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.

Submission Identification Number (SID)

T.....

Тахрау	er's name	Social securit	y numb	er							
SAI	SAI PRAKASH GARIKIPATI 860-98-0971										
Spouse	's name	Spouse's soc	ial secu	rity number							
Part	Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)										
_	whole dollars only on lines 1 through 5.	jour jou u	lo dde								
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
1	Adjusted gross income		1	61,453.							
2	Total tax		2	3,785.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,801.							
4	Amount you want refunded to you		4	8,016.							
5	Amount you owe		5								
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)										

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

Taxpayer's PIN: check one box only

			FBO firm na		Ē
X	l authorize	GLOBAL TAX	KES LLC	to enter or generate my PIN	

8	0	9	7	1	as mv
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	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

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature	► Da	ate 🕨					 				
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III Certific	ication and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►	RO's signature ► Date ►							
ERO Must Retain This F Don't Submit This Form to the								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)					

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	/rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last	name						Your so	cial sec	curity number
SAI PRAK	CASH		GAR	RIKIPAT	ΓI					860	98	0971
		s first name and middle initial	Last									I security numbe
											1	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
2517 VAI	LEY	GLEN DR										/ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	e spaces be	low.	Sta	ate	ZIP co	ode		0	jointly, want \$3
LITTLE E	LM					ТΣ	K	750	68			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code			
											Y	ou 🗌 Spouse
Filing Status	; 🛛	Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only or	ne hao	d income)								
one box.] Married filing separately (MFS)					Qualifying		• •	. ,		
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	ime if the
	qu	alifying person is a child but not you	ır dep	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); o	r (b) sell,		
Assets		hange, or otherwise dispose of a digi						-	,		Y	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or y	ou were a	dual-status a	alien	ı					
Age/Blindness	You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents			000		•		(3) Relationsh	14	,			(see instructions):
-		irst name Last name		(2) 3	Social security number		to you	ip (*	Child tax			or other dependents
lf more than four	(1)						,					
dependents,												
see instructions and check	3 —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)					. 1a	1	78,654.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1b)	
W-2 here. Also	с	Tip income not reported on line 1a	a (see i	instructior	ns)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)			. 10	I	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441	, line 26 .					. 1e	•	
was withheld.	f	Employer-provided adoption bene								. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	ı	
get a Form W-2, see	h	Other earned income (see instruction	,			• •		· ·		. <u>1</u> h	<u>ا</u>	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))	• •	1 i					
	z	Add lines 1a through 1h	···		· · · ·	• •		• •		. <u>1</u> z	-	78,654.
Attach Sch. B if required.	2a	· · -	2a				axable interest			. <u>2</u> b	-	
	<u>3a</u>		3a				Ordinary divider			. 3b	_	
Standard	4a		4a				axable amoun		· · ·	. 4b	-	
Deduction for—	5a 6a		5a 6a				axable amouni axable amouni			. 5b . 6b	_	
 Single or Married filing 	6a	, _		a mothod				ι			•	
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Schee				`	,	• •				
 Married filing 	8	Additional income from Schedule		•	•		-	• •		. 8		-17,201.
jointly or Qualifying	9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9		61,453.
surviving spouse, \$27,700	10	Adjustments to income from Sche					• · · · ·	• •		. 10	-	·-, 100.
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		61,453.
\$20,800	12	Standard deduction or itemized								. 12		13,850.
 If you checked any box under 	13	Qualified business income deduction		•		,	05-A			. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is v	ourt	taxable incom	ie .		. 15		47,603.
					,							

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

Form **1040** (2023)

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 🗌 881	4 2 4972	3	1	6 5,785.
Credits	17	Amount from Schedule 2, line 3				1	7
	18	Add lines 16 and 17				1	8 5,785.
	19	Child tax credit or credit for other depender	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, line 8				2	0 2,000.
	21	Add lines 19 and 20				2	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			2	
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .		2	
	24	Add lines 22 and 23. This is your total tax				2	4 3,785.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 11	,801.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	id 11,801.
15	26	2023 estimated tax payments and amount a				2	
If you have a L qualifying child,	27	Earned income credit (EIC)			27	–	
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 886			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 you			-	3	2
	33	Add lines 25d, 26, and 32. These are your to	•				
Defund	34	If line 33 is more than line 24, subtract line 2					4 8,016.
Refund	35a	Amount of line 34 you want refunded to yo					
Direct deposit?	b	Routing number 1 0 3 0 0 0 0				avings	
See instructions.	b	Account number 3 0 5 0 0 8 6				avings	
	36				36		
A		Amount of line 34 you want applied to your			30	_	
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>					-
rou Owe	00				1 1	3	1
THEFT	38	Estimated tax penalty (see instructions) .			38		
Third Party		you want to allow another person to dis tructions		rn with the IRS?		mplete belov	w. 🔀 No
Designee		signee's	Phone			nal identificati	
	nai		no.			er (PIN)	011
Sign	Un	der penalties of perjury, I declare that I have examine	d this return and	accompanying sche	edules and statements	s, and to the be	est of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informatio	n of which pre	parer has any knowledge.
nere	Yo	ur signature	Date	Your occupation		If the IRS	sent you an Identity
							n PIN, enter it here
Joint return? See instructions.				SOFTWARE		(see inst.)	
Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion		sent your spouse an protection PIN, enter it here
your records.						(see inst.)	,
	Ph	one no. (405)669-6946	Email address	SATPRAKASH	8816@GMAIL.CO	M .	
		parer's name Preparer's signa		STITI MANADIL	Date	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		СПРТА ТАТ.Т.АМ		P0208270	
Preparer		n's name GLOBAL TAXES LLC	IGHI DAGAK	GOLIA IAUDAM	01/01/2021	Phone nc	<u> </u>
Use Only		n's address 245 ROONEY CT E BRU	INSWICK N	J 08816		Firm's Ell	
			TIONICIC IN				Form 1040 (2023)
GO IO WWW.IIS.go	JV/FOM	1040 for instructions and the latest information.		BAA	REV 01/21/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023 Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security nu
SAI PRAKASH GARIKIPATI	860-98-0971

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. Att	ach Schedule E .	5	-17,201.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
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)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (<u> </u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:			
~	Tatal attanting and Add lines On thus use On			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter 1040, 1040, SR or 1040, NR line 8		10	-17,201.
	1040, 1040-SR, or 1040-NR, line 8	· · · · · · · ·	10	
FOI Fa	perwork neuronal Activolice, see your lax return instructions.		schedul	e 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 govern	ment		
	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			19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m.			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
ĥ	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 here a	nd on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 01/21/24 PRO		Schedule 1 (F	orm 1040) 202

Additional Credits and Payments

OMB No. 1545-0074 20

3

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

	Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form1040 for instructions and the latest information.								
Name	(s) shown on Fo		Sequence No. 03 ocial security number						
	SAI PRAKASH GARIKIPATI 860-98-0971								
Par	t Nonrei	fundable Credits							
1	Foreign tax		1						
2	Credit for c		•						
•	Form 2441		2						
3		redits from Form 8863, line 19			3	2,000.			
4		savings contributions credit. Attach Form 8880			4				
5a		clean energy credit from Form 5695, line 15			5a				
b	Energy effic	ient home improvement credit from Form 5695, line 32			5b				
6	Other nonre	fundable credits:							
а	General bus	siness credit. Attach Form 3800 6a							
b	Credit for pr	rior year minimum tax. Attach Form 8801 6b							
С	Adoption cr	edit. Attach Form 8839 6c							
d	Credit for th								
е	Reserved fo								
f	Clean vehic								
g	Mortgage in	terest credit. Attach Form 8396 6g							
h	District of Co	olumbia first-time homebuyer credit. Attach Form 8859 6h							
i	Qualified ele	ectric vehicle credit. Attach Form 8834 6i							
j	Alternative f	uel vehicle refueling property credit. Attach Form 8911 6j							
k	Credit to ho	Iders of tax credit bonds. Attach Form 8912 6k							
I	Amount on	Form 8978, line 14. See instructions 6							
m	Credit for pr	reviously owned clean vehicles. Attach Form 8936 . 6m							
z	Other nonre	fundable credits. List type and amount:							
7	Total other r	nonrefundable credits. Add lines 6a through 6z			7				
8		through 4, 5a, 5b, and 7. Enter here and on Form 1040,	1040-S	R, or					
	1040-NR, lir	ne 20			8	2,000.			

(continued 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	11 Excess social security and tier 1 RRTA tax withheld							
12	Credit for federal tax on fuels. Attach Form 4136		12					
13	Other payments or refundable credits:							
а	Form 2439	13a						
b	Credit for repayment of amounts included in income from earlier years	13b						
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c						
d	Deferred amount of net 965 tax liability (see instructions)	13d						
z	Other payments or refundable credits. List type and amount:							
		13z						
14	Total other payments or refundable credits. Add lines 13a through	13z	14					
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31)-SR, or 1040-NR,	15					
	BAA REV	01/21/24 PRO	Schedu	ile 3 (Form 1040) 2023				

SCHEDULE E					Suppleme	ental	Inc	ome an	d Lo	SS			OMB N	o. 1545-0	074
(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										20	2023			
Department of the Treasury Attach to Form 1040, 1											Attachr	Attachment			
Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.								1		ice No. 1					
Name(s) shown on return															
-	SAI PRAKASH GARIKIPATI 860-98-0971														
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.														
A D							o file	Form(s) 1	099? \$	See in	structions .		. 🗌 Ye	s X	No
B li											No				
1a	Physical addr	ress o	of ea	ch property ((street, city, state	e, ZIP	code	e)							
Α	Physical address of each property (street, city, state, ZIP code) 16-56 BANDAGAR ROAD MYLAVARAM, KRISHNA DIS ANDHRA PRADESH IN 521230														
B															
С															
1b	Type of Prope (from list below		2		ntal real estate p ort the number of					Fa	air Rental Days		nal Use ays	QJ	JV
Α	2	/		personal us	e days. Check th	he QJ	V box	only [Α		365		0		
В					the requirement				В]
С				qualified join	nt venture. See i	Instruc	tions	i.	С]
Туре о	of Property:														
	Single Family R			3 Vaca	tion/Short-Term	n Renta	al	5 Land			Self-Rental				
2	Multi-Family Re	siden	ce	4 Com	mercial			6 Roya	lties	8	Other (desc	ribe)			
											Propert	ies:			
Incom	e:								Α		В			С	
3	Rents received	1. L				. [3		5	95					
4	Royalties recei	ived .					4								
Expen															
5							5								
6		-					6								
7							7		1,8	320.					
8							8 9								
9 10							9 10								
11	•					+	11		1 5	575.					
12							12			,,,,,					
13							13								
14	Repairs					. [14		4,5	591.					
15	- ···					. [15		4,8	36.					
16	Taxes					. [16								
17							17		4,9	974.					
18		expens	se o	r depletion		•	18								
19	Other (list)						19								
20				•	19	-	20		17,7	96.					
21					nd/or 4 (royalties find out if you m										
	•						21	-	-17,2	201.					
22	Deductible ren	ntal rea	al es	state loss af	ter limitation, if a	any,					,				
00				-		L	22	(17,20		(FOF)()
23a					3 for all rental p 4 for all royalty	-			•	23a 23b		595.			
b c					 4 for all royalty 12 for all prope 		nues		·	23D 23C					
d					18 for all prope				•	230 23d					
e					20 for all prope					23e		7,796.			
24												. 24			
25	Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (17, 201.))1.)							
26	Total rental re	eal es	state	e and royalt	y income or (lo	ss). C	omb	ine lines :	24 and	I 25. E	Enter the res	ult			

SCHEDULE E

26

.

-17,201.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form **8863**

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

AUTION

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					
	2023							
		Attachme Sequenc	ent e No. 50					
Your social security number								
860	0	98	0971					

SAI PRAKASH GARIKIPATI

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, stop ; you can't take any education					
_		4			-	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	5				
~	qualifying surviving spouse	5			-	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6			h		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou			ļ	6	
	at least three places)					
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th	e yea	ar and	meet the		
	conditions described in the instructions, you can't take the refundable America					
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ . \ . \ .$	•		🗆	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter					
D	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	11,286.		
11	Enter the smaller of line 10 or \$10,000				11	10,000.
12	Multiply line 11 by 20% (0.20)				12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or					
	qualifying surviving spouse	13		90,000.		
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			C1 4F2		
45	the amount to enter instead	14		61,453.	-	
15	line 18, and go to line 19	15		28,547.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or					
	qualifying surviving spouse	16		10,000.		
17	If line 15 is:			,		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				47	1 000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)]	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	tions) .	18	2,000.		
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	Limit	Work	sheet (see		
	instructions) here and on Schedule 3 (Form 1040), line 3				19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 01/21/2	24 PRO	Form 8863 (2023)

Form 8863 (2023) Page 2							
Name(s) shown on return	Your social	security	number				
SAI PRAKASH GARIKIPATI	860	98	0971				

CAUT	credit or lifetime learning credit. Use additi	-	u're claiming either the American opportunity copies of page 2 as needed for each student.				
Par	t III Student and Educational Institution Informatio	n. Se	e instructions.				
20	Student name (as shown on page 1 of your tax return)	21	Student social security number (as shown on page 1 of				
	SAI PRAKASH		your tax return)				
	GARIKIPATI 860-98-0971						
	Educational institution information (see instructions)	b	. Name of second educational institution (if any)				
-	University of the Cumberlands						
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 6198 College Station Drive 	(*	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 				
	WILLIAMSBURG KY 40769						
(2) Did the student receive Form 1098-T X Yes □ No from this institution for 2023?	(2	2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2023?				
(3) Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes 🗴 No 7 checked?	(:	3) Did the student receive Form 1098-T from this institution for 2022 with box Yes No 7 checked?				
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4	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.				
	61-0470593						
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?		Yes $-$ Stop! Go to line 31 for this student. $\boxed{\times}$ No $-$ Go to line 24.				
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	×	Yes — Go to line 25. No — Stop! Go to line 31 for this student.				
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	×	Yes $-$ Stop! Go to line 31 for this student. \Box No $-$ Go to line 26.				
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?		Yes $-$ Stop! No $-$ Complete lines 27 Go to line 31 for this student. \Box hrough 30 for this student.				
CAUT	you complete lines 27 through 30 for this student, don't		e learning credit for the same student in the same year. If lete line 31.				
	American Opportunity Credit						
27	Adjusted qualified education expenses (see instructions). Do						
28 29		28 					
29 30	Multiply line 28 by 25% (0.25)	 add \$					
00	enter the result. Skip line 31. Include the total of all amounts						
	Lifetime Learning Credit						
31	Adjusted qualified education expenses (see instructions). Inc						
	III, line 31, on Part II, line 10		31 11,286.				