do not staple, any payment 124	00
	120	REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 ● 125	. 00
t Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below: • Type	
Refund and Direct Deposit		Routing number Checking Account number Account number 126 Direct deposit amount	.00
Refun		The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:	
		Routing number Checking Savings Account number Savings	.00
Voter Info.		For voter registration information, check the box and go to sos.ca.gov/elections . See instructions	
Health Care Coverage Info.		Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions	No
		REV 03/05/24 PRO	

Sign your tax return on Side 6

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Your name:	POLAVARAPU	Your SSN or ITIN:	704-49-6000	-	
IMPORTANT:	Attach a copy of your complete federa	ıl return.			
	e can be found in annual tax booklets or onli 1 EN-SP, Franchise Tax Board Privacy Notice				
Under penalties is true, correct, a	of perjury, I declare that I have examined t and complete.	his tax return, including ac	companying schedules and statement	s, and to the best of r	ny knowledge and belief, it
Your signature		Date	Spouse's/RDP's sig	nature (if a joint tax ret	turn, both must sign)
	• Your email address. Enter only one	email address.		Prefe	erred phone number
Sign				650	4402781
Here	Paid preparer's signature (declaration of	of preparer is based on al	I information of which preparer has	any knowledge)	
	SYAM PRIYA RAM SA	AGAR GUPTA			
It is unlawful to forge a spouse's/	Firm's name (or yours, if self-employed)				• PTIN
RDP's	GLOBAL TAXES LLC				P02082703
signature.	Firm's address				Firm's FEIN
Joint tax return?	245 ROONEY CT E B	BRUNSWICK NJ	08816		843171965
See instructions.	Do you want to allow another perso	on to discuss this tax ret	urn with us? See instructions	• Yes	× No
	Print Third Party Designee's Name			Telephor	ne Number

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Side 6 Form 540NR 2023

TAXABLE YEAR	California Adjustments —	
2023	Nonresidents or Part-Year Residents	

Important: Attach this schedule behind Form 540NR, Side 6 as a supporting California schedule.

b I was in the military and stationed in (enter two letter code). I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) I was a CA nonresident (enter new state of residence) I was a CA nonresident the entire year (enter state of residence) I was a CA nonresident the entire year (enter state of residence) I was a CA nonresident the entire year (enter state of residence) I was a CA nonresident the entire year (enter state of residence) I owned a home/property in CA (enter Y for Yes, N for No) I owned a home/property in CA (enter Y for Yes, N for No) I was a CA resident for the period of I can a CA resident for the period of I can be a home/property in CA (enter Y for Yes, N for No) I can a CA resident for the period of I can be a home/property in CA (enter Y for Yes, N for No) I can be a home/property in CA (enter Y for Yes, N for No) I can be a home/property in CA (enter Y for Yes, N for No) I can be a home/property in CA (enter Y for Yes, N for No) I can be a home/property in CA (enter Y for Yes, N for No) I can be a home/property in CA (enter Y for Yes, N for No) I can be a home/property in CA (enter Y for Yes, N for No) I can be a c	Name(s) as shown on tax return				SSN or IT	IN
During 2023: I My California (CA) Residency (Check one) Resident Lessident Spouse: Monresident X Part-Year Resident Reside 2 a I was domiciled in (enter two letter code, see instructions) Image: Comparison of the compariso						5000
My California (CA) Residency (Check one) a Myself: ● Nonresident ● X Part-Year Resident ● Resident b Spouse: ● Nonresident ● X Part-Year Resident ● Resident b Spouse: ● Nonresident ● X Part-Year Resident ● Resident Part-Year Resident ● X Part-Year Resident ● X Part-Year Resident ● Resident 1 became a CA nonersident (enter row state of residence and date (mm/dd/yyyy) of move) ● (m/dt) = X Part-Year Resident 0 = (m/dt) = Resident ● (m/dt) = X Part-Year Resident 0 = (m/dt) = Resident ● (m/dt) = X Part-Year Resident 0 =(m/dt) = Resident ●(m/dt) = X Part-Year Resident 0 =(m/dt) = Resident ●	Part I Residency Information. Complete all lin	es that apply to you a	nd your spouse/RDP f	for taxable year 2023.	•	
a Myself: ● Nonresident ● Part-Year Resident ● Resident ● Spouse: ● Nonresident ●NONRESIDENT	-					
Yourself Spouse/RDP 2 a I was domiciled in (enter two letter code)				0	\sim V	
a I was domiciled in (enter two letter code, see instructions)	a Myself: (•) Nonresident (•) 🗡 Part-Year F	lesident 🕑 Reside	ent b Spous	se: 🖲 Nonresident	t • 🔨 🗡 Part-Year Res	ident 🔍 Resider
b was in the military and stationed in (enter two letter code). i became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move). i became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). i was a CA nonresident the entire year (enter state of residence). i was a CA nonresident the entire year (enter state of residence). i owned a home/property in CA (enter Y for Yes, N for No). i owned a home/property in CA (enter Y for Yes, N for No). i owned a home/property in CA (enter Y for Yes, N for No). i owned a home/property in CA or 1040-SR i form federal Form 1040 or 1040-SR i form federal Form 1040 or 1040-SR i form federal Form (s) W-2, to the federal Form(s) W-2, to the result) i the instructions. i the instructions.<						
I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move). ● / I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). ● TX 0.8/0.1/2.0.2.3 ● /	a I was domiciled in (enter two letter code, see i	nstructions)				<u>T</u> X
1 became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). TX					•	
I was a GA nonresident the entire year (enter state of residence)	I became a CA resident (enter state of prior resid	ence and date (mm/d	d/yyyy) of move)	•//		/_/
is The number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of days I spent in CA for any purpose was: is the number of the spent in the number	I became a CA nonresident (enter new state of re	sidence and date (mn	n/dd/yyyy) of move) .	$(\underline{\mathbf{T}} \underline{\mathbf{X}} \underline{0} \ \underline{8} / \underline{0} \ \underline{1} / \mathbf{$	<u>2023</u> •	/_/
I owned a home/property in CA (enter Y for Yes, N for No) Image: Model of the period of the peri		,		-	•	
Before 2023: I was a CA resident for the period of A B C D E Part II Income Adjustment Schedule A B C D E Section A — Income from federal Form 1040 or 1040-SR Federal Amounts (taxable amounts from your federal tax return) B C D E 1 a Total amount from federal Form (s) W-2, box 1. See instructions A a 471993 A 2200 4774193 42571 b Household employee wages not reported on federal Form (s) W-2. see instructions. 1a Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. Image: Comparison of the form (s) W-2, box 1. See instructions. <						
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Section A — Income from federal Form 1040 or 1040-SR Federal Amounts (taxable amounts from your federal tax return) Subtractions See instructions (difference between CA & federal law) Total Amounts Using CA Law A & If You Were CA & federal law) CA Amounts Using CA Law A & If You Were CA & federal law) CA Amounts Using CA Law A & If You Were CA & federal law) CA Amounts Using CA Law A & If You Were CA & federal law) CA Amounts Using CA Law CA & federal law) 1 a Total amount from federal Form(s) W-2, box 1. See instructions 1 471.993 Image: Calcular	Before 2023: I was a CA resident for the period of	of		•//		/
Section A — Income Federal Amounts Subtractions Additions Total Amounts CA Amounts from federal Form 1040 or 1040-SR Federal Amounts Subtractions Gifference between CA & federal law) Additions Total Amounts Using CA Law See instructions Gifference between CA & federal law) CA Resident Ising CA Law As If You Were a CA Resident received as a CA 1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a 471993 2200 474193 42571 b Household employee wages not reported on federal Form(s) W-2. See instructions. 1b Image: Comparison of the form tederal Form(s) W-2. See instructions. Image: Comparison of the form tederal Form same form tederal Form same form tederal Form same for the ported on federal Form same for ported on federal Form same form tederal Form same form same form tederal Form sam				•//	•/_	/
Interfactor Interfactor Interfactor See instructions (difference between CA & federal law) Using CA Law As If You Were a CA & Resident (subtract col. B from earned or received as a CA resident as non-resident) Interfactor In	Part II Income Adjustment Schedule	A	В	C	D	E
If offit federal Form 1040 of 1040-SH your federal tax return) (difference between CA & federal law) As if You Were a CA & federal law) As if You Were a CA & federal law) is offic to between col A; add col. C is offic to between						
1 a Total amount from federal Form(s) W-2, box 1. See instructions	from federal Form 1040 or 1040-SR		(difference between	(difference between	As If You Were a	received as a CA
1 a Total amount from federal Form(s) W-2, box 1. See instructions			CA & federal law)	CA & federal law)		
1 a Total amount from federal Form(s) W-2, box 1. See instructions					col. A; add col. C	from CA sources
bx 1. See instructions 1a b Household employee wages not reported on federal Form(s) W-2. th c Tip income not reported on line 1a. d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions. te Taxable dependent care benefits from federal Form 2441, line 26. federal Form 8839, line 29. f Employer-provided adoption benefits from federal Form 8839, line 29. form federal Form 8919, line 6. g Wages from federal Form 8919, line 6. i Nontaxable combat pay election. see instructions . se instructions . i Nontaxable combat pay election. see instructions . se instructions . til z Add line 1a through line 1i 2 Taxable interest. a (*) 3 Ordinary dividends. See instructions.					to the result)	as a nonresident)
blox reloce induction in the first reported on federal Form(s) W-21b c Tip income not reported on line 1a1c d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions. 1d e Taxable dependent care benefits from federal Form 2441, line 261e f Employer-provided adoption benefits from federal Form 8839, line 291f g Wages from federal Form 8919, line 61g h Other earned income. See instructions1h i Nontaxable combat pay election. See instructions1i z Add line 1a through line 1i1z 2 Taxable interest. a @2b 3 Ordinary dividends. See instructions.	a lotal amount from federal Form(S) W-2,	471993		2200	474193	425718
on federal Form(s) W-2	b Household employee wages not reported	-	<u> </u>			Ŭ
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . 1d e Taxable dependent care benefits from federal Form 2441, line 26 1e f Employer-provided adoption benefits from federal Form 8839, line 29 1f g Wages from federal Form 8919, line 6 1g h Other earned income. See instructions 1h i Nontaxable combat pay election. See instructions		\odot				
on federal Form(s) W-2. See instructions. 1d e Taxable dependent care benefits from federal Form 2441, line 26 f Employer-provided adoption benefits from federal Form 8839, line 29 f g Wages from federal Form 8919, line 6 g Wages from federal Form 8919, line 6 f Nontaxable combat pay election. see instructions see instructions i Nontaxable combat pay election. see instructions 2 Taxable interest. a O 3 Ordinary dividends. See instructions.		$\textcircled{\bullet}$	۲	\odot	۲	\odot
e Taxable dependent care benefits from federal Form 2441, line 26 1e Image: Construction of the second of the	d Medicaid waiver payments not reported					
federal Form 2441, line 26 1e f Employer-provided adoption benefits from federal Form 8839, line 29 g Wages from federal Form 8919, line 6 g Wages from federal Form 8919, line 6 h Other earned income. See instructions h Other earned income. See instructions see instructions see instructions see instructions tine 1a through line 1i tine 2 Add line 1a through line 1i tine earned income. tine 2 tine 3 ordinary dividends. See instructions.	on rederal Form(s) W-2. See instructions . 1d e Taxable dependent care benefits from					
f Employer-provided adoption benefits from federal Form 8839, line 29 1f g Wages from federal Form 8919, line 6 1g 	federal Form 2441, line 26 1e		\odot	\odot	\odot	\odot
g Wages from federal Form 8919, line 6 1g Image: Construction of the constru	f Employer-provided adoption benefits	-				
h Other earned income. See instructions 1h i Nontaxable combat pay election. See instructions			<u> </u>	<u> </u>	<u> </u>	\cup
i Nontaxable combat pay election. See instructions Image: Comparison of the set of	•••••••••••••••••••••••••••••••••••••••		<u> </u>	- <u>-</u>		0
See instructions 1i Image: Construction of the set of the se		0			0	
z Add line 1a through line 1i1z • 471993 • 2200 • 474193 • 42571 2 Taxable interest. a () 2b • 8 • 9 • 9 • 9 • 42571 3 Ordinary dividends. See instructions. • 9 • 9 • 9 • 9 • 9						
2 Taxable interest. a 3 Ordinary dividends. See instructions.		471000			<u> </u>	<u> </u>
	2 Taxable Interest. a ♥					
4 IRA distributions. See instructions.						

. 4b 🔘

. 5b 💿

. 6b 🔘

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a 🕘 _

5 Pensions and annuities. See

7 Capital gain or (loss). See instructions7

instructions. a 💽 _

6 Social security benefits.

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CA (540NR)



		A	В	C	D	E
	n B — Additional Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	axable refunds, credits, or offsets of state nd local income taxes 1		\odot			
	Alimony received. See instructions 2a					$\textcircled{\textbf{0}}$
	usiness income or (loss). See instructions 3	$\overline{\bullet}$	۲	$\overline{\bullet}$	$\overline{\bullet}$	$\overline{\bullet}$
	ther gains or (losses)4		•	$\overline{\bullet}$		0
	ental real estate, royalties, partnerships,	• -24939		۲	• -24939	• -2493
	corporations, trusts, etc	• -24939	•		• -24939	• -2493
	nemployment compensation		•			
	ther income:					
	Federal net operating loss					
b	Gambling		\odot			•
C	Cancellation of debt		•	۲		•
d				•		
e	Income from federal Form 8853			$\textcircled{\textbf{0}}$	$\textcircled{\textbf{0}}$	0
f	Income from federal Form 88898f	$\overline{\bullet}$	\odot			
q	Alaska Permanent Fund dividends 8g	$\overline{\bullet}$				•
h	۔ Jury duty pay 8h					•
i	Prizes and awards					•
i	Activity not engaged in for profit income 8j				<u> </u>	•
k	Stock options	-			•	•
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				•	•
m	 Olympic and Paralympic medals and USOC prize money					\odot
n	IRC Section 951(a) inclusion	$\textcircled{\bullet}$	۲			
0	IRC Section 951A(a) inclusion	$\overline{\bullet}$	\odot			
p	IRC Section 461(I) excess business loss adjustment	•	۲	۲	۲	۲
q		۲			۲	۲
r s	Scholarship and fellowship grants not reported on federal Form(s) W-2	•			۲	۲
t	waiver payments included on federal Form 1040, line 1a or line 1d8s	• ()			• ()	٠ (
	nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan8t	۲			۲	۲
u	Wages earned while incarcerated 8u	۲			۲	\overline{ullet}
z	Other income. List type and amount.					
	8z					\odot
9 a	Total other income. Add line 8a				1	

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		Α	В	C	D	E
Sei	tion B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
	b1 Disaster loss deduction from form FTB 3805V9b1		۲		۲	۲
	b2 NOL deduction from form FTB 3805V9b2		۲		۲	۲
	b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		۲		۲	۲
10	Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b3 (as applicable) in each column.				0	0
0	See instructions	449011	\odot	2200	• 451211	40077 40077
Sei	tion C — Adjustments to Income from federal Schedule 1 (Form 1040)					
			۲			
12	Certain business expenses of reservists, performing artists, and fee-basis					
	government officials		۲	٢		
		۲				
					\odot	$ \bigcirc $
15	Deductible part of self-employment tax. See instructions 15	ullet	\overline{ullet}		۲	$ \bigcirc $
16	Self-employed SEP, SIMPLE, and	•				•
17	Self-employed health insurance deduction.	•	۲		۲	•
18		•	<u> </u>		$\overline{\bullet}$	$\overline{\bullet}$
	a Alimony paid. b Enter recipient's:	0				
	SSN • 19a			۲	ullet	۲
20	IRA deduction		\overline{ullet}	۲		
		•		٢	•	
22	Reserved for future use					
	Archer MSA deduction23				\odot	
24	Other adjustments: a Jury duty pay24a	\bigcirc				
	 b Deductible expenses related to income reported on line 8I from the rental of 	<u> </u>				
	personal property engaged in for profit					
	 Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c 	\odot	•			
	d Reforestation amortization and expenses		•		۲	۲
	e Repayment of supplemental unemployment benefits under the federal Trade Act of 197424e	_			•	•
	f Contributions to IRC Section 501(c)(18)(D) pension plans 24f		۲	•	•	•
	g Contributions by certain chaplains to IRC Section 403(b) plans		•	•	•	•
	 h Attorney fees and court costs for actions involving certain unlawful discrimination claims		0		•	•
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	A	В	C	D	E
Section C — Adjustments to Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and incom earned or received from CA sources as a nonresident)
 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	۲	۲			
j Housing deduction from federal Form 2555 24 j	۲	۲			
 k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	۲			۲	۲
z Other adjustments. List type and amount.					
• 24z					
5 Total other adjustments. Add line 24a through line 24z 25	۲	۲	۲	۲	۲
6 Add line 11 through line 23 and line 25 in each column, A through E 26	۲				
7 Total. Subtract line 26 from line 10 in each	449011		2200		-
Part III Adjustments to Federal Itemized Dedu Check the box if you did NOT itemize for federal but wil			A Federal Amounts (from federal Schedule A (Form 1040)	B Subtractions See instructions	C Additions See instructions
Aedical and Dental Expenses See instructions.					1
1 Medical and dental expenses		1			
2 Enter amount from federal Form 1040 or 1040	-SR, line 11 •	449011 2	2		
3 Multiply line 2 by 7.5% (0.075)		33676 3			
4 Subtract line 3 from line 1. If line 3 is more that	n line 1, enter 0	4			\bullet
Faxes You Paid					
5a State and local income tax or general sales tax				\cup	
5b State and local real estate taxes					
5c State and local personal property taxes			-		
5d Add line 5a through line 5c.			44241	-	
5e Enter the smaller of line 5d or \$10,000 (\$5,000 Enter the amount from line 5a, column B in line	÷ .	tely) in column A.			
Enter the difference from line 5d and line 5e, co		mn C 50	0 10000	34325	3424
6 Other taxes. List type \bigcirc <u>OTHER TAXES</u>				<u> </u>	$\overline{\bullet}$
7 Add line 5e and line 6				<u> </u>	-
nterest You Paid					
a Home mortgage interest and points reported to	you on federal Form	10988a	25571	-	
b Home mortgage interest not reported to you or			-		٢
c Points not reported to you on federal Form 109			-		
d Reserved for future use		8d			
e Add line 8a through line 8c		86	25571		۲
Investment interest		9		۲	
0 Add line 8e and line 9			25571	. 💿	
Aifts to Charity			1	1	
1 Gifts by cash or check				U U	۲
					\odot
· · · · · · · · · · · · · · · · · · ·			<u> </u>		
12Other than by cash or check13Carryover from prior year14Add line 11 through line 13		13	-		 • •

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Pa	rt III	Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Cas	ualty a	nd Theft Losses		I	1
15	Casua	alty or theft loss(es) (other than net qualified disaster losses).			
	Attac	h federal Form 4684. See instructions		\odot	\odot
Oth		ized Deductions			
16			<u> </u>	0	0
17	Add I	ines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	38714	34325	34241
18	Total.	. Combine line 17 column A less column B plus column C			38630
Job	Expen	ses and Certain Miscellaneous Deductions			
19		mbursed employee expenses: job travel, union dues, job education, etc. h federal Form 2106 if required. See instructions			
20	Tax p	reparation fees			
21	Other	expenses: investment, safe deposit box, etc. List type 🔍 🕑 21	0		
22	Add I	ine 19 through line 21	0		
23	Enter	amount from federal Form 1040 or 1040-SR, line 11 (449011	[]		
24	Multi	ply line 23 by 2% (0.02). If less than zero, enter 0	8980		
25	Subtr	act line 24 from line 22. If line 24 is more than line 22, enter 0			0
26	Total	Itemized Deductions. Add line 18 and line 25.			38630
27	Other	adjustments. See instructions. Specify. 🖲			
28	Comb	pine line 26 and line 27			38630
29	ls you	ur federal AGI (Form 540NR, line 13) more than the amount shown below for your fi Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving spouse/RDP.	237,035 355,558		
	No.⊤	ransfer the amount on line 28 to line 29.			[]
	Yes. (Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540	NR), line 29		38630
30	Enter	the larger of the amount on line 29 or your standard deduction shown below:			
		Single or married/RDP filing separately. See instructions	\$5,363		
		Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP	\$10,726		38630
Pa	rt IV	California Taxable Income			
2	Enter y	rnia AGI. Enter your California AGI from Part II, line 27, column E		1 <u>38630</u>	400779
4	to fou Califo	In places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0 rnia Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3 rnia Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NF			34311
Ŭ	zero, e	enter -0		• 5 <u>-</u>	366468

175	7745234

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Nam	e(s) as s	shown on tax return			SS	GN, ITIN	I, FEIN, or CA corporation	no.
S	B POLAVARAPU & J KORUKONDA 70			0449	6000			
Pa	rt I	2023 Passive Activity Loss See the instructions for Part IV and Part VI for federal Form 8582, Pass Be sure to use California amounts .	ive A	ctivity Loss Limitations	, befo	re com	pleting Part I.	
Ren	tal Rea	I Estate Activities with Active Participation		I				
1a	Activit	ies with net income from Part IV, column (a) $\ldots \ldots \odot$	1 a		00	_		
1b	Activit	ies with net loss from Part IV, column (b) $\ldots \ldots \ldots \odot$	1b	()	00	-		
1c	Prior y	/ear unallowed losses from Part IV, column (c). \ldots \odot	1c	()	00			
1d	Combi	ine line 1a, line 1b, and line 1c				1d		00
AII	Other P	assive Activities					·	
2a	Activit	ies with net income from Part V, column (a)	2a	0	00	-		
2b	Activit	ies with net loss from Part V, column (b) $\ldots \ldots \odot$	2 b	(-10603)	00	-		
2c	Prior y	/ear unallowed losses from Part V, column (c). $\dots \dots \dots oxtimes oxtimes)$	2c	()	00			
2d	Combi	ine line 2a, line 2b, and line 2c				2d	-10603	00
3		ine line 1d and line 2d. If the result is net income or zero, see the instruct 1 are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.				3	-10603	00
Ра	rt II	Special Allowance for Rental Real Estate Activities with Active Enter all numbers in Part II as positive amounts. See instructions.	e Par	ticipation				
4	Enter t	the smaller of losses from line 1d or line 3			•	4		00
5		\$150,000. If married/RDP filing a separate tax return, see instructions. federal modified adjusted gross income, but not less than zero.	5		00	-		
6		structions.						
		6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- e 9, and then go to line 10. Otherwise, go to line 7	6		00	-		
7	Subtra	act line 6 from line 5	7		00			
8	Multip	bly line 7 by 50% (.50). Do not enter more than \$25,000				8		00
9	Enter t	the smaller of line 4 or line 8			•	9	0	00
Pa	rt III	Total Losses Allowed						
10	Add th	ne income, if any, from line 1a and line 2a and enter the total			•	10	0	00
11	Total I	losses allowed from all passive activities for 2023. Add line 9 and line	10		•	11	0	00

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Passive Activity Loss Limitations

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

TAXABLE YEAR

2023

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CALIFORNIA FORM

California Wage, IRA and Pension Adjustments

2023

Attach to return (after all other FTB forms)

Name as Shown on ReturnSocial Security No.S B POLAVARAPU & J KORUKONDA704-49-6000

Line 1a – Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
1	Excess reimbursements from Form 2106 included in wage		
2	Active duty military pay		
3	HSA employer contributions		2200
4	Paid Family Leave Insurance (PFL) benefits Iconfirm that the PFL amount above is accurate I confirm that the PFL amount above is accurate Iconfirm that the PFL amount above is accurate		
5	Excess moving reimbursements		
	Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a		2200

Line 1h – Wages, Salaries, Tips, Etc.

		(B) Subtractions	(C) Additions
1	Sick pay received under the Federal Insurance Contributions		
2	Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
3	Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
4 5	Ridesharing fringe benefit differences		
6 7	Native American income (Form 3504)		
a b 8	as smallest of amount spent or fair rental value Enter the amount spent on qual. housing expenses Other (itemize):		
a b			
c d			
	Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1h		

Line 4 – IRA, Pensions, and Annuities

IRA'	s	(B) Subtractions	(C) Additions
1 a b c d	Other (itemize): Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		
Pens	sions and Annuities	(B) Subtractions	(C) Additions
1 2 a b c	Form 1099-R, Railroad Retirement Benefits		
d	Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5		



California Passive Activity Worksheet (See General Instructions for Step 1.) Use this worksheet to figure California income (loss) from passive activities before application of passive activity loss (PAL) rules. (a) Passive Activity (b) Federal Schedule (c) California Schedule (f) (e) Federal Ámount California Adjustment California Amount Enter the name of Enter a description of Enter the name of Enter your current year Enter any adjustment Combine column (d) resulting from the activity the California form or federal net income the federal form or and column (e) schedule on which you (loss) before application differences in federal schedule, if any, used to reported the activity calculate the California of the PAL rules and California law adjustment -10603 N/A 0 NAMMA LAS PALMAS LLC SCH E -10603 California Adjustment Worksheets (See General Instructions for Step 4.) Use these worksheets to figure your California adjustments after application of the PAL rules. (e) (a) (b) (C) California Adjustment Subtract the Total amount of column (d) from Passive or Nonpassive Activities California Amount Federal Ámount Enter a description Enter the character of Enter the California net Enter the federal net of the activity. Group the Total amount of column (c) and enter the the activity as passive income (loss) from the income (loss) from the activities by the federal activity after application activity after application difference in column (e) below. Individuals or nonpassive for schedules on which California purposes of the PAL rules of the PAL rules should transfer this amount to they were reported Schedule CA (540 or 540NR) as follows:

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
				If the amount below is negative , transfer the amoun to Sch. CA (540), Part I or Sch. CA (540NR), Part II Section B, (as a positive amount) line 3, column B.
Fotal		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
4844 CENTRAL PKWY UNIT 8, DUBLIN, CA 94568-7557		-17177	-17177	If the amount below is positive , transfer the
144 IVY ST, ROSEVILLE, CA 95678-2580	NONPASSIVE	-7762	-7762	amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
				If the amount below is negative , transfer the amoun
				to Sch. CA (540), Part I or Sch. CA (540NR), Part II Section B, (as a positive amount) line 5, column B.
Total		2(c) -24939	2(d)** -24939	2(e) C

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is negative , transfer the amoun to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
ōtal		3(c)	3(d)***	3(e) (10NR) Part II. Section B. line 3. column A

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.

** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A. *** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

REV 03/05/24 PRO