IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

Taxpayer's name Social security number SARAT B POLAVARAPU 704-49-6000 Spouse's name Spouse's social security number 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 89,705. 3 3 90,187. 4 4 482. 5 Amount you owe 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

Ì	Ent	as my				
	9	6	0	0	0	

as mv

04/14/2024

Date 🕨

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

Grathbold	
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Spouse's PIN: check one box only

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	5	4	5	8	0
				Ent	er fiv	/e dig	gits,	but	
	signature on the income tay rature (original or emended) I am now outbering								

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 K - Jaya M	Date ► 04/14/2024								
Practitioner PIN Method Returns Only—continue below									
Part III Certification and Authentication – Practitioner PIN M	ethod Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se	elected PIN. 2 2 2 4 9 6 0 8 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 🕨				
	Don't				nstructions equested To Do S	0			
	 	 					-	0070 /=	

1040		artment of the Treasury—Internal S. Individual Inco		eturn	202	3	OMB No. 1545	-0074	IRS Use Or	nly—Do not v	vrite or stap	le in this space.
For the year Jan	. 1-Dec	. 31, 2023, or other tax year b	eginning		, 2023, end	ing			, 20	See se	parate in	structions.
Your first name	and mi	ddle initial	La	st name						Your so	cial secu	rity number
SARAT B			P	OLAVARAI	PU					704	49	6000
If joint return, s	oouse's	first name and middle initia	La	st name	-							ecurity number
JAYASRI			K	ORUKONDA	Ą					621	85	4580
Home address	(numbe	er and street). If you have a F	.O. box, see inst	ructions.				A	pt. no.			tion Campaign
5901 ASI	'ER I	DR						8	81			u, or your
		ce. If you have a foreign add	ress, also compl	ete spaces be	low.	Sta	te	ZIP c	ode			bintly, want \$3
MCKINNEY						ТΧ	ζ	750	71			d. Checking a ot change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal cod		x or refun	
											🗌 You	I Spouse
Filing Status	; [Single					Head of he	ouseh	old (HOH)			
Check only	X	Married filing jointly (ev	en if only one h	ad income)								
one box.		Married filing separatel	/ (MFS)				Qualifying	surviv	ing spouse	e (QSS)		
		ou checked the MFS bo			pouse. If you	ı che	ecked the HOH	l or Q	SS box, en	ter the ch	ild's nam	ie if the
	qu	alifying person is a child	but not your de	ependent:								
Digital	At ar	ny time during 2023, did	/ou: (a) receive	(as a rewar	d, award, or	payr	nent for prope	rty or	services); o	or (b) sell,		
Assets	exch	ange, or otherwise dispo	se of a digital	asset (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instructi	ons.)	🗌 Yes	s 🛛 No
Standard	Som	eone can claim: 🗌 \	'ou as a depen	dent	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a sep	arate return or	you were a	dual-status a	alien	1					
Age/Blindness	S You:	Were born before J	anuary 2, 1959	🗌 Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	/ 2, 1959	🗌 Is	blind
Dependents	s (see	instructions):		(2)	Social security		(3) Relationsh	_{ip} (4) Check the	box if qual	ifies for (se	ee instructions):
If more	(1) F	First name Last name			number		to you		Child tax credit		Credit for	other dependents
than four	HUF	RDITYA POLAV.	ARAPU	838	-89-373	1	Son		×			
dependents, see instructions	BOI	DHIN POLAVARAPU		116	5-13-137	3	Son		×			
and check												
here			()))()									
Income	1a	Total amount from Forr		•	,					· 1a		471,993.
Attach Form(s)	b	Household employee w	•		.,					. <u>1k</u>	-	
W-2 here. Also attach Forms	C d	Tip income not reporte	· ·		,					· 10		
W-2G and	d	Medicaid waiver payme Taxable dependent car			, ,		,	• •		. 16	-	
1099-R if tax was withheld.	e f	Employer-provided add			-			• •		. 11	-	
If you did not	ı g	Wages from Form 8919	•		,			• •	• • •	· 1		
get a Form	9 h	Other earned income (s				•••		• •		· · · · · · · · · · · · · · · · · · ·		0.
W-2, see instructions.	i	Nontaxable combat pa				•••	 1 i	· ·			•	
	z	Add lines 1a through 1								. 12	. 4	471,993.
Attach Sch. B	2a	Tax-exempt interest .	2 a			b Т	axable interest			. 21		,
if required.	3a	Qualified dividends .	3a				ordinary divider			. 3k		
	4a	IRA distributions					axable amount			. 41	-	
Standard	5a	Pensions and annuities					axable amount			. 5k		
 Deduction for — Single or 	6a	Social security benefits					axable amount			. 6k)	
Married filing separately,	С	If you elect to use the li		ion method,	check here (
\$13,850	7	Capital gain or (loss). A								7		1,957.
 Married filing jointly or 	8	Additional income from	Schedule 1, lii	ne 10						. 8	-	-24,939.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4t	o, 5b, 6b, 7, an	d 8. This is y	our total inc	ome	e			. 9		449,011.
\$27,700	10	Adjustments to income		-						. 10)	
 Head of household, 	11	Subtract line 10 from lin	ne 9. This is yo	ur adjusted	gross incon	ne				. 11	1 4	449,011.
 \$20,800 If you checked Γ 	12	Standard deduction o	r itemized dec	luctions (fro	m Schedule	A)				. 12	2	38,964.
any box under	13	Qualified business inco	me deduction	from Form 8	995 or Form	899	5-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13 .								. 14	_	38,964.
see instructions.	15	Subtract line 14 from lin	ne 11. If zero o	r less, enter	-0 This is y	our I	taxable incom	е.		. 15	5 4	410,047.

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

Form **1040** (2023)

Form 1040 (2023	8)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	88,879.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17						18	88,879.
	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	87,379.
	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					[24	89,705.
Payments	25	Federal income tax withheld							
	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	,					25d	90 , 187.
If you have a	26	2023 estimated tax payment					[26	
qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.				_		32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	90,187.
Refund	34	If line 33 is more than line 24						34	482.
nerana	35a	Amount of line 34 you want				•	-	35a	482.
Direct deposit?	b	Routing number 0 2 6					Savings		
See instructions.	ď	Account number 3 2 5							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	•••••						
You Owe	57	For details on how to pay, ge						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	,						
Designee		structions	•				mplete bel	low.	× No
200.9.100	De	signee's		Phone		Perso	, onal identifica	ation	
	nai	ne		no.		numb	er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here	Dei	ier, mey are true, correct, and com	piete. Declaration	i preparer (otrie	.,,	ased on an informatio		•	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see ins		in, enter it here
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupat		If the IF	IS ser	nt your spouse an
Keep a copy for	-1-			Date			Identity	Prote	ection PIN, enter it here
your records.					SOFTWARE 1	ENGINEER	(see ins	;t.)	
	Ph	one no. (650) 440-278	1	Email address	SARATHBABU.POI	AVARAPU@GMAIL.CO	M		
Paid	Pr€	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/15/2024	P020827	03	Self-employed
-	Fir	m's name GLOBAL TAX	XES LLC				Phone	no. (678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	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 a ABLE account (see instructions) 8n 1 Paction 951(a) inclusion (see instructions) 8n 1 Pactol of 461(t) exce	Par	t Additional Income		
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h Jury duty pay	f	Income from Form 8889		
i Prizes and awards 8i j Activity not engaged in for profit income 8j j Activity not engaged in for profit income 8i 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 p Section 461(l) excess business loss adjustment 8n r Scholarship and fellowship grants not reported on Form W-2 8r r Scholarship and fellowship grants not reported on Form W-2 8r s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s (u Wages earned while incarcerated 8u 8u g Total other income. Add lines 8a through 8z 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.	g			
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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 24d		
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 of the credits. List type, form number, and amount: Image: state of the credits. List type, form number, and amount: b Recapture of federal mortgage subsidy, if you sold your home see instructions Image: state of the credits. List type, form number, and amount: Image: state of the credits. List type, form number, and amount: b Recapture of federal mortgage subsidy, if you sold your home see instructions Image: state of the credits. List type, form number, and amount: Image: state of the credits. List type, form number, and amount: c Additional tax on federal mortgage subsidy, if you sold your home see instructions Image: state of the credits. List type, form number, and amount: Image: state of the credits. List type, form number, and amount: c Additional tax on HSA distributions. Attach Form 8889 Image: state of the credits. List type, form number, and amount: Image: state of the credits. List type, form number, and amount: f Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 Image: state of the credits. List type, form a nongularity type, form a state of the credits. Attach Form 8853 Image: state of the credits. List type, form anonqualified deferred compensation plan described in section 457A Image: state of the credits. List type, form a nonqualified deferred compensation plan described in section 457A Image: state of the credits. List type, form a nonqualified deferred compensation plan described in section 457A Image: st	
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	
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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	
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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	

SCHEI	DULE	A
(Form	1040)	

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Go to www.irs.gov/ScheduleA for instructions and the latest information. Department of the Treasury Attachment Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Internal Revenue Service Sequence No. 07 Name(s) shown on Form 1040 or 1040-SR Your social security number SARAT B POLAVARAPU & JAYASRI KORUKONDA 704-49-6000 Caution: Do not include expenses reimbursed or paid by others. Medical 1 and 1 Medical and dental expenses (see instructions) Dental 2 Enter amount from Form 1040 or 1040-SR, line 11 2 **Expenses** 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 a 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 vou elect to include general sales taxes instead of income taxes, 5a 34,325. 5b 9,916. 5c 5d 44,241. e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing 5e 10,000. 6 Other taxes. List type and amount: VEHICLE 6 150 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 a Home mortgage interest and points reported to you on Form 1098. deduction may be limited. See 8a 25,571. instructions. 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., 8b c Points not reported to you on Form 1098. See instructions for special 8c 8d 8e 25,571. 9 Investment interest. Attach Form 4952 if required. See instructions 9 10 25,571. . . . 11 Gifts by cash or check. If you made any gift of \$250 or more, see Gifts to Charity 11 3,243. Caution: If you 12 Other than by cash or check. If you made any gift of \$250 or more, made a gift and see instructions. You **must** attach Form 8283 if over \$500 . . . 12 got a benefit for it, see instructions. 13 14 3,243. Casualty and 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified **Theft Losses** disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 16 Other-from list in instructions. List type and amount: Other Itemized Deductions 16 Total 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on 17 Itemized 38,964. Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction,

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)

	instructions for how to figure the amounts to enter on the 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	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		•	-	()
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) (e) Adjustmen Proceeds Cost to gain or loss					
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	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.			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

SCHE (Form	DULE E 1040)	(From	Supplementa rental real estate, royalties, partners					trusts, REMICs,	etc.)	OMB No	o. 1545-0074
	ent of the Treasury Revenue Service		Attach to Form 1040, Go to www.irs.gov/ScheduleE for			, -		formation.	-	Attachm Sequen	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				· ·							
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10			ssional fees	10							
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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			_ v , /	. , .	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

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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	if show	n on other s	ide.				Your	r social	security	number	
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
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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		
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	20	Combine columns (d) and (a)	nly Ento	r the recult	horo	and inclu	de in t	the total	on lin	a 11 below		30			
 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 	-											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)	Ime(s) shown on return Your			r social security number		
SARAT	I B POLAVARAPU & JAYASRI KORUKONDA	704-	49-6	000		
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.				
с	Enter the amount from line 15 of your Form 4563					
d	Add lines 2a through 2c		2d	Ο.		
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		7			
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)		11	2,500.		
12	Is the amount on line 8 more than the amount on line 11?		12	1,500.		
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	edit.				
	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	88,879.		
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-NR	R thro	ugh li	ne 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			
	ternal Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information.				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 Married filing separately \$125,000 Image: Compared filing separately . .		
	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.

	nent of the Treasury	Attach to your tax return. Go to www.irs.gov/Form8960 for instructions and the lates	+ infor	motion		A	Attachment 70
	Revenue Service	-	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		• •	-	
чα	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	See separate instructions.									
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		
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									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	with r	net loss (enter the amou	unt from Part IV, c	olumn (b))	1b ()		
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 1 and the state activities of the loss on line 3 7 Subtract line 6 from line 5 8 Otherwise, go to line 7. 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 . 9 O. Part III Total Losses Allowed 10 O. 11 O. 12 Other losses on your tax return 13 Other losses on your tax return											
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9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions											
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10 Add the income, if any, on lines 1a and 2a and enter the total					line 3 includes any	/ CRD, see instruc			9	0.	
11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find ut how to report the losses on your tax return 11 0. Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Image: Current year Prior years Overall gain or loss Name of activity (a) Net income (line 1a) (b) Net loss (line 1c) (c) Unallowed loss (line 1c) (e) Loss Image: Current year Image: Current year<					d 2a and enter the	total			10	\cap	
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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.	
Name of activity Current year Prior years Overall gain or loss (a) Net income (line 1a) (b) Net loss (line 1b) (c) Unallowed loss (line 1c) (d) Gain (e) Loss Image: Current year Imag	Part										
Name of activity (a) Net income (line 1a) (b) Net loss (line 1b) (c) Unallowed loss (line 1c) (d) Gain (e) Loss Image: Comparison of the second			-					0	arall ac	in or loss	
(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.		
	Curre	ent year		Prior y	ears	Overa	ll gain or loss
Name of activity	(a) Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin		(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) Ra	atio	(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		10,603.	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.

REV 03/07/24 PRO

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

S SERVICES LOCATION EXPENCES PLIANCES UPGRADE CHNICIAN SERVIES INTING LINE EXPENSES ILROAD US EXPRESS	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	8879

Your name	Your SSN or I	TIN
SARAT B POLAVARAPU	704-49-6	5000
Spouse's/RDP's name	Spouse's/RDF	P's SSN or ITIN
JAYASRI KORUKONDA	621-85-4	4580
Part I Tax Return Information (whole dollars only)		
1 California adjusted gross income (AGI). See instructions	1.	400779
2 Amount you owe. See instructions	2 _	
3 Refund or no amount due. See instructions	3 _	4489

Part II Taxpaver Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Tax	payer's PIN: check one box only						
X	lauthorize GLOBAL TAXES LLC	_ to enter my PIN	4	6	0	0	0
	ERO firm name	_	Dor	not ei	nter a	ll zer	'0S
	as my signature on my 2023 e-filed California individual income tax return.						

I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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.

You	r signature 🕨	Date	▶		
Spo	use's/RDP's PIN: check one box only				
X	l authorize GLOBAL TAXES LLC			to enter my PIN	4 4 5 8 0
	ERO firm name				Do not enter all zeros
	as my signature on my 2023 e-filed California individual income tax return.				
	I will enter my PIN as my signature on my 2023 e-filed California individual income tax r and your return is filed using the Practitioner PIN method. The ERO must complete Part III be		Che	eck this box only if you a	re entering your own PIN

Spouse's/RDP's signature 🕨	Date 🕨											
Practitioner PIN Method Returns Only	CO	ntinu	e belc	W								
Part III Certification and Authentication — Practitioner PIN Method Only												
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	4	9	6	0	8	2	7	1]
				Do no	t ente	er all	zeros	;				
I certify that the above numeric entry is my PIN, which is my signature for the 2023 Calif. confirm that I am submitting this return in accordance with the requirements of the Pract e-file Providers.												

ERO's signature 🕨	 Date	04/15/2024

	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						
	9			lly impair or your sp								8	X \$144	4 = ● \$			
	10			older, en not inclu	ide yours				P.		•	9	X \$144	4 = • \$;		
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	Total	depende	nt exem	ptions						(1 0	2 x	\$446 =	• • \$			89
		REV 03/	05/24 PRC)		_	175	•		31234			. —		rm 540N		_

You	r nar	me: POLAVARAPU] Your SSN or ITIN:	704-49-6000			
	11	Exemption amount: Add line 7 through line	ne 10		🖲 11 \$	11	80
	12	Total California wages from your federal Form(s) W-2, box 16	• 12	425718	. 00		
ome	13 14	Enter federal AGI from federal Form 1040 California adjustments – subtractions. En Part II, line 27, column B	ter the amount from Sch	nedule CA (540NR),	 13 14 	449011	. 00
ole Inc	15	Subtract line 14 from line 13. If less than See instructions	,		15	449011	. 00
Total Taxable Income	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 itemiz	hedule CA (540NR),		451211 38880	. 00	
	19	Part III, line 30; OR Your California stand Subtract line 18 from line 17. This is your	total taxable income.	lf less than zero,		412331	.00
		enter -0			• 19	412001	. 00
	31	Tax. Check the box if from:		Rate Schedule	• 31	31652	. 00
	32	CA adjusted gross income from Schedule (540NR), Part IV, line 1		400779	- 00		
	35	CA Taxable Income from Schedule CA (54	IONR), Part IV, line 5		• 35	366246	. 00
come	36	CA Tax Rate. Divide line 31 by line 19					
ble In	37	CA Tax Before Exemption Credits. Multipl		③ 37	28128	. 00	
CA Taxable Income	38	CA Exemption Credit Percentage. Divide lin If more than 1, enter 1.0000					
S	39	CA Prorated Exemption Credits. Multiply If the amount on line 13 is more than \$23	ine 11 by line 38.	<u> </u>	• 39	1048	. 00
	40	CA Regular Tax Before Credits. Subtract I	ine 39 from line 37. If le	ss than zero, enter -0	• 40	27080	. 00
	41	Tax. See instructions. Check the box if fro	om: • Schedule G	G-1 • FTB 5870A	• 41		. 00
	42	Add line 40 and line 41			• 42	27080	. 00
lits	50 51	Nonrefundable Child and Dependent Care Attach form FTB 3506 Credit for joint custody head of household See instructions			• 50		. 00
Special Credits	52 53	Credit for dependent parent. See instructi Credit for senior head of household. See instructions			- <u>00</u> - <u>00</u>		
Sp	54	Credit percentage. Enter the amount from If more than 1, enter 1.0000. See instruct	line 38 here.	. • 54			,
	55	Credit amount. See instructions REV 03/05/24 PRO			• 55		. 00
	;	Side 2 Form 540NR 2023	175 313	2234			

You	r nan	ne: POLAVARAPU Your SSN or ITIN: 704-49-6000		I	
	58	Enter credit name code • and amount	• 58		. 00
ţs	59	Enter credit name code and amount	• 59		. 00
Special Credits	60	To claim more than two credits, see instructions. Attach Schedule P (540NR)	• 60		. 00
cial CI	61	Nonrefundable Renter's Credit. See instructions	• 61		. 00
Spec	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		27080	. 00
Ś	71	Alternative Minimum Tax. Attach Schedule P (540NR)	• 71		.00
гТахе	72	Mental Health Services Tax. See instructions	• 72		.00
Other Taxes	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	27080	. 00
				215.0	
	81	California income tax withheld. See instructions	• 81	31569	.00
	82	2023 California estimated tax and other payments. See instructions	• 82		• 00
ú	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		.00
	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 If you did not check the box, see instructions.	• ×		
ISR		Individual Shared Responsibility (ISR) Penalty. See instructions • 91		_ 00	
Overpaid Tax/Tax Due	92 93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,	9293	31569	• 00 • 00
d Tax/	101	Overpaid tax. If line 92 is more than line 74, subtract line 74 from line 92	• 101	4489	. 00
rpaid T		Amount of line 101 you want applied to your 2024 estimated tax		0	. 00
Ň		Overpaid tax available this year. Subtract line 102 from line 101		4489	. 00
		REV 03/05/24 PRO	2 100		- 00

Г

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
Intere	104		00
	125	REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. See instructions.	00
Jeposit		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:	
ect		Type Routing number Account number Account number I26 Direct deposit amount	
Dir			00
and		Savings	. [00]
Refund and Direct Deposit		The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:	
		Routing number Checking Account number Checking	
			00
		Savings	
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

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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 a CA resident for the period of I can be a home/property in CA (enter Y for Yes, N for No) I a Total amount from federal Form 1040 or 1040-SR It can be a form form federal Form(s) W-2, I a Total amount from federal Form(s) W-2, I a Total amount from federal Form(s) W-2, I a Total amount from federal Form(s) W-2, I a Total amount from federal Form(s) W-2, I a Total amount from federal Form(s) W-2, I a Total amount from federal Form(s) W-2,	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 ⊕ Resident ● Resident ● Resident 1 became a CA concresident the entire year (enter state of residence) ● 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 ● Part-Year Resident ● Resident ● Yourself Spouse: ● Nonresident ● Spouse/RDP 2 a I was domiciled in (enter two letter code, see instructions) ●	-					
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 on federal Form(s) W-2, to the federal Form(s) W-2, to the result) i form call amounts from federal Form(s) W-2, to the result) i form call amount from federal Form(s) W-2, to the result) i form call amount from federal Form(s) W-2, to the result) i form call amount from federal Form(s) W-2, to the result) i form call amount from federal Form(s) W-2, to the result) i form call amount from federal Form(s) W-2, to the result) i form call amount from federal Form(s) W-2, to the result) i form call amount from federal Form(s) W-2, to the result of the						
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	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) .	● <u>TX 08/01/</u>	<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: Carrier Comparison CA & federal law) Total Amounts Using CA Law CA & federal law) CA Amounts (income end received row CA & federal law) 1 a Total amount from federal Form(s) W-2, box 1. See instructions 1 Image: Carrier Comparison Carrier Carrier Comparison Carrier Carrier Carrie	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 & federal law) Using CA Law As If You Were a CA & federal law) Interfactor 1 a Total amount from federal Form(s) W-2, box 1. See instructions 1 a	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 c Tip income not reported on line 1a d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions d Medicaid waiver payments not reported on federal Form (s) W-2. See instructions d Medicaid waiver payments not reported on federal Form 2441, line 26 f Employer-provided adoption benefits from federal Form 8839, line 29 from federal Form 8839, line 29 m federal Form 8919, line 6 m feder					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 Londow and the structions f		$\textcircled{\bullet}$	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 ii iii	•••••••••••••••••••••••••••••••••••••••		<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 (a)2b • 200 • 474193 • 42571 3 Ordinary dividends. See instructions. • 100 • 100 • 100 • 100						
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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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		•	$\overline{\bullet}$	$\overline{\bullet}$	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	• ()			• ()	• (
	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
Section 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				
					۲	$ \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		
		•		•	•	
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		\odot			
	 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)24k 	۲			۲	۲
z Other adjustments. List type and amount.					
• 24z				\odot	
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
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			
4 Subtract line 3 from line 1. If line 3 is more that	n line 1, enter 0				\odot
Faxes You Paid			1	1	
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	÷ .	tely) in column A.			
Enter the amount from line 5a, column B in line		mn C Ea	 10000 	34325	3424
Enter the difference from line 5d and line 5e, co 6 Other taxes. List type • OTHER TAXES					
7 Add line 5e and line 6					-
nterest You Paid					
a Home mortgage interest and points reported to	vou on federal Form	1098	25571		\bullet
b Home mortgage interest not reported to you of					$\overline{\bullet}$
c Points not reported to you on federal Form 109			-		$\overline{\bullet}$
d Reserved for future use					-
e Add line 8a through line 8c					۲
Investment interest.				•	٢
0 Add line 8e and line 9			-		۲
Gifts to Charity					
			3243		\bullet
5					
-		12		\odot	\odot
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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					
15		alty or theft loss(es) (other than net qualified disaster losses).					
		h federal Form 4684. See instructions		$oldsymbol{0}$		$oldsymbol{0}$	
Oth		ized Deductions					
16		—from list in federal instructions 16	- <u>-</u>		24205		
17	Add I	ines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	38964	\odot	34325		34241
18	Total.	. Combine line 17 column A less column B plus column C					38880
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		1			
24	Multi	ply line 23 by 2% (0.02). If less than zero, enter 0 $\dots \dots \dots \dots \dots \dots \dots \dots \oplus$ 24	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					38880
27	Other	adjustments. See instructions. Specify.			① 27		
28	Comb	pine line 26 and line 27					38880
29	ls you	Ir federal AGI (Form 540NR, line 13) more than the amount shown below for your fi Single or married/RDP filing separately\$ Head of household\$	237,035				
		Married/RDP filing jointly or qualifying surviving spouse/RDP\$	-				
	No. T	ransfer the amount on line 28 to line 29.					
	Yes. (Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540	ONR), line 29				38880
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				38880
	rt IV	California Taxable Income					
2	Enter y Deduc	rnia AGI. Enter your California AGI from Part II, line 27, column E	• 2 the decimal		38880		400779
	Califo	r 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			0		34533
5	zero, e	rnia Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NF enter -0			• 5 <u>-</u>		366246

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Nam	e(s) as s	shown on tax return			SS	GN, ITIN	I, FEIN, or CA corporation	no.
S	B POI	LAVARAPU & J KORUKONDA			7	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

3801

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 Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
NAMMA LAS PALMAS LLC	SCH E	N/A	-10603	0	-10603
-					

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments after application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the	(d) Federal Amount Enter the federal net	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to
they were reported				Schedule CA (540 or 540NR) as follows:
()	(1)	()	(1)	4.5

(a)	(b)	(C)	(d)	(e) Colifornia Adjustment	
Schedule C Activities	Passive or Nonpassive	California Amount	Federal Amount	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 amount	
				to Sch. CA (540), Part I or Sch. CA (540NR), Part II,	
				Section B, (as a positive amount) line 3, column B.	
Total		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 81, DUBLIN, CA 94568-7557	NONPASSIVE	-17177	-17177		
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 amount	
				to Sch. CA (540), Part I or Sch. CA (540NR), Par	
				Section B, (as a positive amount) line 5, column B.	
Total		2(c) -24939	2(d)** -24939	2(e) O	

(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.
「otal		3(c)	3(d)***	3(e)

* 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.

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