Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
HARI PRASAD REDDY KANNAPU	074-97-2326
Spouse's name	Spouse's social security number
GOWTHAMI DEVAPATLA	989-95-5063

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.

1	Adjusted gross income	1	65,565.
2	Total tax	2	3,105.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,561.
4	Amount you want refunded to you	4	3,456.
5	Amount you owe	5	

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

Under penalties of perjury, 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

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 7 2 3 2 6 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am 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 ▶ Date ▶

Spouse's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC (**ERO firm name**) to enter or generate my PIN 5 5 0 6 3 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am 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—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1

Don't enter all zeros

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 ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2023
OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial	Last name	Your social security number
HARI PRASAD REDDY	KANNAPU	074 97 2326
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
GOWTHAMI	DEVAPATLA	989 95 5063

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	
2235 ARTHUR FORD COURT	2	
City, town, or post office. If you have a foreign address, also complete spaces below.	**State**	**ZIP code**
LOUISVILLE	KY	40217
Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
- ☐ Single
- ☒ Married filing jointly (even if only one had income)
- ☐ Married filing separately (MFS)
- ☐ Head of household (HOH)
- ☐ 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 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.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ 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 (see instructions):
If more than four dependents, see instructions and check here ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	Credit for other dependents
TANMAYI SRI REDDY	KANNAPU	995-97-8389	Daughter	☐	☒
DAAKSHIT REDDY	KANNAPU	995-97-8356	Son	☐	☒
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.
Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	65,000.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	0.
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	65,000.
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	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	565.
8	Additional income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	65,565.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	65,565.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	37,865.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	4,105.
	17	Amount from Schedule 2, line 3			17	
	18	Add lines 16 and 17			18	4,105.
	19	Child tax credit or credit for other dependents from Schedule 8812			19	1,000.
	20	Amount from Schedule 3, line 8			20	
	21	Add lines 19 and 20			21	1,000.
	22	Subtract line 21 from line 18. If zero or less, enter -0-			22	3,105.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	0.
	24	Add lines 22 and 23. This is your **total tax**			24	3,105.
Payments	25	Federal income tax withheld from:				
	a	Form(s) W-2	25a	6,561.		
	b	Form(s) 1099	25b			
	c	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	6,561.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return			26	
	27	Earned income credit (EIC)	27			
	28	Additional child tax credit from Schedule 8812	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3, line 15	31			
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**			32	
	33	Add lines 25d, 26, and 32. These are your **total payments**			33	6,561.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	3,456.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐			35a	3,456.
Direct deposit? See instructions.	b	Routing number 083000108 **c** Type: ☒ Checking ☐ Savings				
	d	Account number 3053171325				
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions			37	
	38	Estimated tax penalty (see instructions)	38			

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		RESEARCH SCIENTIST	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		HOME MAKER	
Phone no. (502)921-6209		Email address KANNAPUHARI@GMAIL.COM	

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA	SYAM PRIYA RAM SAGAR GUPTA	05/08/2024	P02082703	☐ Self-employed
Firm's name GLOBAL TAXES LLC			Phone no. (678)965-9522	
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Firm's EIN 84-3171965	

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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.

OMB No. 1545-0074
2023
Attachment Sequence No. **12**

Name(s) shown on return: HARI PRASAD REDDY KANNAPU & GOWTHAMI DEVAPATLA
Your social security number: 074-97-2326

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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 **Box A** checked	20,749.	20,202.	18.	565.
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	565.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (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 **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked.				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions	13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	15	

Part III **Summary**

16 Combine lines 7 and 15 and enter the result . . . . **16** 565.

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
- If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☒ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet **19**

20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

} . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16.

☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to *www.irs.gov/Form8949* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
HARI PRASAD REDDY KANNAPU & GOWTHAMI DEVAPATLA	074-97-2326

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.

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

☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
Robinhood Securities LLC	01/01/23	12/31/23	20,749.	20,202.	W	18.	565.
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 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)			20,749.	20,202.		18.	565.

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.

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return	Your social security number
HARI PRASAD REDDY KANNAPU & GOWTHAMI DEVAPATLA	074-97-2326

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	65,565.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.		
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	0.
3	Add lines 1 and 2d			3	65,565.
4	Number of qualifying children under age 17 with the required social security number	4	0		
5	Multiply line 4 by $2,000			5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number **Caution:** Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.	6	2		
7	Multiply line 6 by $500			7	1,000.
8	Add lines 5 and 7			8	1,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0.
11	Multiply line 10 by 5% (0.05)			11	0.
12	Is the amount on line 8 more than the amount on line 11? ☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ **Yes.** Subtract line 11 from line 8. Enter the result.			12	1,000.
13	Enter the amount from **Credit Limit Worksheet A**			13	4,105.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	1,000.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 0.

b Number of qualifying children under 17 with the required social security number: ________ x $1,600. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b **17**

18a Earned income (see instructions) **18a**

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20**

Next. On line 16b, is the amount $4,800 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27**

Form **8867**

(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

For tax year 20 23

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
HARI PRASAD REDDY KANNAPU & GOWTHAMI DEVAPATLA	074-97-2326
Preparer's name	**Preparer tax identification number**
SYAM PRIYA RAM SAGAR GUPTA	P02082703

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "**Yes**," answer questions 4a and 4b. If "**No**," go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	☒	☐	☐
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☐

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

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

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

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

INSTRUCTIONS FOR FORM 740 - V KENTUCKY INDIVIDUAL PAYMENT VOUCHER

2023

Who should use a payment voucher?

If you owe tax on your electronically filed individual income tax return, complete Form 740-V, Kentucky Payment Voucher.

- Mail Form 740-V and your payment to the address listed on the payment voucher.
- Do not include a copy of your electronically filed return with Form 740-V and payment.

The Department of Revenue does not issue statements of liability prior to the April 15 deadline for payment. To avoid penalties and interest, payments should be postmarked on or before April 15, 2024.

How to prepare your payment:

Make your check or money order payable to the **Kentucky State Treasurer**. Do not send cash. Be sure to write your name, address, Social Security number, and "2023 Form 740" or "2023 Form 740-NP" on the check or money order.

Preparing your payment voucher:

- Enter your Social Security number in the boxes above "Your Social Security Number." If married filing jointly or on a combined return, enter the spouse's Social Security number in the boxes above "Spouse's Social Security Number."
- Enter your name(s) in the boxes identified as "Last Name/Your First Name/Spouse's Name." The name on your voucher should match the name listed on your income tax return.
- Enter your mailing address on the appropriate lines.
- Enter the amount of additional tax due from Form 740, line 33 (Form 740-NP, line 33) in the boxes identified as "Additional Tax Due."
- Enter the amount of interest and penalty calculated from Form 740, line 35 (Form 740-NP, line 35) in the boxes identified as "Interest and/or Penalties."

Sending your payment with payment voucher:

Detach the payment voucher at the dotted line below. Do not attach the payment voucher to the check or money order.

Mail your payment and voucher to: **Kentucky Department of Revenue, Frankfort, KY 40620-0011**

You may also make your payment electronically by visiting **www.revenue.ky.gov**.

DETACH HERE AND MAIL VOUCHER WITH YOUR PAYMENT

FORM 740V(12-23) | **Kentucky Electronic Payment Voucher** | **2023**

074 97 2326
YOUR SOCIAL SECURITY NUMBER

989 95 5063
SPOUSE'S SOCIAL SECURITY NUMBER

KANNAPU, HARI PRASAD REDDY
LAST NAME | YOUR FIRST NAME

GOWTHAMI
SPOUSE'S NAME

2235 ARTHUR FORD COURT , APT. 2
NUMBER AND STREET OR P.O. BOX

LOUISVILLE | KY | 40217
CITY, TOWN OR POST OFFICE | STATE | ZIP CODE

Additional Tax Due	25.00
Interest and/or Penalties	0.00
Total Payment	25.00

42A740V0002

Make check payable to: Kentucky State Treasurer
Mail to: Kentucky Department of Revenue
Frankfort, KY 40620-0011

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DO NOT ATTACH CHECK TO VOUCHER

REV 04/19/24 PRO

2 3 0 0 0 1 1 5 5 5

FORM **740**

Commonwealth of Kentucky
Department of Revenue

KENTUCKY INDIVIDUAL INCOME TAX RETURN Residents Only

2023

Check if deceased: ☐ Spouse ☐ Taxpayer

For calendar year or other taxable year beginning ______________, and ending ______________ .

A. Spouse's Social Security Number	**B.** Your Social Security Number
989-95-5063	074-97-2326

Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.)

KANNAPU HARI PRASAD REDDY DEVAPATLA GOWTHAMI

Mailing Address (Number and Street including Apartment Number or P.O. Box)

2235 ARTHUR FORD COURT 2

City, Town or Post Office	State	ZIP Code
LOUISVILLE	KY	40217

FILING STATUS (see instructions)

1 ☐ Single
2 ☐ *Married*, filing separately on this combined return. **(If both had income.)**
3 ☒ *Married*, filing joint return.
4 ☐ *Married*, filing separate returns. Enter spouse's Social Security number above and full name here.
____

Check if applicable:

☐ ***Amended*** *(Enclose copy of 1040X, if applicable.)*

POLITICAL PARTY FUND

Designating $2 will not change your refund or tax due.

	A. Spouse	**B. Yourself**
Democratic	(1) ☐	(4) ☐
Republican	(2) ☐	(5) ☐
No Designation	(3) ☒	(6) ☒

			A. Spouse *(Use if Filing Status 2 is checked.)*		**B.** Yourself (or Joint)
5	Enter amount from federal Form 1040 or 1040-SR, line 11. **(If total of Columns A and B is $39,900 or less, you may qualify for the Family Size Tax Credit. See instructions.)**	5	00	5	65,565. 00
6	Additions from Schedule M, line 6	6	00	6	00
7	Add lines 5 and 6	7	00	7	65,565. 00
8	Subtractions from Schedule M, line 17	8	00	8	00
9	Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**	9	00	9	65,565. 00
10	**Itemizers:** Enter itemized deductions from Kentucky Schedule A. **Nonitemizers:** Enter **$2,980** in Columns A and/or B	10	00	10	2,980. 00
11	Subtract line 10 from line 9. This is your **Taxable Income**	11	00	11	62,585. 00
12	**Tax Computation:** Multiply line 11 by 4.5% (.045) or amount from Schedule J ☐	12	00	12	2,816. 00
13	Enter tax from Form 4972-K ☐; Schedule RC-R ☐; Schedule DS-R ☐; Angel Investor Recapture ☐	13	00	13	00
14	Add lines 12 and 13 and enter total here	14	00	14	2,816. 00
15	Enter amounts from Schedule ITC, Section A, lines 25E and 25F	15	00	15	00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	00	16	2,816. 00
17	Enter personal tax credit amounts from Schedule ITC, Section B	17	00	17	00
18	Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	00	18	2,816. 00
19	Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2			19	2,816. 00

2 3 0 0 0 2 1 5 5 5

20	Check the box that represents your total family size (**see instructions** before completing lines 20 and 21)			20	1 ☐ 2 ☐ 3 ☐ 4 ☒
21	Multiply line 19 by **Family Size Tax Credit** decimal amount 0.00 (0 %) from Schedule ITC			21	0. 00
22	Subtract line 21 from line 19			22	2,816. 00
23	Enter the **Education Tuition Tax Credit** from Form 8863-K, line 17			23	00
24	Enter **Child and Dependent Care Credit** from federal Form 2441, line 11 ➤ ______ **x 20%** (.20)			24	00
25	RESERVED			25	00
26	**Income Tax Liability.** Subtract lines 23 through 25 from line 22. If zero or less, enter zero			26	2,816. 00
27	**Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)**			27	00
28	Add lines 26 and 27. This is your **TOTAL TAX LIABILITY**			28	2,816. 00
29	**For amended return;** overpayment, if any, shown on original return			29	00
30	Add lines 28 and 29, enter here			30	2,816. 00
31 a	Enter **Kentucky income tax withheld** as shown on **enclosed** Schedule KW-2	31a	2,791. 00		
b	Enter 2023 Kentucky estimated tax/extension payments	31b	00		
c	Enter 2023 refundable certified rehabilitation credit	31c	00		
d	Enter 2023 refundable entertainment incentive tax credit	31d	00		
e	Enter 2023 refundable development area tax credit	31e	00		
f	Enter 2023 refundable decontamination tax credit	31f	00		
g	Enter 2023 refundable pass-through entity tax credit from Form PTET-CR, line 9	31g	00		
h	**For amended return;** enter amount paid with original return plus additional payment(s) made after it was filed	31h	00		
32	Add lines 31(a) through 31(h)			32	2,791. 00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter **ADDITIONAL TAX DUE**			33	25. 00
34 a	Estimated tax penalty ☐ ***Check if Form 2210-K attached***	34a	00		
b	Interest	34b	00		
c	Late payment penalty	34c	00		
d	Late filing penalty	34d	00		
35	Add lines 34(a) through 34(d). Enter here			35	00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the **AMOUNT YOU OWE,** continue to page 3 **OWE**			36	25. 00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the **AMOUNT YOU OVERPAID,** continue to page 3			37	00

38	**FUND CONTRIBUTIONS**; *see instructions.*		
a	Nature and Wildlife Fund	38a	00
b	Child Victims' Trust Fund	38b	00
c	Veterans' Program Trust Fund	38c	00
d	Breast Cancer Research/Education Trust Fund	38d	00
e	Farms to Food Banks Trust Fund	38e	00
f	Local History Trust Fund	38f	00
g	Special Olympics Kentucky	38g	00
h	Pediatric Cancer Research Trust Fund	38h	00
i	Rape Crisis Center Trust Fund	38i	00
j	Court Appointed Special AdvocateTrust Fund	38j	00
k	YMCA Youth Association Fund	38k	00
39	Add lines 38(a) through 38(k)	39	00
40	Amount of line 37 to be **CREDITED TO YOUR 2024 ESTIMATED TAX** **CREDIT FORWARD**	40	00
	(Credit forwards not available for amended returns)		
41	Subtract lines 39 and 40 from line 37. Amount to be **REFUNDED TO YOU** **REFUND**	41	00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime) (502)921-6209
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA		Date 05/08/2024	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email syam@gtaxfile.com	Telephone No. (678)965-9522	May the DOR discuss this return with this preparer? ☐ Yes ☒ No	
Enclose	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. ☐	**Refund or No Payment**	**Kentucky Department of Revenue** Frankfort, KY 40618-0006	
Payment	Check Payable: **Kentucky State Treasurer** E-Pay Options: **www.revenue.ky.gov** Include: Your Social Security number and "KY Income Tax—2023"	**With Payment**	**Kentucky Department of Revenue** Frankfort, KY 40619-0008	

SCHEDULE **ITC**

Commonwealth of Kentucky
Department of Revenue

2 3 0 3 4 9 1 5 5 5

KENTUCKY INDIVIDUAL TAX CREDIT SCHEDULE

➤ Enclose with Form 740 or 740-NP

2023

Enter name(s) as shown on tax return.	Your Social Security Number
KANNAPU, HARI PRASAD REDDY & DEVAPATLA, GOWTHAMI	074-97-2326

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

A	B Preapproval Required	C Credit Name	D Required Attachment	E Spouse		F Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22		RESERVED			00		00
23	No	Inventory	Schedule INV		00		00
24	Yes	Renewable Chemical Production	Schedule CHEM		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15				00		00

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SECTION B—PERSONAL TAX CREDITS

Taxpayer			Spouse (Complete only if filing joint or married, filing separately on a combined return)		
Enter your date of birth (MM/DD/YYYY)		06/07/1983	Enter your date of birth (MM/DD/YYYY)		05/24/1987
1 If you were 65 on or before 12/31/2023, enter 40	1		5 If you were 65 on or before 12/31/2023, enter 40	5	
2 If you were legally blind on 12/31/2023, enter 40	2		6 If you were legally blind on 12/31/2023, enter 40	6	
3 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20	3		7 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20	7	
4 Allowable Taxpayer Credit—Add lines 1 through 3	4		8 Allowable Spouse Credit—Add lines 5 through 7	8	

Assignment of Personal Tax Credits

9 **For filing status Single or Married, filing separate returns,** enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100)	9	
10 **For filing status Married, filing separately on this combined return,** enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100)	10	
11 **For filing status Married, filing separately on this combined return,** enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100)	11	
12 **For filing status Married, filing jointly,** add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200)	12	

SECTION C—FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
TANMAYI SRI REDDY KANNAPU	995-97-8389	Daughter	☒
DAAKSHIT REDDY KANNAPU	995-97-8356	Son	☒
			☐

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size	One		Two		Three		Four or More		Credit Percentage is
If MGI . . .	is over	is not over	is over	is not over	is over	is not over	is over	is not over	
Tax Year 2023	$ ---	$ 14,580	$ ---	$19,720	$ ---	$24,860	$ ---	$30,000	100
	14,580	15,163	19,720	20,509	24,860	25,854	30,000	31,200	90
	15,163	15,746	20,509	21,298	25,854	26,849	31,200	32,400	80
	15,746	16,330	21,298	22,086	26,849	27,843	32,400	33,600	70
	16,330	16,913	22,086	22,875	27,843	28,838	33,600	34,800	60
	16,913	17,496	22,875	23,664	28,838	29,832	34,800	36,000	50
	17,496	18,079	23,664	24,453	29,832	30,826	36,000	37,200	40
	18,079	18,517	24,453	25,044	30,826	31,572	37,200	38,100	30
	18,517	18,954	25,044	25,636	31,572	32,318	38,100	39,000	20
	18,954	19,391	25,636	26,228	32,318	33,064	39,000	39,900	10
	19,391	---	26,228	---	33,064	---	39,900	---	0

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.

SCHEDULE **KW-2**

Commonwealth of Kentucky
Department of Revenue

230010 1555

KENTUCKY INCOME TAX WITHHELD

➤ Enclose with Form 740, 740-NP or 740-NP-R

2023

Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN	SPOUSE'S SOCIAL SECURITY NUMBER	YOUR SOCIAL SECURITY NUMBER
KANNAPU, HARI PRASAD REDDY & DEVAPATLA, GOWTHAMI	989-95-5063	074-97-2326

Part I–Form W-2

Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

	A Employee's Social Security Number	B Employer's Identification Number (EIN)	C State	D Employer's State I.D. Number (Box 15 of Form W-2)	E KY State Wages (Box 16 of Form W-2)	F KY Income Tax Withheld (Box 17 of Form W-2)
1	074-97-2326	80-0417472	KY	342383	65,000.00	2,791.00
2					00	00
3					00	00
4					00	00
5					00	00
6					00	00
7					00	00
8					00	00
9					00	00
10					00	00
11	TOTAL FROM ALL W-2s				65,000.00	2,791.00

Part II–Form 1099 and W-2G

Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

	A Recipient's Social Security Number	B Payer's Identification Number (EIN)	C State	D Payer's State I.D. Number	E KY Income Amount	F KY Income Tax Withheld
12					00	00
13					00	00
14					00	00
15					00	00
16					00	00
17	TOTAL FROM ALL 1099s AND W2-Gs				00	00

Part III–Totals

Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

		F Total Kentucky Income Tax Withheld
18	Enter combined totals from Column F, lines 11 and 17.	2,791.00

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