Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8	3879.
► Go to www.irs.gov/Form8879 for the latest inform	mation

Submission Identification Number (SID)

Taxpayer's name	Social security number
SAMUEL SANDESH TADIPARTHI	502-53-2406
Spouse's name	Spouse's social security number
TEENA KONDAVEETI	973-92-0390
Part I Tax Return Information – Tax Year Ending December 31, 2023 (	(Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 59,637.
<b>2</b> Total tax	<b>. 2</b> 2,838
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 9,744.
4 Amount you want refunded to you	<b>4</b> 6,906
<b>5</b> Amount you owe	5

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

#### Taxpayer's PIN: check one box only

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

3	2	4	0	6			
Enter five digits, but don't enter all zeros							

2 0 3 9 0

Enter five digits, but don't enter all zeros

my

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

#### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date					 		
Practitioner PIN Method Returns Only—contin	ue bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only	1							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter all		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 ►
	in This Form — See Instructions n to the IRS Unless Requested To Do So
E. D	

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

to enter or generate my PIN

Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       If you checked the MFS box, enter the name of your spouse as a dependent         Digital       At any time during 2023, did you (a) ereceive (a set revard, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes       Mo         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Age/Blindness       (d) Check the box if qualifies for (see instructions)       (f) Check the box if qualifies for (see instructions)         If more       In Total amount from Form(s) W-2, box 1 (see instructions)       It a for 7.787.       It a for a set a benefits from form 2441, line 26       It a for 7.787.         Itach form(g)       W-2, bex inft dividend adoption benefits from Form 2441, line 26       It a for 7.787.       It a for 7.787.         Itach form (g)       W-2e, see instructions)       It a for 7.787.       It a for 7.787. <td< th=""><th><b>1040</b></th><th></th><th>artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b></th><th></th><th>turn</th><th>202</th><th>3</th><th>OMB No. 1545</th><th>-0074</th><th>IRS Use On</th><th>ly—Do not v</th><th>vrite or sta</th><th>ple in this space.</th></td<>	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or sta	ple in this space.
SANUEL         SANDESH         TADIPARTHI         502         53         2405           Hort rum, spoors for rums and middle toilal         Lad rums         Spoors's social security numbe         973         921         0380           FERNA         ROTTAVERT         973         921         0380         764         075         921         0380           City, con, or poot office. If you have a breign address, also complete spaces balow.         State         21P code         topools filling jointy, want 33         topools filling jointy, want 33           Freeign control office. If you have a breign address, also complete spaces balow.         State         21P code         topools filling jointy, want 33           Freeign control office. If you have a breign address, also complete spaces balow.         Foreign province/state/county         Foreign province/state/county         Foreign province/state/county         Foreign province/state/county         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is child but not your dependent         If you checked the MFS box, enter the name of your spouse. If you spouse is a dependent         If you checked the MFS box, enter the name of your spouse. If you spouse as dependent         If you checked the MFS box, enter the name of your spouse. If you spouse as dependent         If you spouse as depend	For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.
If joint num. sposes is flat name and middle initial         Late name         Sposes's social security number           TEBENA         RONEDAVEFT         973         923         232         232         232         232         232         232         232         232         232         232         232         232         237         Apt. no.         Presidential Election Compaign of the provide altifung jointy, want S3           Chy, town, or post office.         Single         Presidential Election Compaign by our taxe or refind.         To brown of the provide state of the provid	Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number
PEENA         KONDAVEFTI         973         921         0.390           Home address (number and stree). If you have a P.O. box, see fastitudes.         Apt. m.         Presidential Election Campaign Check mere, you have a foreign address, also complete spaces below.         State         ZIP. conv. or post of thic. Ty you have a foreign address, also complete spaces below.         State         ZIP. conv. or post of thic. Ty you have a foreign address, also complete spaces below.         State         ZIP. conv. or post of thic. Ty you have a foreign address, also complete spaces below.         State         ZIP. conv. or post of thic. Ty you have a foreign address, also complete spaces below.         The converting of the converting	SAMUEL S	SANDI	ESH	TAD	IPARTH	II					502	53	2406
International address pruncter and street). If you have a P.O. box, see instructions.         Apt. no.         Presidential Election Campaigners of your spouse if fing ports, went 3 or your spouse.         Presidential Election Campaigners of the there if you, row your spouse if fing ports, went 3 or your spouse.         Presidential Election Campaigners of your spouse.         Presidential Election Spouse.         Presidential Election Spouses Election spouse.         Presidential Electio		-									Spouse		
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City, own, or post office. If you have a foreign address, also complete spaces below.       State       2/2 code       spouse if filling jointly, want 35         FARGO       Toreign costing address, also complete spaces below.       ND       581.03       spouse if filling jointly, want 35         Foreign costing address, also complete spaces below.       If address address, also complete spaces below.       Foreign position of the fund. Checking a box below will not change box below will not change box foreign position of the fund. Checking a box denow will not change box.       If address are address, also complete spaces below.       If address are address and address are address		(numbe	er and street). If you have a P.O. box, see						A	pt. no.	Preside		
City, conv, or port office. If you have a foreign address, also complete spaces below.       Istate       ZP code ND       spotted filling jointly, want 35         FARGO       ND       5810.3       proteins filling control control filling control control filling control	2432 201	TH AV	VE S								Check	here if yo	ou, or your
FARGO       IND       58.100       Doc below       Doc below will not change         Foreign country name       Foreign province/statu/country       Foreign postal code       voir tax or effund.         Filing Status       Single       Head of household (HOH)       Outlifying surviving spouse (OSS)         Filing Named filing jointly (even if only one had income)       Outlifying surviving spouse (OSS)       Outlifying surviving spouse (OSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.       Outlifying surviving spouse (OSS)         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell.       Yes Xi No         Standard       Someone can claim:       You spouse as a dependent       Yes Xi No         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Age/Bilindees       Yes Xi No         Age/Bilindees       Yue in chard wave payments or for property or services); or (b) sell.       The formightile or fee instructions);       (a) Reationarity       (b) Reationarity         If more       (b) rest ame       Last name       number       in were dependent       Immore         If more       (b) First ame       Last name       formide       Immore       Immore <t< td=""><td></td><td></td><td></td><td>mplete</td><td>spaces be</td><td>low.</td><td>Sta</td><td>ite</td><td>ZIP c</td><td>ode</td><td></td><td></td><td></td></t<>				mplete	spaces be	low.	Sta	ite	ZIP c	ode			
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or mfund.         Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:	FARGO						NI		581	03	· · ·		•
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (DSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:       Cualifying surviving spouse (OSS)         Digital       Anny time during 2023, did you: (a) receive (as a revard, award, or payment for property or services), or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You as a dependent       You spouse as a dependent       You spouse as a dependent         If more       If sign is a child but not your dependent       You spouse as a dependent       You spouse as a dependent       Proceeditor (Cell to the box if qualifies for tee instructions)         If more       (I) First name       Last name       number       No       Proceeditor (Cell to the claim of the dependent in a digital asset)?       Proceeditor (Cell to the dependent in a digital asset)?       Ib a for 7,787.         Intender       If a Total amount from Form(s) W-2, box 1 (see instructions)       If a for 7,787.       Ib a for 7,787.         Match Form(s)       Material throms from Form B39, line 6       If a for 7,787.       Ib a for 7,877.         If a did load only expayelection (see	Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code			•
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If warried filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.         Digital       At any time during 2023, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Dependents       Gee instructions):       (P) Sould security       (P) Relationship       (P) Check the box if qualifies for (see instructions)         If more       (P) First name       Last name       (P) Sould security       (P) Relationship       (P) Check the box if qualifies for (see instructions)         If more desinstructions       (P) Erist name       Last name       (P) Sould security       (P) Relationship       (P) Check the box if qualifies dependent care benefits from Form(s) W-2.         If way there ways and the mployee wages not reported on Form(s) W-2.       1       (P) Check the box if qualifies for (see instructions)       1         If a Total amount from Form(s) W-2, box 1 (see instructions)       1       (P) Check the box if qualifies dependet care benefits fr												🗌 Yo	u 🗌 Spouse
Check only one box.       Married filing jointly (even if only one had income) [ Married filing separately (MFS) [ You checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: 	Filing Status	; [	Single					Head of ho	ouseh	old (HOH)	•		
one box.          Arried filing separately (MFS)                    Cualifying survival goouse (QSS)          Hyou checked the MFS box, enter the anie of your spouse. If you checked the HOH or QSS box, enter the achild's name if the qualifying person is a child but not your dependent:            Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, essets               Sections               Yes               No          Standard       Someone can claim:        'O us a dependent        'O us a dependent               Yes               No          Standard       Someone can claim:        'O us a dependent        'Q social security               Pers               Image:               Pers               No          Standard       (Beintorship:        'Q social security               Pers               Pers               Image:               Pers	-		Married filing jointly (even if only o	ne hac	l income)								
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Image: See instructions); image: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You: Wes born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) Finst name       Child tax credit         if more       Last name       number       io you       Child tax credit         if more       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia       67, 787.         b       Household employee wages not reported on Form(s) W-2       Ib       Ib       Ib         W-26 and tatteh Forms       Medical davier payments not reported on Form(s) W-2 (see instructions)       Id       Id         W-26 and tatteh Forms       Im Other earned income (see instructions)       Id       Id       Id         W-26 and tatteh F			] Married filing separately (MFS)					Qualifying	surviv	ing spouse	e (QSS)		
Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Ves       No         Standard Deduction       Someone can claim:       You as a dependent       You as a dependent       You as a dependent       You as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Is blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (ase instructions):       (a) Relationship       (a) Relationship       (a) Check the box if qualifies for (see instructions)         If more dependents, see instructions       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       1         Income lat a total amount from Form(s) W-2, box 1 (see instructions)       1       1       1       1         Ve2 area, Also       d       1       1       1       1       1         If was withheld       gas and and waver payments nor reported on Form(s) W-2 (see instructions)       1       1       1         If was during a		lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOH	l or Q	SS box, ent	er the ch	ild's nar	me if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       ↓ Yes       No         Standard Deduction       Someone can claim:       \orage Vour spouse as a dependent       \orage Vour spouse as a dependent       \orage Vour spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       \orage table       \orage Vour spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       \orage table       \orage Vour spouse as a dependent         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       (1) First name       Last name		qu	alifying person is a child but not you	ur depe	endent:								
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       ↓ Yes       No         Standard Deduction       Someone can claim:       \orage Vour spouse as a dependent       \orage Vour spouse as a dependent       \orage Vour spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       \orage table       \orage Vour spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       \orage table       \orage Vour spouse as a dependent         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions       (1) First name       Last name	Distitut	At or	w time during 2022, did you: (a) rea			d award or	novr	mont for propo	rtu or	convisoos): o	r (b) coll		
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Is blind         Age/Blindness       You:       Were born before January 2, 1959       Is blind         Dependents       (see instructions):       (g) Social security       (g) Relationship       (d) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       (g) Social security       (g) Relationship       (d) Check the box if qualifies for (see instructions)         and check			, , , , , ,	``		, ,			,		() /	∏ Ye	s 🛛 No
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (i) First name       Last name       (ii) Secial security       (ii) Relationship       (ii) First name       (iii) First name       Last name       (iii) First name       (iii)								-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions). Child tax credit Credit for other dependents to you         If more than four dependents, see instructions and check here <ul> <li>Income</li> <li>Ia Total amount from Form(s) W-2, box 1 (see instructions)</li> <li>Ib Household employee wages not reported on Form(s) W-2.</li> <li>Ib Household employee wages not reported on Form(s) W-2.</li> <li>Ib Household employee wages not reported on Form(s) W-2.</li> <li>Ib Medicaid waiver payments not reported on Form(s) W-2.</li> <li>Ic Tip income not reported on Form 8014, line 26</li> <li>If Employer-provided adoption benefits from Form 2441, line 26</li> <li>If gig default</li> <li>If Gefault</li> <li>If Gef</li></ul>		_		•		•							
If more than four dependents, see instructions and check here       Last name       number       to you       Child tax credit       Credit for other dependents         and check       Image: the second sec	Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are bl	lind <b>Spc</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	blind
If more than four dependents, see instructions and check here       Image: the second se	Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4	) Check the	box if qual	ifies for (s	see instructions):
than four	•								·	Child tax	credit	Credit for	r other dependents
see instructions       Image: Constructions       Ima													
and check													
here       Image: structure in the ima		s											
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2B ref. Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2G and       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not       g       Wages from Form 8919, line 6       1g         get a Form       M. Other earned income (see instructions)       1i       0         W-2, see       in Nontaxable combat pay election (see instructions)       1i       1z         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Taxable amount       4b         Standard       Deduction for-       6a       Scial accurity benefits       5a       b       Taxable amount       6b         Married filing separately.       s13.850       C       Filine 10       Filine 10       Filine 10       Filine 10       Filine 10       Filine 10       Filine													
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         W-2 Rarch Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-26 and 1099-R if tax       d       Medicaid waiver payments not reported on Form (8) W-2 (see instructions)       1d         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1d         If you did not get a form w-2, see       m       Other earned income (see instructions)       1i         V-2, see       h       Other earned income (see instructions)       1i       0.         X-2, see       h       Other earned income (see instructions)       1i       0.         X-2, see       h       Other earned income (see instructions)       1i       0.         X-2, see       h       Other earned income (see instructions)       1i       1z       67,787.         X dtath Sch, B       at       Tax-exempt interest       2a       b       Taxable amount       4b         Standard for- 6a       Social security benefits       5a       b       Taxable amount       6b         Married filing separately, S13.850       c       If you elect to use the lump-sum election method, check here (see instructions)       7       194.	Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	1	67,787.
W-2 pere, Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         attach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-20 and 1099-R if tax       e       Taxable dependent care benefits from Form 8441, line 26       1e         was withhed       f       Employer-provided adoption benefits from Form 839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1l         V-2, see       i       Nontaxable combat pay election (see instructions)       1i         v-2, see       i       Nontaxable combat pay election (see instructions)       1i         ztatch Sch. B       ta       Tax-exempt interest       2a       b         Add lines 1a through 1h       .       .       .       3b       2.         Attach Sch. B       tif required.       a       Datavexempt interest       .       2b       .       .       .       b       Taxable amount       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .		b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1t	)	
W-2a and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1h       0.         V-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z         Add lines 1a through 1h       .       .       1z       67,787.         Z       Add lines 1a through 1h       .       .       2b         if required.       3a       b       Dordnary dividends       3b       2.         Attach Sch. B       ia       Qualified dividends       .       3a       b       Ordnary dividends       .       3b       2.         Standard       Deduction for-       6a       Social security benefits       .       6a       b       Taxable amount       .       4b         Standard       Social security benefits       .       6a       b       Taxable amount       .       6b         Married filing point or       c       If you elect to use the lump-sum election method, check here (see instructions)	• • •	С	Tip income not reported on line 1a	a (see i	nstruction	ıs)					. 10	;	
1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       11         if you did not       g       Wages from Form 8919, line 6       11         if you did not       g       Wages from Form 8919, line 6       1g         wes withheld.       i       Nottaxable combat pay election (see instructions)       1i         W-2, see       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       tax-exempt interest       2a       2b         Attach Sch. B       a       Qualified dividends       3a       b       0c         Standard       Deduction for-       5a       b       Taxable amount       4b         Standard Deduction for-       6a       5a       b       Taxable amount       6b         6a       Social security benefits       6a       b       Taxable amount       6b         Married fling separately, site of thore from Schedule 1, line 10       5b       6b       7       194.         8       Additional income from Schedule 1, line 26       10       7       194.         8       Additional income from Schedule 1, line 26       10       10         Narried fling jointly or Qualifying surving spouse, \$27.700       14       Addil		d	Medicaid waiver payments not rep	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	1	
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. i Nontaxable combat pay election (see instructions) 1i   attach Sch. B 2a Tax-exempt interest 2a   attach Sch. B a Qualified dividends 3a   b Tax-exempt interest 2b   attach Sch. B a Qualified dividends 3a   b Dordinary dividends 3b 2.   b Taxable amount 4b   Standard Deduction for-   6a Social security benefits 6a   single or Married filing separately, S13850   7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   7 194.   8 -8,346.   9 59,637.   9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9 59,637.   10		е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26					. 16	,	
get a Form       h       Other earned income (see instructions)       1       1       0         W-2, see       instructions.       i       Nontaxable combat pay election (see instructions)       1i       0         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Ordinary dividends       3b       2.         Standard       9       Pensions and annuities       5a       b       Taxable amount       4b       4b         Standard       9       Social security benefits       6a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         Social security benefits       6a       b       Taxable amount       5b       5b         C       If you elect to use the lump-sum election method, check here (see instructions)       7       194.         Single or       6a       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       59, 637.         Maried filing jointly or       6a       Capital gain or (loss). Attach Schedule 1, line 26       10       11       59, 637. </td <td>was withheld.</td> <td>f</td> <td>Employer-provided adoption bene</td> <td>fits fro</td> <td colspan="5">m Form 8839, line 29</td> <td></td> <td>. 11</td> <td>:</td> <td></td>	was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						. 11	:	
W-2, see       in       Other earned income (see instructions)       in       in       0.         instructions.       i       Nontaxable combat pay election (see instructions)       in       in       0.         Attach Sch. B       if required.       a       Qualified dividends       in       in       b       Taxable interest       2b         Attach Sch. B       if required.       a       Qualified dividends       in       b       Taxable interest       2b         4a       IRA distributions       in       4a       b       Dordinary dividends       3b       2.         Standard Deduction for-       5a       Qualified dividends       5a       b       Taxable amount       4b       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       6b         of f you elect to use the lump-sum election method, check here (see instructions)       in       7       194.         313,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       194.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10       10         9       59, 637.       10       Adguistments to income from Schedule 1, line 2	,	g	Wages from Form 8919, line 6 .								. 1ç	1	
Instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2       Add lines 1a through 1h       1z       67,787.         Attach Sch. B       2a       Tax-exempt interest       2b       2b         Attach Sch. B       3a       Ja       b       Taxable interest       2b         Attach Sch. B       3a       Ja       Ja       b       Ordinary dividends       3b       2.         Bandard Deduction for-       4a       Ja       b       Taxable amount       4b       4b         Standard Deduction for-       6a       Social security benefits       5a       b       Taxable amount       4b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Ge Social security benefits       6a       b       Taxable amount       6b       6b         c       If you elect to use the lump-sum election method, check here (see instructions)       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       194.         Married filing jointly or       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       59, 637.         Subtract line 10 from line 9. This is your adjusted g		h	Other earned income (see instruct	ions)				<sub>.</sub> .	· ·		. 11	1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b       2.         4a       IRA distributions       4a       b       Doduction for dividends       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         Single or Married filing separately, 513,850       c       If you elect to use the lump-sum election method, check here (see instructions)       1       7       194.         • Married filing jointly or Qualifying surving spouse, 247,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       59, 637.         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       59, 637.         • If you allefied business income deduction or itemized deductions (from Schedule A)       12       27, 700.       12         • Head of household, \$20,800       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       12       27, 700.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       <		i	Nontaxable combat pay election (s	see ins	tructions)			<b>1</b> i					
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b       2.         Standard       4a       IRA distributions       4a       b       Taxable amount       4b       4b         Standard       5a       Pensions and annuities       5a       Pensions and annuities       5a       b       Taxable amount       4b         Sigle or       6a       5a       Deduction for-       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       5c       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       194.       8       -8, 346.         9       Additional income from Schedule 1, line 10       10       8       -8, 346.       9       59, 637.         10       Adjustments to income from Schedule 1, line 26       10       11       59, 637.       10         * Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.       12       27,700.         14		z	Add lines 1a through 1h	• ;							. 1z	:	67,787.
4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       5a       5a       b       Taxable amount       5b         • Single or Married filing separately, \$13,850       6a       Social security benefits       6a       b       Taxable amount       6b         • Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       .       .       .       8       -8,346.         9       59,637.       10       Adjustments to income from Schedule 1, line 26       .       .       .       .       .       11       59,637.         12       Standard deduction or itemized deductions (from Schedule A)       .       .       .       .       .       .       .       .       .       12       27,700.         12       Standard deduction or itemized deduction from Form 8995 or Form 8995-A       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .		<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2t	)	
Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         • Single or Married filing separately, \$13,850       6a       5a       Social security benefits       6a       b       Taxable amount       6b         • Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       194.         • Married filing jointy or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       7       194.         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       59,637.         • You checked any box under Standard Deduction or itemized deductions (from Schedule A)       12       27,700.       12         • If you checked any box under Standard Deduction, the standard Deduction or itemized deduction from Form 8995 or Form 8995-A       13       14       27,700.	if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3t	)	2.
Deduction for-       Sa       Pensions and annulties       Sa       b       Taxable amount       Sa       Sb         • Single or Married filing separately, \$13,850       6a       Social security benefits       6a       b       Taxable amount       6b         • Married filing jointy or Qualifying surviving spouse, \$27,700       r       Lipson       6a       b       Taxable amount       7       194.         • Married filing jointy or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       10       7       194.         • Married filing jointy or Qualifying surviving spouse, \$27,700       9       59,637.       10       8       -8,346.         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       59,637.         • If you checked any box under       13       Qualified business income deduction from Form 8995 or Form 8995-A       12       27,700.         • If you checked any box under       14       Add lines 12 and 13       14       27,700.	Otom dowd	4a	IRA distributions	4a							. 4t	)	
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .		5a	Pensions and annuities	5a			bΤ	axable amount	t		. 5t	)	
separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       194.         Married filing jointy or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       8       -8,346.         9       59,637.       9       59,637.       9       59,637.         10       11       59,637.       10       11       59,637.         12       Standard deduction or itemized deductions (from Schedule A)       11       59,637.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         4dd lines 12 and 13       14       27,700.		6a	Social security benefits	6a			bΤ	axable amount	t		. 6t	)	
<ul> <li>Married filing jointy or Qualifying spouse, \$27,700</li> <li>Head of household, \$20,800</li> <li>If you checked any box under \$20,800</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Gualified business income deduction from Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Image: Add lines 12 and 13</li> </ul>	separately,	С	If you elect to use the lump-sum e	lectior	method,	check here	(see	instructions)					
jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-8, 346.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income959, 637.9Adjustments to income from Schedule 1, line 26100Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income111159, 637.12Standard deduction or itemized deductions (from Schedule A)1227, 700.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427, 700.		7										_	
surviving spouse, \$27,700       9       39,637.         10       Add lines 12, 20, 30, 40, 50, 60, 7, and 8. This is your total income       10         *27,700       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       59,637.         • Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         • Had lines 12 and 13       14       27,700.       14	jointly or	8	Additional income from Schedule	1, line	10						. 8	_	
\$27,700       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, stone 11       Subtract line 10 from line 9. This is your adjusted gross income       11       59,637.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       27,700.         • If you checked any box under Standard Deduction, reduction, during 14       13	surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	8. This is y	our <b>total inc</b>	come	e			. 9		59,637.
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11159,637.\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,700.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 13131427,700.	\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10	)	
If you checked any box under Standard deduction or itemized deductions (iron Schedule A)       12       27,700.         If you checked any box under Standard deduction from Form 8995 or Form 8995-A       13       13         Qualified business income deduction from Form 8995 or Form 8995-A       13       14         Add lines 12 and 13       13       14       27,700.	household,	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incor	ne				. 11		59,637.
any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131314		12	Standard deduction or itemized	deduc	<b>tions</b> (fro	m Schedule	A)				. 12	2	27,700.
Deduction,         14         Add lines 12 and 13         14         27,700	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		
Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 31,937.	Deduction,	14	Add lines 12 and 13								. 14	<u>ا ا</u>	27,700.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our	taxable incom	ie .		. 15	5	31,937.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	3,367.
Credits	17	Amount from Schedule 2, lir	ne3				[	17	
	18	Add lines 16 and 17					[	18	3,367.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lir	ne8				[	20	529.
	21	Add lines 19 and 20					[	21	529.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	2,838.
	23	Other taxes, including self-e					[	23	0.
	24	Add lines 22 and 23. This is	your total tax				[	24	2,838.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 9	,744.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction:				25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	9,744.
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	m Schedule 8812			28			
	29	American opportunity credit				29			
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3. lir				31			
	32	Add lines 27, 28, 29, and 31	. These are vour	total other pa	avments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-		-	33	9,744.
Refund	34	If line 33 is more than line 24						34	6,906.
	35a	Amount of line 34 you want				, .		35a	6,906.
Direct deposit?	b	Routing number 0 9 1					Savings		
See instructions.	d	Account number 6 5 2					Ŭ		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				' See			
Designee		structions	•				omplete bel	ow.	🗙 No
U	De	signee's		Phone			onal identifica	ation	
	nai			no.			per (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							, ,
Here		· · · ·	pioto. Doolaration (						, ,
	YO	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					DEVELOPER		(see ins		,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion	If the IF	IS sen	nt your spouse an
Keep a copy for your records.							-		ection PIN, enter it here
your records.					HOME MAKE		(see ins	it.)	
		one no. (321)324-149		Email address	SAMTADIPAR	THI@GMAIL.CC			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/30/2024	P020827		Self-employed
Use Only	Fir	m's name GLOBAL TA					Phone	no. (	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's I	<u>EIN</u>	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (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

Attachment Sequence No. **01** 

Your social security number

502-53-2406

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

. ,					
SAMUEL	SANDESH	TADIPARTHI	&	TEENA	KONDAVEETI

Par	t Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,346.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss	)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555	)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
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 81		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)		
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)         .         .         .         80	_	
р	Section 461(I) excess business loss adjustment	_	
q	Taxable distributions from an ABLE account (see instructions)   8q	_	
r	Scholarship and fellowship grants not reported on Form W-2 8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form		
	1040, line 1a or 1d	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated   8u	_	
z	Other income. List type and amount:		
•			
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form		0 246
<b>-</b>	1040, 1040-SR, or 1040-NR, line 8	10	-8,346.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	le 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	s 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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO	)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

Department of the Treasury

Internal Revenue Service

## **Additional Credits and Payments**

OMB No. 1545-0074 20

Attachment Sequence No. 03

23

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

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

	(s) shown on Form 1040, 1040-SR, or 1040-NR UEL SANDESH TADIPARTHI & TEENA KONDAVEETI		<b>/our so</b> 502-5		ecurity number
Par			502-5	5-2.	400
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line Form 2441	11. At	tach 	2	
3	Education credits from Form 8863, line 19			3	329.
4	Retirement savings contributions credit. Attach Form 8880			4	200.
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32		[	5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800 6a				
b	Credit for prior year minimum tax. Attach Form 8801 6b				
С	Adoption credit. Attach Form 8839				
d	Credit for the elderly or disabled. Attach Schedule R 6d				
е	Reserved for future use         6e				
f	Clean vehicle credit. Attach Form 8936 6f				
g	Mortgage interest credit. Attach Form 8396 6g				
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h				
i	Qualified electric vehicle credit. Attach Form 8834 6i				
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j				
k	Credit to holders of tax credit bonds. Attach Form 8912 6k				
Ι	Amount on Form 8978, line 14. See instructions 61				
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m				
z	Other nonrefundable credits. List type and amount:				
	6z				
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, <sup>-</sup> 1040-NR, line 20	1040-SF 	[	8	529.
			(co	ntinu	led on page 2)

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

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
с	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	14		
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	15		
	BAA REV	Schedu	ile 3 (Form 1040) 2023	

#### SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

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

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

2023 Attachment Sequence No. 12

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

SAMUEL SANDESH TADIPARTHI & TEENA KONDAVEETI

Your social security number 502-53-2406

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 reportin	g your gain	or loss.	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(g) Adjustments to gain or loss fro Form(s) 8949, Par line 2, column (g	rt I,	(h) Gain or (loss) Subtract column (e) from column (d) and 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 <b>Box A</b> checked		0.						
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked								
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked								
4	Short-term gain from Form 6252 and short-term gain or (	324	4						
5	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1								
6	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 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		7	0.					

#### 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.	its from Part II, n (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked			194.		
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12	Net long-term gain or (loss) from partnerships, S corporat	dule(s) K-1	12			
13	Capital gain distributions. See the instructions	13				
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-	14	( )		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .		15	194.		

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	<b>16</b> 194.
	• If line 16 is a <b>gain</b> , 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 <b>loss</b> , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is <b>zero</b> , 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 <b>both</b> gains?          X       Yes. Go to line 18.	
	<b>No.</b> Skip lines 18 through 21, and go to line 22.	
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</li> <li>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.</li> </ul>	
	□ 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:	
	<ul> <li>The loss on line 16; or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	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

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
SAMUEL SANDESH TADIPARTHI & TEENA KONDAVEETI	502-53-2406

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	<b>(c)</b> Date sold or	<b>(d)</b> Proceeds	<b>(e)</b> Cost or other basis See the <b>Note</b> below	If you enter an enter a co See the sep	f <b>any, to gain or loss</b> amount in column (g), ode in column (f). <b>arate instructions.</b>	<b>(h)</b> <b>Gain or (loss)</b> Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column</i> (e) in the separate instructions.	) (f) (g) Code(s) from instructions adjustment		from column (d) and combine the result with column (g).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	7.	7.			0.
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), <b>lir</b>	lude on your <b>1e 2</b> (if <b>Box B</b>	7.	7.			0.

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

	Form 8949 (2023)	Attachment Sequence No. 12A	Page <b>2</b>
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side SAMUEL SANDESH TADIPARTHI & TEENA KONDAVEETI

Social security number or taxpayer identification number 502-53-2406

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

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

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis See the <b>Note</b> below	st or other basis       enter a code in column (f).         the Note below       See the separate instructions.         see Column (e)       (f)         the separate       (g)		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).		
ROBINHOOD SECURITIES LLC	01/01/22	12/31/23	352.	158.			194.		
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).			352.	158.			194.		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

REV 03/07/24 PRO

	EDULE E 1040)	( <b>F</b>		pplementa								OMB No	). 1545-	-0074
		(From re				S corporations, estates, trusts, REMICs, etc.)						2023		
	nent of the Treasury Revenue Service		Attack Go to www.irs.go	h to Form 1040, v/ScheduleE for					formation.			Attachn Sequen	ient	13
	shown on return									You	r socia	I security		
SAMU	EL SANDESH	TADIP	ARTHI & TEENA	KONDAVEET	ΓI					50	2-53	3-2406		
Part	Income	or Loss	From Rental Re	eal Estate an	d Ro	yalties								
	Note: If yo	ou are in th	e business of renting	personal proper	ty, use	Schedule	<b>C</b> . See	e instru	ctions. If you a	ire ar	ı indiv	idual, rep	ort farı	m
Α			from Form 4835 on ts in 2023 that wou		to file	Form(s) 1	0002 0	Soo ing	structions				e X	No
	•		ou file required Forr			. ,							_	No
1a			ch property (street							<u> </u>	-		<u> </u>	
						·								
 	20/278 B	RAMAHAI	PURAM ANDHRA	PRADESH IN	1 521	LUUI								
С														
	Type of Prope	erty 2	For each rental rea	al estate nrone	rtv list	ted		Fa	ir Rental	Pe	rson	al Use		
15	(from list below		above, report the						Days	10	Day		Q	JV
Α	3		personal use days				Α		365			0	[	
В			if you meet the red qualified joint vent				В						[	
С			quained joint ven				С							
	of Property:													
	Single Family R			hort-Term Ren <sup>.</sup>	tal	5 Land			Self-Rental					
2	Multi-Family Re	sidence	4 Commercia	al		6 Roya	lities	8	Other (descr	'ibe)				
									Properti	es:				
Incom							Α		В				С	
3					3		4	150.						
4		ived			4									
Exper					E									
5 6	0		tructions)		5 6									
7					7		1 1	25.						
8	•				8		, _	25.						
9					9									
10			ional fees		10									
11	Management f	ees			11		1,3	347.					-	
12			to banks, etc. (see		12									
13					13									
14					14			399.						
15					15		2,1	.94.						
16 17					16 17		2 2	001						
17 18			r depletion		17		4,2	231.						
19	Other (list)	-	-		19									
20	` '		es 5 through 19 .		20		8.7	96.			-+			
21			ie 3 (rents) and/or 4											
			structions to find or											
					21		-8,3	846.						
22			state loss after limi											
~-		-	ructions)		22	(		46.)	(		)(			)
23a		-	orted on line 3 for a				•	23a		45	50.			
b		-	orted on line 4 for a					23b 23c						
c d			orted on line 12 for orted on line 18 for				•	23c 23d			_			
e u			orted on line 20 for				:	23u	8	,79	6.			
24			mounts shown on							. 1	24			
25			es from line 21 and			-		inter to	tal losses her	e	25 (	,	8,3	46.)
26			e and royalty inco											
	here. If Parts	I, III, and	IV, and line 40 on	page 2 do no	t appl	y to you,	also e	enter tl	his amount o					
	Schedule 1 (Fo	orm 1040)	, line 5. Otherwise,	, include this ar	nount			ine 41			26		-8,	346.
For Pa	perwork Reduct	ion Act No	otice, see the separa	ate instructions.		NF	ΡA		-8,346	•	Sch	edule E (F	orm 10	40) 2023

Schedule E (Form 1040) 2023

Department of the Treasury Internal Revenue Service

Name(s) shown on return

### Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

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

	C	MB No.	1545-0074			
		20	23			
		Attachme Sequenc	ent e No. <b>50</b>			
Your so	Your social security number					
502		53	2406			

#### SAMUEL SANDESH TADIPARTHI & TEENA KONDAVEETI

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

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3			
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)			6	
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of th conditions described in the instructions, you <b>can't</b> take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter				
-	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	`	,	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	1,647.
11	Enter the smaller of line 10 or \$10,000			11	1,647.
12	Multiply line 11 by 20% (0.20)	· · ·		12	329.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or		100.000		
	qualifying surviving spouse	13	180,000.	-	
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	59,637.		
45	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on	14	59,057.		
15	line 18, and go to line 19	15	120,363.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying surviving spouse	16	20,000.		
17	If line 15 is:				
	$\bullet$ Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 $~$ . $~$ .				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round least three places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			18	329.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit	•	,		
	instructions) here and on Schedule 3 (Form 1040), line 3		,	19	329.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA	REV 03/07/2	24 PRO	Form <b>8863</b> (2023)

2406

502

53

SAMUEL SANDESH TADIPARTHI & TEENA KONDAVEETI

CAUT	credit or lifetime learning credit. Use additi	n you're claiming either the American opportunity onal copies of page 2 as needed for each student.
Par	t III Student and Educational Institution Informatio	n. See instructions.
20	Student name (as shown on page 1 of your tax return) SAMUEL SANDESH	21 Student social security number (as shown on page 1 of your tax return)
	TADIPARTHI	502-53-2406
22	Educational institution information (see instructions)	
a	a. Name of first educational institution	b. Name of second educational institution (if any)
	UNIVERSITY OF THE CUMBERLANDS	
(	<ol> <li>Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</li> </ol>	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	6188 COLLEGE STATION DRIVE	
	WILLIAMSBURG KY 40769	
(	2) Did the student receive Form 1098-T X Yes □ No from this institution for 2023?	(2) Did the student receive Form 1098-T from this institution for 2023?
(	3) Did the student receive Form 1098-T from this institution for 2022 with box X Yes No 7 checked?	<ul> <li>(3) Did the student receive Form 1098-T from this institution for 2022 with box Yes No 7 checked?</li> </ul>
(	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	<ul> <li>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</li> </ul>
	61-0470593	
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\Box$ Yes – <b>Stop!</b> Go to line 31 for this student. $\boxtimes$ No – Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Yes — Go to line 25. No — <b>Stop!</b> Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	X Yes - <b>Stop!</b> Go to line 31 for this student. No - Go to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?	$\Box$ Yes - <b>Stop!</b> $\Box$ No - Complete lines 27 through 30 for this student.
CAUT	you complete lines 27 through 30 for this student, don't	fetime learning credit for the <b>same student</b> in the same year. If complete line 31.
	American Opportunity Credit	
27	Adjusted qualified education expenses (see instructions). Dor	n't enter more than \$4,000
28		
29		
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts f	
	Lifetime Learning Credit	
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10	ude the total of all amounts from all Parts
		Form 8863 (2022)

Form **8863** (2023)

Form **8889** Department of th

## Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

20 <b>23</b>
Attachment Sequence No. <b>52</b>

	Go to www.irs.gov/Form8889 for instructions and the latest informat	ion.	A	Attachment Sequence No. <b>52</b>
Name(s)			mber c	of HSA beneficiary.
SAMU	JEL SANDESH TADIPARTHI	If both spouses ha		As, see instructions. ) 6
Befor	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance (	Contracts, if	requ	ired.
Part				
T are	and both you and your spouse each have separate HSAs, complete a separa			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d	urina 2023.		
	See instructions		× Se	If-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those m			
	unextended due date of your tax return that were for 2023. Do not include employer co			
	contributions through a cafeteria plan, or rollovers. See instructions		2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during			
	were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 family coverage). <b>All others</b> , see the instructions for the amount to enter		~	
			3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from 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	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and		-	
	coverage under an HDHP at any time during 2023, see the instructions for the amount to en		6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had famil			
	under an HDHP at any time during 2023, enter your additional contribution amount. See ins	structions.	7	0.
8	Add lines 6 and 7		8	3,850.
9	Employer contributions made to your HSAs for 2023	1,490.		
10	Qualified HSA funding distributions		44	1 400
11	Add lines 9 and 10		11 12	1,490.
12 13	Subtract line 11 from line 8. If zero or less, enter -0	H	12	2,360.
10	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instruction		10	
Part			rate l	
	a separate Part II for each spouse.			,
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include a	any excess		
	contributions (and the earnings on those excess contributions) included on line 14a	that were		
	withdrawn by the due date of your return. See instructions		14b	
	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	t t	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Addition</b>	-		
	Tax (see instructions), check here         .          .         .	🗆		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on			
	are subject to the additional 20% tax. Also, include this amount in the total on Schedu			
Dort	1040), Part II, line 17c		17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See completing this part. If you are filing jointly and both you and your spouse eace			
	complete a separate Part III for each spouse.	511 Huve 36pt	aiate	
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 Sched			
	1040), Part II, line 17d		21	

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

BAA REV 03/07/24 PRO

oartn	<b>BBBBO</b> nent of the Treasury Revenue Service	Credit	Attach to	Retirement S Form 1040, 1040-SR, o ov/Form8880 for the la	or 1040-NR.		utio	ns		20 <b>23</b> Attachment Sequence No. <b>54</b>
ame(s	) shown on return							Your		security number
AMU	JEL SANDESH	TADIPARTH	I & TEENA KON	DAVEETI				502	-53	-2406
	You <b>can</b>	<b>not</b> take this c	credit if <b>either</b> of a	the following applie	es.					
	married fi	ling jointly).		0-NR, line 11, is more	•					
AUTI				oution or elective defei or ( <b>c</b> ) was a <b>student</b>				-		
1	Traditional an	d Both IBA co	ntributions and Al	BLE account contrib	outions by the		(3	a) You		(b) Your spouse
				ollover contributions		1				
2	•	•		employer plan, volun		<u> </u>				
	contributions,	and 501(c)(18)(E	D) plan contribution	s for 2023 (see instru	uctions)	2		3,8	11.	
3	Add lines 1 an	d2				3		3,8	11.	
4				before the due of	· · · ·					
				ons). If married filing						
_				tructions for an exce	•	4				
5						5		3,8		
	in each colum									
			aller of line 5 or \$2,0			6		2,0		2 000
7	Add the amou	nts on line 6. If z	zero, <b>stop</b> ; you can	't take this credit .		<b>0</b> _  		• •	7	2,000
6 7 8 9	Add the amou Enter the amo	nts on line 6. If z unt from Form 1	zero, <b>stop</b> ; you can	't take this credit . 040-NR, line 11* .		 	59,0	537.		2,000.
7 8	Add the amou Enter the amo	nts on line 6. If z unt from Form 1 icable decimal a	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tab	't take this credit . 040-NR, line 11* .				• •		2,000.
7 8	Add the amou Enter the amo Enter the appl	nts on line 6. If z unt from Form 1 icable decimal a	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tab Married filing jointly	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household		ried filin	9	• •		2,000.
7 8	Add the amou Enter the amo Enter the appl	nts on line 6. If z unt from Form 1 icable decimal a <b>8 is—</b> But not over—	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tak Married filing jointly <b>Enter o</b>	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9–	us is— Single, Mari Separate Qualifying survi	ried filin	9	• •		2,000.
7 8	Add the amou Enter the amo Enter the appl	nts on line 6. If z unt from Form 1 icable decimal a <b>8 is –</b> But not over – \$21,750	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tab Married filing jointly <b>Enter o</b> 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5	us is— Single, Mari Separate Qualifying survi	ried filin ely, or iving sp	9	• •		2,000
7 8	Add the amou Enter the amo Enter the appl If line Over- \$21,750	nts on line 6. If z unt from Form 1 icable decimal a <b>8 is –</b> But not over – \$21,750 \$23,750	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tab Married filing jointly <b>Enter o</b> 0.5 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5 0.5	us is— Single, Mari separate Qualifying survi 0.5 0.2	ried filin ely, or iving sp	9	• •	7	
7 8	Add the amou Enter the appl If line Over- \$21,750 \$23,750	nts on line 6. If z unt from Form 1 icable decimal a 8 is – But not over – \$21,750 \$23,750 \$32,625	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 imount from the tak Married filing jointly Enter o 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5 0.5 0.5	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1	ried filin sly, or iving sp	9	• •		2,000 x .1
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7 8	Add the amou Enter the appl If line Over— \$21,750 \$23,750 \$32,625 \$35,625	nts on line 6. If z unt from Form 1 icable decimal a <b>8 is –</b> But not over – \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tak Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ole below. And your filing state Head of household n line 9– 0.5 0.5 0.5	us is— Single, Marn separate Qualifying survi 0.5 0.2 0.1 0.1 0.1	ried filin ely, or iving sp	9	• •	7	
7 8	Add the amou Enter the appl If line Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	nts on line 6. If z unt from Form 1 icable decimal a 8 is— But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 imount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.2 0.1	us is— Single, Man separate Qualifying survi 0.5 0.2 0.1 0.1	ried filin ely, or iving sp	9	• •	7	
7 8	Add the amou Enter the appl If line Over— \$21,750 \$23,750 \$32,625 \$35,625	nts on line 6. If z unt from Form 1 icable decimal a <b>8 is –</b> But not over – \$21,750 \$23,750 \$32,625 \$35,625 \$36,500	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tab Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1	us is— Single, Marn separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.1 0.1	ried filin ely, or iving sp	9	• •	7	
7 8	Add the amou Enter the appl If line Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	nts on line 6. If z unt from Form 1 icable decimal a <b>8 is –</b> But not over – \$21,750 \$23,750 \$32,625 \$35,625 \$35,625 \$36,500 \$43,500 \$47,500	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tak Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1	us is— Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1	ried filin sly, or iving sp	9	• •	7	
7 3	Add the amou Enter the appl If line Over— \$21,750 \$23,750 \$32,625 \$35,625 \$35,625 \$36,500 \$43,500 \$47,500	nts on line 6. If z unt from Form 1 icable decimal a 8 is— But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$35,625 \$36,500 \$43,500 \$43,500 \$47,500	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tak Married filing jointly <b>Enter o</b> 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.1	us is— Single, Marr separate Qualifying survi 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	ried filin sly, or viving sp	9	• •	7	
7 8 9	Add the amou Enter the appl If line Over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$43,500 \$47,500 \$54,750 \$73,000	nts on line 6. If z unt from Form 1 icable decimal a 8 is— But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$43,500 \$44,500 \$54,750 \$73,000  Note: If	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 imount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	It take this credit       .         040-NR, line 11*       .         ole below.       .         And your filing state       .         Head of household       .         n line 9–       0.5         0.5       0.5         0.5       0.2         0.1       0.1         0.1       0.1         0.0       0.0	us is –         8           Single, Man separate Qualifying survi         0.5           0.2         0.1           0.1         0.1	ried filin sly, or viving sp	9	• •	7	x .1
7 8 9 9	Add the amou Enter the appl If line Over— \$21,750 \$23,750 \$32,625 \$35,625 \$35,625 \$36,500 \$43,500 \$43,500 \$47,500 \$54,750 \$73,000 Multiply line 7	nts on line 6. If z unt from Form 1 icable decimal a 8 is – But not over – \$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$43,500 \$44,500 \$54,750 \$73,000  Note: If by line 9	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tab Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	It take this credit       .         040-NR, line 11*       .         ole below.       .         And your filing state       .         Head of household       .         n line 9—       0.5         0.5       0.5         0.5       0.5         0.1       0.1         0.1       0.1         0.0       .         you can't take this contained.       .	us is –         8           Single, Marn separate Qualifying survi         0.5           0.2         0.1           0.1         0.1	ried filin ely, or iving sp b b b b b b b b b b b b b b b b b b b	g puse	537.	7 9 10	x .1
7 8	Add the amou Enter the appl If line Over— \$21,750 \$23,750 \$32,625 \$35,625 \$35,625 \$36,500 \$43,500 \$43,500 \$44,500 \$54,750 \$73,000 Multiply line 7 Limitation bas	nts on line 6. If z unt from Form 1 icable decimal a 8 is— But not over— \$21,750 \$23,750 \$32,625 \$35,625 \$35,625 \$36,500 \$43,500 \$43,500 \$47,500 \$54,750 \$73,000  Note: If by line 9 ed on tax liability	zero, <b>stop</b> ; you can 040, 1040-SR, or 1 mount from the tak Married filing jointly Enter o 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	t take this credit . 040-NR, line 11* . ble below. And your filing state Head of household n line 9– 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1	us is –         8           Single, Marriseparate         Qualifying survite           Qualifying survite         0.5           0.1         0.1           0.1	ried filin ely, or iving sp 5 2 ) ) ) ) ) ) ) ) ) ) )	puse	537. ms	9	

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2023)

REV 03/07/24 PRO

INDIVIDUAL INCOME TAX RETURN NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER SFN 28702 (12-2023)	FORM ND-1 2023
502-53-2406 973-92-0390 SAMUEL SANDESH TADIPARTHI Deceased: Date of death: TEENA KONDAVEETI	<ul> <li>If a fiscal year filer, enter fiscal year end:</li> <li>D. Fill in if applicable: Amended: General (see instructions) Amended: Federal NOL</li> </ul>
2432 20TH AVE S FARGO ND 58103	E. Fill in if applicable: Extension
<ul> <li>A. Filing status used on federal return:</li> <li>B. School district code: <u>09-001</u> (see instructions)</li> <li>C. Income source code: <u>5</u> (see instructions)</li> </ul>	

Attach a copy of your entire 2023 federal income tax return.

1.a. Federal adjusted gross income from Form 1040 or Form 1040-SR, line 11. If zero, enter 0	(SX) 1a	59637
b. Federal taxable income from Form 1040 or Form 1040-SR, line 15. If zero, see instructions	(SS) 1b	31937

#### Additions

2. Planned gift or endowment tax credit adjustment to income	(NK) 2		_
3. Total other additions. (Attach Schedule ND-1SA)	(AV) 3		_
4.a. Total additions. Add lines 2 and 3		_4a	
b. Add lines 1b and 4a		_4b3	<u>1937</u>

#### Subtractions

5. Interest from U.S. obligations	<u>(</u> SN) 5	
6. Net long-term capital gain exclusion (From worksheet in instructions)		78
7. Exempt income of an eligible Native American	(S4) 7	
8. Benefits received from U.S. Railroad Retirement Board		
9. Licensed peace officer retirement benefits exclusion (Attachment required, see instructions)	(AW) 9	
10. Military pay exclusion (Attach W-2)		
11. Nonresident only: Servicemembers Civil Relief Act adjustment (Attach copy of Form W-2)		
12. North Dakota College SAVE account deduction		
13. Qualified dividend exclusion		
14. Military retirement benefirt pay exclusion (Attach 1099-R)		
15. Social security benefit exclusion (See instructions)	(AR) 15	
16. Total other subtractions (Attach Schedule ND-1SA)	(AB) 16	
17. Total subtractions. Add lines 5 through 16	17	78
18. North Dakota taxable income. Subtract line 17 from line 4b. If less than zero, enter 0	(ND) 18	31859

502-53-2406 973-92-0390

2023 FORM ND-1

SFN 28702 (12-2023), Page 2



19. Enter your North Dakota taxab	le income from line 18	of page 1	19	31859
20. Tax. If a full-year resident, enter If a full-year nonresident or pa All filers: If you have farm inco	rt-year resident, ente	r tax from Schedule ND-1NR, 1		
Other Credits				
<ul><li>22. Marriage penalty credit for joint</li><li>23. Total other credits (Attach Sche</li><li>24. Total credits. Add lines 21 thro</li></ul>	filers (See worksheet dule ND-1TC) ugh 23	in instructions)	(AC) 22(AC) 23(AE) 23 (AE) 23(AE) 23 (SE) 25	
Tax Paid				
	N.D. K-1s)		(SF) 26	664
<ol> <li>27. Estimated tax paid on 2023 Forr plus an overpayment, if any, ap</li> <li>28. Total payments. Add lines 26 and</li> </ol>	ns ND-1ES and ND-1E plied from your 2022 r d 27	EXT eturn	(S&) 27 (AJ) 28	
<u>Refund</u>				
<ul><li>30. Amount of line 29 that you wan</li><li>31. Voluntary contribution to: W</li><li>T</li></ul>	s than \$5.00, enter 0_ t applied to your 2024 Vatchable Wildlife Fun rees for ND Program 7	estimated tax d( <b>SP</b> ) 'rust Fund( <b>SW</b> )		
V	'eterans' Postwar Trust	Fund (AS)	Enter total:31	
To <b>direct deposit</b> your refund, comittems a, b, and c. (See instructions)	plete a. Type of accour b. Routing Numb c. Account Numb	tt: ▲ Checking ∐ Savings er: 091310521 per: 6520653541		
			5.00, enter 0 (SZ) 33 Enter total: 34	
35. Voluntary contribution to: V	Vatchable Wildlife Fun	d( <b>SU)</b> Trust Fund ( <b>SY)</b>		
36. <b>Balance due.</b> Add lines 33,34, 3 37. Interest on underpaid estimated			Commissioner36	
Check the boxes that apply: (see instructions)	1099-G consent - I Disclosure Author	agree to obtain Form 1099-G e	electronically at www.tax.nd.gov.	
<i>I declare that this return is correct and</i> Your Signature	complete to the best of m	<i>x knowledge and belief.</i> Telephone Number	*Privacy Act - See instructions	
Spouse's Signature	Date	(321)324-1497 Telephone Number	This Space Is For Tax Departr	nent Use Only
Paid Preparer Signature	PTIN	Date	-	
SYAM PRIYA RAM SAG. Print Name of Paid Preparer Signature	AR GU P02082	2703 03/30/2024 Telephone Number	1	
GLOBAL TAXES LLC		(678)965-9522		
Attach copy of 2023 federal income tax return		Commissioner, PO Box 5621, ND 58506-5621 4 PRO	IIT	