

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) ▶

Taxpayer's name RAGHAVENDRA GADHAMSETTY	Social security number 787-13-0481
Spouse's name DEEPTHI VISINIGIRI	Spouse's social security number 129-81-2910

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	179,871.
2 Total tax	2	27,752.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	25,719.
4 Amount you want refunded to you	4	
5 Amount you owe	5	2,033.

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 to enter or generate my PIN

3	0	4	8	1
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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 to enter or generate my PIN

1	2	9	1	0
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 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- 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

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 <u>RAGHAVENDRA</u>	Last name <u>GADHAMSETTY</u>	Your social security number <u>787 13 0481</u>
If joint return, spouse's first name and middle initial <u>DEEPTHI</u>	Last name <u>VISINIGIRI</u>	Spouse's social security number <u>129 81 2910</u>
Home address (number and street). If you have a P.O. box, see instructions. <u>4850 156 TH AVE NE</u>		Apt. no. <u>203</u>
City, town, or post office. If you have a foreign address, also complete spaces below. <u>REDMOND</u>	State <u>WA</u>	ZIP code <u>98052</u>
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 Single Head of household (HOH)
 Married filing jointly (even if only one had income)
 Married 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 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):	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	<u>ISHITA S</u>	<u>GADHAMSETTY</u>	<u>949-96-8434</u>	<u>Daughter</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income	Description	Amount
1a	Total amount from Form(s) W-2, box 1 (see instructions)	151,915.
b	Household employee wages not reported on Form(s) W-2	
c	Tip income not reported on line 1a (see instructions)	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
e	Taxable dependent care benefits from Form 2441, line 26	
f	Employer-provided adoption benefits from Form 8839, line 29	
g	Wages from Form 8919, line 6	
h	Other earned income (see instructions)	0.
i	Nontaxable combat pay election (see instructions) 1i	
z	Add lines 1a through 1h	151,915.
2a	Tax-exempt interest	
3a	Qualified dividends 588.	
4a	IRA distributions	
5a	Pensions and annuities	
6a	Social security benefits	
c	If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	-3,000.
8	Additional income from Schedule 1, line 10	30,135.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	182,000.
10	Adjustments to income from Schedule 1, line 26	2,129.
11	Subtract line 10 from line 9. This is your adjusted gross income	179,871.
12	Standard deduction or itemized deductions (from Schedule A)	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	87.
14	Add lines 12 and 13	27,787.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	152,084.

Attach Sch. B if required.

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.

Table with 2 columns: Line number and Amount. Rows 16-24 under 'Tax and Credits' section.

Table with 2 columns: Line number and Amount. Rows 25-33 under 'Payments' section.

Table with 2 columns: Line number and Amount. Rows 34-36 under 'Refund' section.

Table with 2 columns: Line number and Amount. Rows 37-38 under 'Amount You Owe' section.

Third Party Designee section with checkboxes for 'Yes' and 'No'.

Sign Here section with signature lines for taxpayer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**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

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Your social security number

787-13-0481

Part I 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	30,135.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	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		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL 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 ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	30,135.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	2,129.
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		
c	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)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
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)	24h	
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	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
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 and on Form 1040, 1040-SR, or 1040-NR, line 10	26	2,129.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Your social security number

787-13-0481

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	4,258.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____ _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			4,258.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Your social security number

787-13-0481

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	38.
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
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:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	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	
l	Amount on Form 8978, line 14. See instructions	6l	
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, 1040-SR, or 1040-NR, line 20	8	38.

(continued on page 2)

Part 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:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	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-SR, or 1040-NR, line 31		15	

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor DEEPTHI VISINIGIRI		Social security number (SSN) 129-81-2910
A Principal business or profession, including product or service (see instructions) SOFTWARE SERVICE	B Enter code from instructions 5 1 9 2 0 0	
C Business name. If no separate business name, leave blank. DEEPTHI SOFTWARE SERVICES	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 4850 156 TH AVE NE , Apt. 203 City, town or post office, state, and ZIP code REDMOND, WA 98052		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2023, check here <input type="checkbox"/>		
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	82,006.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	82,006.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	82,006.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	82,006.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	3,242.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest (see instructions):			24	Travel and meals:	24a	6,000.
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24b	1,350.
b	Other	16b		b	Deductible meals (see instructions)	25	2,640.
17	Legal and professional services	17		25	Utilities	26	
18				26	Wages (less employment credits)	27a	27,389.
19				27a	Other expenses (from line 48)	27b	
20				b	Energy efficient commercial bldgs deduction (attach Form 7205)	28	40,621.
21				28	Total expenses before expenses for business use of home. Add lines 8 through 27b	29	41,385.
22				29	Tentative profit or (loss). Subtract line 28 from line 7	30	11,250.
23				30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	31	30,135.
24				31	Net profit or (loss). Subtract line 30 from line 29.		
25					<ul style="list-style-type: none"> If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 		
26				32	If you have a loss, check the box that describes your investment in this activity. See instructions. <ul style="list-style-type: none"> If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 	32a	<input checked="" type="checkbox"/> All investment is at risk.
27						32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
 If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/10/2020

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business 4,950 **b** Commuting (see instructions) _____ **c** Other 1,250

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

BACK OFFICE OPERATION EXPENSES		26,015.
Electronics		1,374.
48 Total other expenses. Enter here and on line 27a	48	27,389.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Your social security number

787-13-0481

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	29,688.	30,230.	-67.	-609.
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 (830.)
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 -1,439.

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	14,036.	21,569.		-7,533.
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 17.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (5,145.)
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 -12,661.

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

Schedule D (Form 1040) 2023

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • 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. 	16	-14,100.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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</p>	18	
<p>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</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3,000.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **17**

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
DEEPTHI VISINIGIRI

Social security number of person
with **self-employment** income 129-81-2910

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 30,135.

3 Combine lines 1a, 1b, and 2 **3** 30,135.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 27,830.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 27,830.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 27,830.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 160,200.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 3,451.

11 Multiply line 6 by 2.9% (0.029) **11** 807.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 4,258.

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 2,129.

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

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,840, **or (b)** your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

787-13-0481

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	179,871.
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	179,871.	
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	6	1	
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.				
7	Multiply line 6 by \$500	7	500.	
8	Add lines 5 and 7	8	500.	
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?	12	500.	
<input type="checkbox"/> 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.				
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from Credit Limit Worksheet A	13	23,994.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	500.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **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 <input type="checkbox"/>		
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? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> 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 Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> 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. <input type="checkbox"/> 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.	20	

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

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		
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Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
787-13-0481

RAGHAVENDRA GADHAMSETTY

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, 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 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also 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 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,750.
9	Employer contributions made to your HSAs for 2023	9 6,000.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 6,000.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 1,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a 1,331.
b	Distributions included on line 14a that you rolled over to another HSA. Also include 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
c	Subtract line 14b from line 14a	14c 1,331.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 1,331.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	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, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Your taxpayer identification number

787-13-0481

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 433.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 433.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 87.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 87.
11	Taxable income before qualified business income deduction (see instructions)	11 152,171.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 588.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 151,583.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 30,317.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 87.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

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.**

Taxpayer name(s) shown on return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Taxpayer identification number 787-13-0481
Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer tax identification number 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	
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: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>

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).

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Expenses for Business Use of Your Home
 File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used
 for business during the year.
 Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s) **DEEPTHI VISINIGIRI** Your social security number **129-81-2910**

Part I Part of Your Home Used for Business		SOFTWARE SERVICE	
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	2,000
2	Total area of home	2	4,000
3	Divide line 1 by line 2. Enter the result as a percentage	3	50.00 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	50.00 %

Part II Figure Your Allowable Deduction			
8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	41,385.
See instructions for columns (a) and (b) before completing lines 9-22.		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	41,385.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	22,500.
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	22,500.
24	Multiply line 23, column (b), by line 7	24	11,250.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	11,250.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	11,250.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	30,135.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	11,250.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	11,250.

Part III Depreciation of Your Home			
37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2024			
43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

IRS e-file Authentication Statement

2023

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI, 787-13-0481

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description, Input field. Rows: Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 222496 Self-Select PIN 08271

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 30481 Spouse's PIN (5 numbers) 12910 Date 02/16/2024

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

Part I – Personal Information

Taxpayer:
 Last name GADHAMSETTY
 First name RAGHAVENDRA
 Middle initial Suffix
 Social security no. 787-13-0481
 Occupation SOFTWARE ENGINEER
 Date of birth 04/01/1987 (mm/dd/yyyy)
 Age as of 1-1-2024 36
 Date of death
 Legally blind
 E-mail address G_RAGHAVENDRA@HOTMAIL.COM
 Work phone (209) 328-6565 Ext
 Cell phone (209) 328-6565
 Home phone (209) 328-6565
 Fax number

Spouse:
 Last name (if different) .VISINIGIRI
 First name DEEPTHI
 Middle initial Suffix
 Social security no. T29-81-2910
 Occupation BUSINESS ANALYST
 Date of birth 06/26/1994 (mm/dd/yyyy)
 Age as of 1-1-2024 29
 Date of death
 Legally blind
 E-mail address G_RAGHAVENDRA@HOTMAIL.COM
 Work phone (209) 328-6565 Ext
 Cell phone (209) 328-6565
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer work phone (209) 328-6565
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work
 Print Form 1040-SR instead of Form 1040 Yes No

US Address:
 Address 4850 156 TH AVE NE Apt no. 203
 City REDMOND State WA ZIP code 98052
Foreign Address: Check this box to use foreign address . . ▶
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/country Foreign postal code
 Foreign phone
 APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5 Qualifying surviving spouse
 - Year spouse died 2021 2022
 - Enter the qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2023 Child Disa bled Code	Not qual credit for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		
ISHITA GADHAMSETTY	S	949-96-8434 Daughter	03/28/2011	12				<input checked="" type="checkbox"/>

* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2023

▶ See tax help for more information on identity verification

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
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Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

Taxpayer
 Spouse

Note: Alabama does not allow this option
Louisiana does not allow this option for extensions

Taxpayer/Spouse did not provide driver's license or state id information

Taxpayer
 Spouse

Note: Alabama, New York and Ohio do not allow this option
Louisiana does not allow this option for extensions

Check to confirm transferred driver's license or state id information (which appears in green) is correct

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state WA
License number WDL1R7P9253B
Issue date 02/10/2021
Expiration date 04/01/2027
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
License number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

State Identification Card Detail

Taxpayer:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

Spouse:

Issuing state _____
Identification number _____
Issue date _____
Expiration date _____
Does not expire
NY Document number (first 3 chars)* _____

* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
 - State issued identification card (complete detail above)
-
-

Electronic Filing Information Worksheet

2023

Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI Social Security Number 787-13-0481

Payment by Check (Form 1040-V) - Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 222496

ERO Name GLOBAL TAXES LLC ERO Electronic Filers Identification Number (EFIN) 222496
ERO Address 245 ROONEY CT ERO Employer Identification Number 84-3171965
City State ZIP Code ERO Social Security Number or PTIN
E BRUNSWICK NJ 08816
Country

Paid Preparer Information

Firm Name GLOBAL TAXES LLC Social Security Number or PTIN P02082703
Name SYAM PRIYA RAM SAGAR GUPTA TALLAM Employer Identification Number 84-3171965
Address 245 ROONEY CT Phone Number Fax Number
(678) 965-9522
City State ZIP Code
E BRUNSWICK NJ 08816
Country E-mail Address syam@gtaxfile.com

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed
IRS-prepared
Prepared by taxpayer or other non-paid preparer

Amended Returns

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for checkboxes and State/City names: Arkansas, California, Colorado, Georgia, See TB266

Miscellaneous Electronic Filing Items

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-02) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-02), check this box to retransmit this return as an imperfect return.

Enter an 'in care of addressee' if applicable

Deceased taxpayer(s):

Yes No

Is there a court certificate showing appointment of a personal representative for the deceased? If you have a refund and know you must complete Form 1310

NOTE: remember to attach a pdf of the court certificate to your electronically filed return or court certificate to the main form of your printed return.

Is this a Joint return with surviving spouse who is personal representative of deceased? Name of personal representative for the deceased . . .

Check this box if your client is in the U.S. Armed Forces with a stateside address

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

Other combat zone deployment date

Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.

Note: To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser).	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc.	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit - expired see fscha13	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information)	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method.	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities.	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel	N/A	<input type="checkbox"/>

Superseded Returns

A refund or payment from the original return may need to be applied to the superseded balance due The amount entered here will flow to the balance due section of the information worksheet.

Enter a negative number if the superseded return will generate a refund.

Enter zero if the superseded return has an even balance.

Amount you are paying with this superseded return

CAUTION: Important information about Superseded Return Payments

If you made a payment with your original return or scheduled a payment to be made at a later date, the payment will still be processed unless a call is made to cancel the payment.

To cancel a scheduled payment, call the IRS at 1-888-353-4537.

The cancellation request must be received no later than 11:59 p.m., Eastern Time at least two business days prior to the scheduled payment date.

This change cannot be made online at this time.

► Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Delta Dental Of California		151,915.	25,719.		
Totals		151,915.	25,719.		

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C			
b	W2 box 1 inmate or halfway house wages			
c	All other W2 box 1 wages	151,915.		151,915.
d	Foreign wages included in total wages			
e	Unreported tips	0.		0.
2	Total federal tax withheld	25,719.		25,719.
3 & 7	Total social security wages/tips	158,088.		158,088.
4	Total social security tax withheld	9,801.		9,801.
5	Total Medicare wages and tips	158,088.		158,088.
6	Total Medicare tax withheld	2,292.		2,292.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	43,773.		43,773.
b	Elective deferrals to qualified plans	6,173.		6,173.
c	Roth contrib. to 401(k), 403(b), 457(b) plans	4,867.		4,867.
d 1	Elective deferrals to government 457 plans			
2	Non-elective deferrals to gov't 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	32,733.		32,733.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total state deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14	871.		871.
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

Keep for your records

Name as shown on return
RAGHAVENDRA GADHAMSETTY

Social Security Number
787-13-0481

Employer EIN 94-1461312
Employer Name Delta Dental Of California
Name (continued) .
Street Address or P. O. Box 560 Mission Street Suite 1300
City SAN FRANCISCO State CA ZIP 94105
Foreign Province/County . . .
Foreign Postal Code
Foreign Country

Spouse's W-2 Automatically calculate lines 3 through 6 and line 16. Do not transfer this W-2 to next year
Caution: Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

1 Wages, tips, other comp 151,915. 2 Federal income tax withheld 25,719.
3 Social security wages 158,088. 4 Social sec tax withheld 9,801.
5 Medicare wages and tips 158,088. 6 Medicare tax withheld 2,292.
7 Social security tips 8 Allocated tips
13 b [X] Retirement plan
[] Foreign source income eligible for exclusion on Form 2555
[] Active duty military pay

Table with 2 columns: Box 12 Code, Box 12 Amount. Rows include AA (4,867), C (300), D (6,173), DD (26,433), W (6,000). Includes text for Box 12 code descriptions (A, M, P, R, W, G, F, S) and a checkbox for 'Employer is not a state or local government'.

Table with 4 columns: State, Box 15 Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

I confirm that the state withholding identification number(s) are accurate

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

9 10 Dependent care benefits (Check if employer furnished care at work) . . .
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) . . .
Sect. 457 and nonqualified plans - State Allocation
Indicate the amount of distributions pertaining to states. For each row, enter the state ID in col (a) and state amount in col (b).

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code. Row 1: WA PFML, 871., Other (not classified).

RAGHAVENDRA GADHAMSETTY 787-13-0481 Page 2
Employer Name Delta Dental Of California

Part I - Statutory employees

A [] Box 13a. Statutory employee
B New for 2022: A Schedule C is mandatory. Proceed to line C.
C Double-click to link to Schedule C C

Part II - Clergy, church employees, members of recognized religious sects

Clergy only:
D Enter your designated housing or parsonage allowance D
E Enter the smallest of (a) your designated housing or parsonage allowance,
(b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from SE tax and have an approved exemption Form 4361
Non-Clergy:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and have an approved Form 4029

Part III - Unreported Tip Income

H 1 Tips \$20 or more in a month which were not reported to employer H1
2 Tips less than \$20 in a month which were not required to be reported H2
3 Value of non-cash tips, such as tickets or passes, not reported to employer H3
4 Actual amount of allocated tips if different than the amount in box 8 H4
5 Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are
only subject to Medicare tax

Part IV - Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V - Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI - Medicaid Waiver Payments

K a Box 1 wages include amounts excludable as difficulty of care payments []
b Amount of wages from box 1 excludable as difficulty of care payments.
c Excludable difficulty of care payments received from this payer and not in box 1

Part VII - Additional Information for Electronic Filing and Certain States (See Help)

L a [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2
Employee's SSN. 787-13-0481
First name M.I. Last name Suff.
RAGHAVENDRA GADHAMSETTY
Address City St ZIP code
4850 156 TH AVE NE , Apt. 203 REDMOND WA 98052
Foreign Province/County Foreign Postal Code
Foreign Country

Interest and Dividends Summary

2023

▶ Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
---	---------------------------------------

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage . . .				
2 From Schedule B, Part I. . . .	1,483.			
3 From Schedule B, Part II . . .				
4 From K-1 Worksheets				
5 Exempt-int.divs (net of adj.) . .				
6 From Forms 6252				
7 From Forms 8814				
8 Subtotal	1,483.			
Less Adjustments:				
9 U.S. savings bond interest previously reported				
10 Nominee distribution				
11 OID adjustment				
12 ABP adjustment				
13 Accrued interest				
14 Other adjustment				
15 Series EE & I bond exclusion .				
16 Total Adjustments				
17 Total to Schedule B, line 2 ▶	1,483.			
18 Total to Form 1040, line 2a ▶				
19 Total U.S. govt. interest . . ▶				
20 Total to Form 6251, line 2g ▶				

Dividends Summary	Ordinary	Qualified	Capital Gains	Nontaxable
1 From Schedule B	1,467.	588.	17.	89.
2 From K-1 Worksheets				
Subtotal	1,467.	588.		
Less Adjustments:				
4 Nominee distribution				
5 Other adjustment				
6 Total Adjustments				
7 Total to Schedule B, line 6 ▶	1,467.			
8 Total qualified dividends. . ▶		588.		
9 Total capital gains ▶			17.	
10 Total nontaxable dividends . ▶				89.

Capital Gains Summary	28% rate	Sec. 1250	Sec. 1202 50%	Sec. 1202 60%
1 From Schedule B		9.		
Less Adjustments:				
2 Nominee distribution				
3 Other adjustment				
4 Total Adjustments				
5 Total to Schedule D ▶		9.		

Capital Gains Summary	Sec. 1202 75%	Sec. 1202 100%
1 From Schedule B		
Less Adjustments:		
2 Nominee distribution		
3 Other adjustment		
4 Total Adjustments		
5 Total to Schedule D ▶		

Name(s) Shown on Return: RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI
Social Security Number: 787-13-0481

Payer: ROBINHOOD SECURITIES LLC

TSJ T

A Additional 1099-DIV information:

- 1a Box 2c - Section 1202 gain eligible for 50% exclusion on QSB stock
1b Section 1202 gain eligible for 60% exclusion (QSB Empowerment Zone stock)
1c Section 1202 gain eligible for 75% exclusion on QSB stock
1d Section 1202 gain eligible for 100% exclusion on QSB stock
2 Box 2d - Collectibles (28%) gain
3 Box 5 - Section 199A dividends (401)
4 Box 6 - Investment expenses
5 US Govt. Interest included in total dividends
6 Box 11 - FATCA filing requirement

B Withholding information:

- 1 Federal income tax withheld (Federal)
2 State identification no. (State)
3 I confirm that the state withholding identification number(s) are accurate

C Exempt-interest dividends: (included on line 2a of Form 1040 or 1040-NR)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3)
2 Private activity bond amount included in line C-1 above
3 Percent of private activity bond amount included in line C-1 above. (Enter 75 percent as 75.00%)
4 State (postal code) for exempt-interest dividends

D Adjustment information:

- 1 Select type of adjustment: N Nominee, H Other, D ESOP distribution
2 Amount of Adjustment

E Margin interest expense for Form 4952:

- 1 Margin interest paid

F Foreign tax information: All income is assumed passive. See Help.

- 1 Box 7 - Foreign tax paid in U.S. dollars (31)
2 Box 8 - Foreign country or U.S. possession (Imported name: Various)
3 Report on Schedule A (OR)
4 For Form 1116, select which column (A X, B, C)
5 Select whether taxes were paid (P) or accrued (A) (P)
6 Date paid or accrued (12/31/2023)
7 Total foreign source income (1,044)
8 Section 897 ordinary dividends
9 Section 897 capital gain

Additional Payer and Recipient Information

Payer's TIN, Payer's address and ZIP code, Recipient's address and ZIP code, Transfer address from Federal Information Wks, Street, City, State, ZIP Code, Foreign Country

Name(s) Shown on Return: RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI
Social Security Number: 787-13-0481

Payer: ROBINHOOD SECURITIES LLC

TSJ S

A Additional 1099-DIV information:

- 1a Box 2c - Section 1202 gain eligible for 50% exclusion on QSB stock
1b Section 1202 gain eligible for 60% exclusion (QSB Empowerment Zone stock)
1c Section 1202 gain eligible for 75% exclusion on QSB stock
1d Section 1202 gain eligible for 100% exclusion on QSB stock
2 Box 2d - Collectibles (28%) gain
3 Box 5 - Section 199A dividends (32)
4 Box 6 - Investment expenses
5 US Govt. Interest included in total dividends
6 Box 11 - FATCA filing requirement

B Withholding information:

- 1 Federal income tax withheld (Federal)
2 State identification no. (State)
3 I confirm that the state withholding identification number(s) are accurate

C Exempt-interest dividends: (included on line 2a of Form 1040 or 1040-NR)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3)
2 Private activity bond amount included in line C-1 above
3 Percent of private activity bond amount included in line C-1 above. (Enter 75 percent as 75.00%)
4 State (postal code) for exempt-interest dividends

D Adjustment information:

- 1 Select type of adjustment: N Nominee, H Other, D ESOP distribution
2 Amount of Adjustment

E Margin interest expense for Form 4952:

- 1 Margin interest paid

F Foreign tax information: All income is assumed passive. See Help.

- 1 Box 7 - Foreign tax paid in U.S. dollars (7)
2 Box 8 - Foreign country or U.S. possession (Imported name: Various)
3 Report on Schedule A (OR)
4 For Form 1116, select which column (A X, B, C)
5 Select whether taxes were paid (P) or accrued (A) (P)
6 Date paid or accrued (12/31/2023)
7 Total foreign source income (423)
8 Section 897 ordinary dividends
9 Section 897 capital gain

Additional Payer and Recipient Information

Payer's TIN, Payer's address and ZIP code, Recipient's address and ZIP code, Transfer address from Federal Information Wks, Street, City, State, ZIP Code, Foreign Country

Forms 1099-MISC / 1099-NEC Summary

2023

▶ Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
---	---------------------------------------

Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	▶ Schedule C			
	▶ Schedule E			
	▶ Form 4835			
	▶ Other Income			
2	Total Royalties			
	▶ Schedule C			
	▶ Schedule E			
3	Total Other income			
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Tribal Gaming			
	▶ Alaska Permanent Fund			
	▶ Strike Benefit Income			
	▶ Medicaid waiver payments			
	▶ California Middle Class Tax Refund			
	▶ Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	▶ Schedule F			
	▶ Form 4835			
10	Gross proceeds paid to an attorney			
	▶ Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14			
	Form 1099-NEC Summary			
1	Total Nonemployee compensation		82,006.	82,006.
	▶ Schedule C		82,006.	82,006.
	▶ Schedule F			
	▶ Wages			
	▶ Other Income			
4	Federal tax withheld			
5	State tax withheld — total			

Form 1099-SA Worksheet
Distributions from an HSA, Archer MSA,
or Medicare Advantage MSA

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
---	---------------------------------------

QuickZoom to another Form 1099-SA Worksheet ▶ _____
QuickZoom to Form 8853, p1 ▶ _____
QuickZoom to Form 8889T ▶ _____
QuickZoom to Form 8889S ▶ _____
Worksheet Description HEALTH EQUITY CORPORATE

Box	Description	Payer 1	Payer 2	Payer 3	Payer 4
	Check if this is Spouse's 1099-SA . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name	HEALTH EQUITY CORPORATE			
	Payer's name continued				
1	Gross distribution	843.			
2	Earnings on excess contributions				
3	Distribution code	1			
▶	Check if recipient was age 65 or older at time of distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>See Help for important information</i>				
▶	Full amount in box 1 was used to pay qualified medical expenses, tax free . .	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Partial amount in box 1 used to pay qualified medical expenses, tax free . .				
▶	Amount in box 1 that was rolled over . .				
▶	Return of excess employer contribution not included in wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Inherited from deceased spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ▶	FMV on date of death				
5	HSA	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Archer MSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Medicare Advantage MSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form 1099-SA Worksheet
Distributions from an HSA, Archer MSA,
or Medicare Advantage MSA

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
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- QuickZoom** to another Form 1099-SA Worksheet ▶ _____
- QuickZoom** to Form 8853, p1 ▶ _____
- QuickZoom** to Form 8889T ▶ _____
- QuickZoom** to Form 8889S ▶ _____
- Worksheet Description** ConnectYourCare

Box	Description	Payer 1	Payer 2	Payer 3	Payer 4
	Check if this is Spouse's 1099-SA . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name continued	ConnectYourCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Gross distribution	488.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Earnings on excess contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Distribution code	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Check if recipient was age 65 or older at time of distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>See Help for important information</i>				
▶	Full amount in box 1 was used to pay qualified medical expenses, tax free . .	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Partial amount in box 1 used to pay qualified medical expenses, tax free . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Amount in box 1 that was rolled over . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Return of excess employer contribution not included in wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Inherited from deceased spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ▶	FMV on date of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	HSA	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Archer MSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▶	Medicare Advantage MSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Qualified Business Income Deduction Summary

2023

▶ Keep for your records

Name(s) Shown on Return <u>RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI</u>	Social Security Number <u>787-13-0481</u>
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QuickZoom to QBI Component Worksheet ▶	
QuickZoom to Form 8995. ▶	
QuickZoom to Form 8995-A ▶	

1 Trade or business name	Net QBI

2 Net qualified business income (QBI) from qualified trades or businesses	
3 Loss from previous year	
4 Sum of activities with gains (only positive amounts from table on line 1)	
5 Sum of activities with losses (only negative amounts from table on line 1)	

6 Check if using Simplified Computation (Form 8995)	<input checked="" type="checkbox"/>
--	-------------------------------------

7 QBI component from Form 8995 line 5 or Form 8995A line 16	
8 QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6	0.

9 Total REIT dividends	433.
10 PTP Income from non-SSTBs	
11 PTP Income from SSTBs	
12 Allowed PTP Income from SSTBs	
13 Total Allowed PTP income (sum of line 10 and line 12).	
14 Carryover REIT/PTP losses from prior year	
15 Total REIT/PTP income	433.
16 20% of total REIT/PTP income	87.
17 Disallowed REIT/PTP loss	0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income).	87.
--	-----

19 Taxable income before qualified business income deduction.	152,171.
20 Net capital gains	588.
21 Taxable income minus net capital gains. If zero or less, enter -0-	151,583.
22 20% of taxable income minus net capital gains	30,317.

23 QBI deduction before DPAD.	87.
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	

24 Section 199A(g) deduction for domestic production activities	
--	--

25 Total 199A (QBI) deduction (sum of lines 23 and 24)	87.
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Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2023

Line 16

► Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
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1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	<u>152,084.</u>	
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u>588.</u>	
3	Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u>0.</u>	
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.			
4	Add lines 2 and 3	4	<u>588.</u>	
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	<u>151,496.</u>	
6	Enter: <u>\$44,625</u> if single or married filing separately, <u>\$89,250</u> if mfj or qualifying surviving spouse, <u>\$59,750</u> if head of household.	6	<u>89,250.</u>	
7	Enter the smaller of line 1 or line 6	7	<u>89,250.</u>	
8	Enter the smaller of line 5 or line 7	8	<u>89,250.</u>	
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	<u>0.</u>	
10	Enter the smaller of line 1 or line 4	10	<u>588.</u>	
11	Enter the amount from line 9	11	<u>0.</u>	
12	Subtract line 11 from line 10.	12	<u>588.</u>	
13	Enter: <u>\$492,300</u> if single, <u>\$276,900</u> if married filing separately, <u>\$553,850</u> if mfj or qualifying surviving spouse, <u>\$523,050</u> if head of household.	13	<u>553,850.</u>	
14	Enter the smaller of line 1 or line 13	14	<u>152,084.</u>	
15	Add lines 5 and 9	15	<u>151,496.</u>	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	<u>588.</u>	
17	Enter the smaller of line 12 or line 16	17	<u>588.</u>	
18	Multiply line 17 by 15% (0.15)	18	<u>88.</u>	
19	Add lines 9 and 17	19	<u>588.</u>	
20	Subtract line 19 from line 10	20	<u>0.</u>	
21	Multiply line 20 by 20% (0.20)	21	<u>0.</u>	
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.	22	<u>23,944.</u>	
23	Add lines 18, 21, and 22	23	<u>24,032.</u>	
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	24	<u>24,073.</u>	
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.	25	<u>24,032.</u>	

Capital Loss Carryover Worksheet

Capital Loss Carryover from 2022 to 2023

► Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
---	---------------------------------------

		Regular Tax	Alternative Minimum Tax
1	Enter the amount from your 2022 Form 1040, line 15. If a loss, enter as a negative amount	122,266.	148,166.
2	Enter the loss from your 2022 Schedule D, line 21, as a positive amount	3,000.	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0-.	125,266.	151,166.
4	Enter the smaller of line 2 or line 3	3,000.	3,000.
	If line 7 of your 2022 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5	Enter the loss from your 2022 Schedule D, line 7, as a positive amount.	3,830.	3,830.
6	Enter any gain from your 2022 Schedule D, line 15. If a loss, enter -0-	0.	0.
7	Add lines 4 and 6	3,000.	3,000.
8	Short-term capital loss carryover for 2023. Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 6, as a negative amount ►	830.	830.
	If line 15 of your 2022 Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.		
9	Enter the loss from your 2022 Schedule D, line 15, as a positive amount	5,145.	5,145.
10	Enter any gain from your 2022 Schedule D, line 7. If a loss, enter -0-	0.	0.
11	Subtract line 5 from line 4. If zero or less, enter -0-	0.	0.
12	Add lines 10 and 11	0.	0.
13	Long-term capital loss carryover for 2023. Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 14, as a negative amount ►	5,145.	5,145.

Capital Loss Carryforward Worksheet

2024

Capital Loss Carryforward from 2023 to 2024

▶ Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
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		Regular Tax	Alternative Minimum Tax
1 Enter the amount from 2023 Form 1040, line 15. If a loss, enter as a negative amount	1	152,084.	179,784.
2 Enter the loss from 2023 Schedule D, line 21, as a positive amount	2	3,000.	3,000.
3 Combine lines 1 and 2. If zero or less, enter -0-	3	155,084.	182,784.
4 Enter the smaller of line 2 or line 3	4	3,000.	3,000.
If line 7 of 2023 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9			
5 Enter the loss from 2023 Schedule D, line 7, as a positive amount.	5	1,439.	1,439.
6 Enter any gain from 2023 Schedule D, line 15. If a loss, enter -0-	6	0.	0.
7 Add lines 4 and 6	7	3,000.	3,000.
8 Short-term capital loss carryforward to 2024. Subtract line 7 from line 5. If zero or less, enter -0- ▶	8	0.	0.
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.			
9 Enter the loss from 2023 Schedule D, line 15, as a positive amount	9	12,661.	12,661.
10 Enter any gain from 2023 Schedule D, line 7. If a loss, enter -0-	10	0.	0.
11 Subtract line 5 from line 4. If zero or less, enter -0-	11	1,561.	1,561.
12 Add lines 10 and 11	12	1,561.	1,561.
13 Long-term capital loss carryforward to 2024. Subtract line 12 from line 9. If zero or less, enter -0- ▶	13	11,100.	11,100.

Form 1099-B Worksheet

► Keep for your records

2023

Name(s) Shown on Return
RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Social Security No.
787-13-0481

Name of reporting financial institution ► ROBINHOOD SECURITIES LLC
Acct Number ► 114420573 **Reporter's Tax ID** ► 46-4364776
Owner of account ► T
Transactions were not reported to IRS ►

Form 8949 Reporting Exception Transactions
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Quick Entry Table
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?		
1	ROBINHOOD SECURITIES LLC						
A		12/31/23	01/01/23	23,226.38	23,858.51	53.07	
			S	Yes X	No	Yes X	No
2	ROBINHOOD SECURITIES LLC						
D		12/31/23	01/01/22	12,749.46	20,192.40		
			L	Yes X	No	Yes X	No
				Yes	No	Yes	No
				Yes	No	Yes	No

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	ROBINHOOD SECURITIES LLC	23,226.38	23,858.51	EW	-6.93	-639.06	S
2	D	ROBINHOOD SECURITIES LLC	12,749.46	20,192.40			-7,442.94	L

Brokerage Statement (Form 1099-B or substitute) Summary Table
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	23,226.38	23,858.51	-632.13	-6.93	-639.06	EW
Box B						
Box C						
Box D	12,749.46	20,192.40	-7,442.94		-7,442.94	
Box E						
Box F						
Totals	35,975.84	44,050.91	-8,075.07	-6.93	-8,082.00	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	23,226.00	23,859.00	-7.00	EW	-640.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	12,749.00	20,192.00			-7,443.00
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Total Collectible Gain/(Loss) _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment

Does a statement need to be attached to this return? Yes No

Form 1099-B Worksheet

► Keep for your records

2023

Name(s) Shown on Return
RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Social Security No.
787-13-0481

Name of reporting financial institution ► Robinhood Securities LLC
Acct Number ► 754956902 **Reporter's Tax ID** ► 46-4364776
Owner of account ► S
Transactions were not reported to IRS ►

Form 8949 Reporting Exception Transactions
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Quick Entry Table
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale	
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?		
1	ROBINHOOD SECURITIES LLC							
A		12/31/23	01/01/23	5,273.26	5,114.77			
			S	Yes	X	No	Yes X No	
2	ROBINHOOD SECURITIES LLC							
D		12/31/23	01/01/22	1,228.60	1,087.35			
			L	Yes	X	No	Yes X No	
				Yes		No	Yes No	
				Yes		No	Yes No	

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	ROBINHOOD SECURITIES LLC	5,273.26	5,114.77	E	-60.00	98.49	S
2	D	ROBINHOOD SECURITIES LLC	1,228.60	1,087.35			141.25	L

Brokerage Statement (Form 1099-B or substitute) Summary Table
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	5,273.26	5,114.77	158.49	-60.00	98.49	E
Box B						
Box C						
Box D	1,228.60	1,087.35	141.25		141.25	
Box E						
Box F						
Totals	6,501.86	6,202.12	299.74	-60.00	239.74	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	5,273.00	5,115.00	-60.00	E	98.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	1,229.00	1,087.00			142.00
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Total Collectible Gain/(Loss) _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment

Does a statement need to be attached to this return? Yes No

Form 1099-B Worksheet

► Keep for your records

2023

Name(s) Shown on Return
RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Social Security No.
787-13-0481

Name of reporting financial institution ► ROBINHOOD CRYPTO LLC
 Acct Number ► 114420573C Reporter's Tax ID . . . ► 46-4364776
 Owner of account ► T
 Transactions were not reported to IRS . ►

Form 8949 Reporting Exception Transactions
 Any transactions that are eligible to be reported directly on Schedule D,
 bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Quick Entry Table
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to
 the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale	
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?		
1	ROBINHOOD CRYPTO LLC							
A		12/31/23	01/01/23	1,065.55	976.38			
			S	Yes	X	No	Yes X No	
2	ROBINHOOD CRYPTO LLC							
D		12/31/23	01/01/22	57.69	289.93			
			L	Yes	X	No	Yes X No	
				Yes		No	Yes	
				Yes		No	Yes	

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	ROBINHOOD CRYPTO LLC	1,065.55	976.38			89.17	S
2	D	ROBINHOOD CRYPTO LLC	57.69	289.93			-232.24	L

Brokerage Statement (Form 1099-B or substitute) Summary Table
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in
 reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been
 reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various
 summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,065.55	976.38	89.17		89.17	
Box B						
Box C						
Box D	57.69	289.93	-232.24		-232.24	
Box E						
Box F						
Totals	1,123.24	1,266.31	-143.07		-143.07	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	1,066.00	976.00			90.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	58.00	290.00			-232.00
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Total Collectible Gain/(Loss) _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment

Does a statement need to be attached to this return? Yes No

Form 1099-B Worksheet

► Keep for your records

2023

Name(s) Shown on Return
RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Social Security No.
787-13-0481

Name of reporting financial institution ► COINBASE
 Acct Number ► _____ Reporter's Tax ID ► _____
 Owner of account ► T
 Transactions were not reported to IRS ►

Form 8949 Reporting Exception Transactions
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Quick Entry Table
 If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)

Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale		
8949 Box	Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?	Reported on Form 1099B?				
1	COINBASE								
A			12/31/23	01/01/23	123.27	279.61			
				S	Yes	X	No	Yes	X
					Yes		No	Yes	
					Yes		No	Yes	
					Yes		No	Yes	
					Yes		No	Yes	

Sale Results for Form 8949

#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	A	COINBASE	123.27	279.61			-156.34	S

Brokerage Statement (Form 1099-B or substitute) Summary Table
 This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.

Sale Type	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	123.27	279.61	-156.34		-156.34	
Box B						
Box C						
Box D						
Box E						
Box F						
Totals	123.27	279.61	-156.34		-156.34	

Form 8949 and Schedule D Totals					
Totals gains/losses as they will appear on Form 8949 and Schedule D.					
Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	123.00	280.00			-157.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D					
Form 8949, Box E					
Form 8949, Box F					

Additional Summary Data

Includes summary of withholding found on related Capital Gain (Loss) Adjustment Worksheets.

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Total Collectible Gain/(Loss) _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ▶			
Maximum 60% exclusion gain ▶			
Maximum 75% exclusion gain ▶			
Maximum 100% exclusion gain ▶			

PDF Attachment

Does a statement need to be attached to this return? Yes No

Capital Gain (Loss) Adjustments Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security No. 787-13-0481
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Part I Values for Form 8949

Click on any field in Part I to QuickZoom to its corresponding entry on the Form 1099-B Worksheet.

Form 8949 Box* . . . <u>A</u>	Description . <u>ROBINHOOD SECURITIES LLC</u>	
Date Sold <u>12/31/23</u>	Date Acquired <u>01/01/23</u>	
Sales Price/Proceeds <u>23,226.38</u>	Cost Basis <u>23,858.51</u>	
Adjustment Code(s) . . . <u>EW</u>	Adjustment Amount <u>-6.93</u>	
Gain/(Loss) <u>-639.06</u>	Holding Period <u>S</u>	

*The fields above, other than **Adjustment Code(s)** and **Adjustment Amount**, will typically match their corresponding fields on the Form 1099-B Worksheet. See **Part I** in the help for this form for exceptions. (Form help can be accessed by right-clicking on any field above.)

Part II Manual Adjustments

For adjustments not entered in Part III, the adjustment code(s) and amount may be entered here. Do **not** duplicate code(s) or amounts entered elsewhere. Adjustments requiring entries on forms other than Form 8949 will require manual entries in Part IV, or in some cases, on the specific form.

Adjustment Code(s) _____ Adjustment Amount _____

The cost basis and proceeds are totals from **multiple sales** (code **M**).

Part III Specific Adjustments

Form 1099-B reports an **incorrect basis** (code **B**). Corrected basis ▶ _____
 Check this box for **employee stock** sales requiring adjustments.
QuickZoom to **Employee Stock Transaction Worksheet** if basis is incorrect, compensation income should be reported, or for **all** Incentive Stock Option (ISO) sales ▶ _____

Allocated amounts from **Employer Stock Transaction Worksheet**

a Number of shares _____
b Date acquired _____
c Date sold _____
d Sales price _____
e Cost or other basis _____
f Adjustment amount _____

Short-Term	Long-Term	Total

Note: For employee stock sales with both short-term and long-term components, any adjustments will be ratably allocated on a per share basis. If this is not an accurate allocation for this sale, then report the short- and long-term components separately.

This is a sale of a **collectible** item (code **C**).

Sale includes an **accrued market discount** (code **D**). Amount ▶ _____

Amounts reported on Form 1099-B do not reflect **sales fees/expenses** that were charged (code **E**).
 Amount of sales fees/expenses ▶ 60.00

This sale cannot generate a loss for the following reason (code **L**):

- This is a vacation home or other **personal use property** with no business or rental activity.
- This is a sale to a **related party**.
- This sale is **nondeductible for another reason** (except wash sale).

Any gain/loss from sale should not be included because asset held by a **nominee** (code **N**).
 If only part of the gain (loss) is nominee, enter offsetting adjustment here ▶ _____

Name(s) Shown on Return
RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Social Security No.
787-13-0481

Part III Specific Adjustments (cont.)

- Other adjustments** are required (code **O**).
Amount (positive to increase gain, negative to reduce) ▶ _____

- Loss from this sale is **ordinary loss** from a section 1242 small business (code **O**).
Ordinary loss amount (leave blank if entire loss is ordinary). ▶ _____

- Gain from this **Qualified Small Business (QSB)** stock is excludable under IRC section 1202 (code **Q**).
 - This QSB stock is eligible for **50%** exclusion under section 1202.
 - This is empowerment zone stock eligible for **60%** exclusion under section 1202.
For 60% exclusion, enter gain as of 12/31/2018 ▶ _____
 - This QSB stock is eligible for **75%** exclusion under section 1202.
 - This QSB stock is eligible for **100%** exclusion under section 1202.

Amount of gain eligible for exclusion ▶ _____
Amount of gain excluded ▶ _____

- All or part of the gain is deferred due to a **rollover** (code **R**). This includes rollovers of gain from Qualified Small Business stock and certain stock sold to ESOP plans.
Amount reinvested in qualified stock (leave blank if sold to ESOP/co-op) ▶ _____
Amount of gain deferred ▶ _____

- Loss from this sale is **ordinary loss** from a section 1244 small business (code **S**).
Ordinary loss amount (leave blank if entire loss is ordinary). ▶ _____

- Form 1099-B reports an **incorrect holding period** (code **T**).

- Sale includes a disallowed **wash sale** loss (code **W**). Amount (leave blank if all) . . ▶ _____ 53.07

- Part or all of the gain is from **DC Zone/qualified community assets** eligible for exclusion (code **X**).
Amount of exclusion (leave blank if entire gain should be excluded) ▶ _____

- Check this box if this worksheet is used to report an election to defer the tax on an eligible gain for an investment in a **Qualified Opportunity Fund (QOF)** (report the actual sale of the eligible gain property on a Form 1099-B Worksheet, Asset Entry Worksheet, etc.). Complete the fields below.
If sold for eligible gain and invested in Qualified Opportunity Fund (QOF):
Amount of short-term deferred taxable gain ▶ _____
Amount of long-term deferred taxable gain ▶ _____
Cost of QOF investment ▶ _____
Date of QOF investment ▶ _____
Taxpayer identification number of QOF ▶ _____
Special gain code, if applicable ▶ _____

Part IV Amounts That Will Be Reported on Forms Other Than Form 8949

- Check if ordinary gain/loss
- FATCA requirement
- Federal tax withheld ▶ _____ Collectible gain/loss ▶ _____
- State name ▶ _____ Accrued interest to Sch B ▶ _____
- State tax withheld ▶ _____ Sec. 1242 loss on Form 4797 ▶ _____
- State identification number ▶ _____ Sec. 1244 loss on Form 4797 ▶ _____

Capital Gain (Loss) Adjustments Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return
RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Social Security No.
787-13-0481

Part I Values for Form 8949

Click on any field in Part I to QuickZoom to its corresponding entry on the Form 1099-B Worksheet.

Form 8949 Box* . . . A **Description** . ROBINHOOD SECURITIES LLC

Date Sold 12/31/23 **Date Acquired** 01/01/23
Sales Price/Proceeds 5,273.26 **Cost Basis** 5,114.77
Adjustment Code(s) . . . E **Adjustment Amount** -60.00
Gain/(Loss) 98.49 **Holding Period** S

*The fields above, other than **Adjustment Code(s)** and **Adjustment Amount**, will typically match their corresponding fields on the Form 1099-B Worksheet. See **Part I** in the help for this form for exceptions. (Form help can be accessed by right-clicking on any field above.)

Part II Manual Adjustments

For adjustments not entered in Part III, the adjustment code(s) and amount may be entered here. Do **not** duplicate code(s) or amounts entered elsewhere. Adjustments requiring entries on forms other than Form 8949 will require manual entries in Part IV, or in some cases, on the specific form.

Adjustment Code(s) _____ Adjustment Amount _____

The cost basis and proceeds are totals from **multiple sales** (code **M**).

Part III Specific Adjustments

Form 1099-B reports an **incorrect basis** (code **B**). Corrected basis ▶ _____
 Check this box for **employee stock** sales requiring adjustments.
QuickZoom to **Employee Stock Transaction Worksheet** if basis is incorrect, compensation income should be reported, or for **all** Incentive Stock Option (ISO) sales ▶ _____

Allocated amounts from **Employer Stock Transaction Worksheet**

a Number of shares _____
b Date acquired _____
c Date sold _____
d Sales price _____
e Cost or other basis _____
f Adjustment amount _____

Short-Term	Long-Term	Total

Note: For employee stock sales with both short-term and long-term components, any adjustments will be ratably allocated on a per share basis. If this is not an accurate allocation for this sale, then report the short- and long-term components separately.

This is a sale of a **collectible** item (code **C**).

Sale includes an **accrued market discount** (code **D**). Amount ▶ _____

Amounts reported on Form 1099-B do not reflect **sales fees/expenses** that were charged (code **E**).
Amount of sales fees/expenses ▶ 60.00

This sale cannot generate a loss for the following reason (code **L**):

This is a vacation home or other **personal use property** with no business or rental activity.
 This is a sale to a **related party**.
 This sale is **nondeductible for another reason** (except wash sale).

Any gain/loss from sale should not be included because asset held by a **nominee** (code **N**).
If only part of the gain (loss) is nominee, enter offsetting adjustment here ▶ _____

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security No. 787-13-0481
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Part III Specific Adjustments (cont.)

- Other adjustments** are required (code **O**).
Amount (positive to increase gain, negative to reduce) ▶ _____

- Loss from this sale is **ordinary loss** from a section 1242 small business (code **O**).
Ordinary loss amount (leave blank if entire loss is ordinary). ▶ _____

- Gain from this **Qualified Small Business (QSB)** stock is excludable under IRC section 1202 (code **Q**).
 - This QSB stock is eligible for **50%** exclusion under section 1202.
 - This is empowerment zone stock eligible for **60%** exclusion under section 1202.
For 60% exclusion, enter gain as of 12/31/2018 ▶ _____
 - This QSB stock is eligible for **75%** exclusion under section 1202.
 - This QSB stock is eligible for **100%** exclusion under section 1202.

Amount of gain eligible for exclusion ▶ _____
Amount of gain excluded ▶ _____

- All or part of the gain is deferred due to a **rollover** (code **R**). This includes rollovers of gain from Qualified Small Business stock and certain stock sold to ESOP plans.
Amount reinvested in qualified stock (leave blank if sold to ESOP/co-op) ▶ _____
Amount of gain deferred ▶ _____

- Loss from this sale is **ordinary loss** from a section 1244 small business (code **S**).
Ordinary loss amount (leave blank if entire loss is ordinary). ▶ _____

- Form 1099-B reports an **incorrect holding period** (code **T**).

- Sale includes a disallowed **wash sale** loss (code **W**). Amount (leave blank if all) . . ▶ _____

- Part or all of the gain is from **DC Zone/qualified community assets** eligible for exclusion (code **X**).
Amount of exclusion (leave blank if entire gain should be excluded) ▶ _____

- Check this box if this worksheet is used to report an election to defer the tax on an eligible gain for an investment in a **Qualified Opportunity Fund (QOF)** (report the actual sale of the eligible gain property on a Form 1099-B Worksheet, Asset Entry Worksheet, etc.). Complete the fields below.
If sold for eligible gain and invested in Qualified Opportunity Fund (QOF):
 Amount of short-term deferred taxable gain ▶ _____
 Amount of long-term deferred taxable gain ▶ _____
 Cost of QOF investment ▶ _____
 Date of QOF investment ▶ _____
 Taxpayer identification number of QOF ▶ _____
 Special gain code, if applicable ▶ _____

Part IV Amounts That Will Be Reported on Forms Other Than Form 8949

- Check if ordinary gain/loss
 - FATCA requirement
- | | |
|---|---|
| Federal tax withheld _____ | Collectible gain/loss ▶ _____ |
| State name _____ | Accrued interest to Sch B ▶ _____ |
| State tax withheld _____ | Sec. 1242 loss on Form 4797 ▶ _____ |
| State identification number _____ | Sec. 1244 loss on Form 4797 ▶ _____ |

Tax Payments Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
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Estimated Tax Payments for 2023 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/23		04/18/23			04/18/23		
2	06/15/23		06/15/23			06/15/23		
3	09/15/23		09/15/23			09/15/23		
4	01/16/24		01/16/24			01/16/24		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2023					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2023 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	25,719.		
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Additional Medicare Tax			
19 Total Withholding Lines 10 through 18d			
20 Total Tax Payments for 2023	25,719.		

Prior Year Taxes Paid In 2023 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2022 extensions				
22 2022 estimated tax paid after 12/31/2022				
23 Balance due paid with 2022 return				
24 Other (amended returns, installment payments, etc)				

Earned Income Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income		30,135.	30,135.
b Optional Method and Church Employee income			
c Add lines 1a and 1b		30,135.	30,135.
d One-half of self-employment tax		2,129.	2,129.
e Subtract line 1d from line 1c		28,006.	28,006.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5		28,006.	28,006.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)		28,006.	28,006.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	151,915.		151,915.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	151,915.	28,006.	179,921.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	151,915.	28,006.	179,921.
11 Scholarship or fellowship income not on W-2 plus wages while incarcerated			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	151,915.	28,006.	179,921.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)		28,006.	28,006.
16 a Wages, salaries, tips, etc	151,915.		151,915.
b2 Amount of In. b1 for graduate/postgrad studies			
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	151,915.	28,006.	179,921.

Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

23 Self-employed, church and statutory employees		28,006.	28,006.
24 Wages, salaries, tips, etc	151,915.		151,915.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	151,915.	28,006.	179,921.

Schedule SE Adjustments Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
---	---------------------------------------

	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AQ		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		30,135.
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 1h		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		30,135.
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Federal Carryover Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number 787-13-0481
---	---------------------------------------

2022 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2022 State Extension Information

(a) State	(b) Paid With Extension

2022 Locality Extension Information

(a) Locality	(b) Paid With Extension

2022 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2022 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2022 State Taxes Due Information

(a) State	(e) Paid With Return

2022 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2022 State Refund Applied Information

(a) State	(g) Applied Amount

2022 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2022 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2022 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2022	2023
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4).		
3	Itemized deductions		1,807.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		179,871.
6	Tax liability for Form 2210 or Form 2210-F		27,752.
7	Alternative minimum tax.		
8	Federal overpayment applied to next year estimated tax.		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2022	2023
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31.		
b	Spouse's excess Coverdell ESA contributions as of 12/31.		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2022	2023
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss.	830.	
b	AMT Short-term capital loss	830.	
13 a	Long-term capital loss	5,145.	11,100.
b	AMT Long-term capital loss.	5,145.	11,100.
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2023.
		b	2022.
		c	2021.
		d	2020.
		e	2019.
		f	2018.
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2023.
		b	2022.
		c	2021.
		d	2020.
		e	2019.
		f	2018.

Credit Carryovers		2022	2023
18	General business credit		
19	Adoption credit from:	a	2023
		b	2022
		c	2021
		d	2020
		e	2019
		f	2018
20	Mortgage interest credit from:	a	2023
		b	2022
		c	2021
		d	2020
21	Credit for prior year minimum tax.		
22	District of Columbia first-time homebuyer credit.		
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit		

Car and Truck Expenses Worksheet

2023

▶ Keep for your records

Sch C SOFTWARE SERVICE

Name(s) Shown on Return
RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Social Security Number
787-13-0481

Vehicle Information Complete for all vehicles	Vehicle 1	Vehicle 2	Vehicle 3
1 Make and model of vehicle	TOYOTA		
2 Date acquired	01/10/20		
3 Date placed in service	01/10/2020		
4 Type of vehicle	A1 - Auto		
5 a Ending mileage reading	30,200		
b Beginning mileage reading	24,000		
c Total miles for the year	6,200		
6 Business miles for the year	4,950		
7 Commuting miles for the year			
8 Other personal miles for the year	1,250		
9 Percent of business use	79.84 %		
10 Months for special allocation. See Tax Help			
11 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 Was the vehicle used primarily by a more than 5% owner or related person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14 a Is there evidence to support the business use claimed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Standard Mileage Rate

15 Does vehicle qualify for standard mileage rate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 Was the vehicle leased?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 Standard mileage deduction	3,242.		

Actual Expenses

18 Expenses:			
a Gasoline, oil, repairs, insurance, etc			
b Vehicle registration, license (excluding property taxes)			
c Vehicle lease or rental fees:			
1 30 days or more			
2 29 days or less			
3 Total vehicle lease/rental fees			
d Leased vehicle inclusion amount:			
1 Year lease began			
2 FMV of leased vehicle			
3 Number of lease days in year			
4 Inclusion amount			
19 Expenses subtotal			
20 Expenses applicable to business			
21 Vehicle depreciation and Sec 179 (from page 2)			
22 Total actual expenses			

Standard Mileage vs Actual Expenses

Check box to force a method

23 Standard mileage	<input type="checkbox"/> 3,242.	<input type="checkbox"/>	<input type="checkbox"/>
24 Actual expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Car and Truck Expenses	Vehicle 1	Vehicle 2	Vehicle 3
Complete for all vehicles	TOYOTA		
25 Line 23 or line 24	3,242.		
26 Additional expenses:			
a Business-related parking fees, tolls, etc			
b Property taxes (including property tax portion of registration)			
c Less personal portion of property taxes			
d Interest on vehicle			
e Less personal portion of vehicle interest			
27 Total expenses	3,242.		
28 Less business portion of lease or rental fees less inclusion amount (if actual expenses)			
29 Less business portion of depreciation (if actual expenses)			
30 Total car and truck expenses	3,242.		

Vehicle Depreciation Information – Complete for Actual Expenses only

31 Cost or basis			
32 Section 179 expense elected			
33 Depreciation and Sec 179 limit for automobiles			
34 a Economic Stimulus - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 If yes, and if placed in service after 9/27/17, was this property acquired after 9/27/17?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2 For post 9/27/17, elect 50% in place of 100% Special Depreciation Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b Qualified Disaster Area - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Kansas Disaster Zone - Qualified Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Gulf Opportunity Zone - Qualified Property	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> No
e Percentage for Special Depr Allowance	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100% & 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
f Elect OUT of Special Depr Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g Elect 30% in place of 50% Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h QuickZoom to Election Stmtns ▶			
i Special Depreciation Allowance			
j AMT Special Depreciation Allowance			
35 Prior depreciation			
36 Depreciation deduction ▶			
37 Alternative minimum tax prior depreciation			
38 AMT depreciation deduction			
39 AMT adjustment/preference			
40 QuickZoom to Asset Life History ▶			
MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion			
41 Elect OUT of regs under Sec 1.168(i)-6(i)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
42 If asset represents entire basis of replacement property, enter excess basis			
Pre-02/28/04 transactions only (See TaxHelp):			
43 Asset ID (Enter same ID on all related assets)			
44 Check if asset represents exchanged basis of replacement property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Total basis of all related parts			

Section 199A (QBI Deduction) attributes

If this asset belongs to a qualified business under Section 199A, the following attributes will be used to calculate the deduction for the qualified business.

UBIA for this asset	0 .	0 .	0 .
This asset is ineligible for UBIA			
Gains/(losses) from disposition of asset			
Short term gain/(loss)	0 .	0 .	0 .
Ordinary income from depreciation recapture	0 .	0 .	0 .
Long term gain/(loss)	0 .	0 .	0 .
Gain/(loss) is not eligible for 199A deduction			

Two-Year Comparison

2023

Name(s) Shown on Return RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI	Social Security Number
---	------------------------

Income	2022	2023	Difference	%
Wages, salaries, tips, etc	141,811.	151,915.	10,104.	7.12
Interest and dividend income	811.	2,950.	2,139.	263.75
State tax refund				
Business income (loss)	9,171.	30,135.	20,964.	228.59
Capital and other gains (losses)	-3,000.	-3,000.	0.	0.00
IRA distributions				
Pensions and annuities	0.		0.	
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above	36.		-36.	-100.00
Total Income	148,829.	182,000.	33,171.	22.29
Adjustments to Income	648.	2,129.	1,481.	228.55
Adjusted Gross Income	148,181.	179,871.	31,690.	21.39
Itemized Deductions				
Medical and dental				
Income or sales tax	3,900.	1,807.	-2,093.	-53.67
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	3,900.	1,807.	-2,093.	-53.67
Standard or Itemized Deduction	25,900.	27,700.	1,800.	6.95
Qualified Business Income Deduction	15.	87.	72.	480.00
Taxable Income	122,266.	152,084.	29,818.	24.39
Income tax	18,122.	24,032.	5,910.	32.61
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	18,122.	24,032.	5,910.	32.61
Nonbusiness credits	525.	538.	13.	2.48
Business credits				
Total Credits	525.	538.	13.	2.48
Self-employment tax	1,296.	4,258.	2,962.	228.55
Other taxes				
Total Tax After Credits	18,893.	27,752.	8,859.	46.89
Withholding	18,276.	25,719.	7,443.	40.73
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	18,276.	25,719.	7,443.	40.73
Form 2210 penalty				
Applied to next year's estimated tax				
Refund				
Balance Due	617.	2,033.	1,416.	229.50

Current year effective tax rate 13.06 %

Schedule C Two-Year Comparison

2023

▶ Keep for your records

Proprietor name: DEEPTHI VISINIGIRI

129-81-2910

Business or profession: SOFTWARE SERVICE

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule C.

	2022	2022 Percent of Net Sales*	2023	2023 Percent of Net Sales*	2022 to 2023 Comparison	
					<input checked="" type="checkbox"/> as amount	<input type="checkbox"/> as percent
Income:						
1 Gross receipts or sales . . .	33,040.	100.00	82,006.	100.00		48966.00
2 Returns & allowances . . .						
3 Net receipts or sales . . .	33,040.	100.00	82,006.	100.00		48966.00
Cost of goods sold:						
4 a Beginning inventory . . .						
b Purchases						
c Cost of labor						
d Materials & supplies . . .						
e Other costs						
f Ending inventory						
5 Cost of goods sold						
6 Gross profit	33,040.	100.00	82,006.	100.00		48966.00
7 Other income						
8 Gross income	33,040.	100.00	82,006.	100.00		48966.00
Expenses:						
9 Advertising						
10 Car & truck expenses . . .	1,739.	5.26	3,242.	3.95		1503.00
11 Commissions and fees . . .						
12 Contract labor						
13 Depletion						
14 Depreciation & Sec 179 . . .						
15 Employee benefits						
16 Insurance						
17 a Mortgage interest						
b Other interest						
18 Legal and professional . . .						
19 Office expense						
20 Pension & profit-sharing . . .						
21 Rent or lease:						
a Vehicle/machinery/equip . . .						
b Other business property . . .	16,560.	50.12				-16560.00
22 Repairs & maintenance . . .						
23 Supplies						
24 Taxes and licenses						
25 a Travel			6,000.	7.32		6000.00
b Meals & entertainment . . .	1,600.	4.84	1,350.	1.65		-250.00
26 Utilities	1,920.	5.81	2,640.	3.22		720.00
27 Wages (less job credit) . . .						
28 Other expenses	2,050.	6.20	27,389.	33.40		25339.00
29 Energy effi com bldgs						
30 Total expenses	23,869.	72.24	40,621.	49.53		16752.00
31 Tentative profit (loss)	9,171.	27.76	41,385.	50.47		32214.00
32 Office in home			11,250.	13.72		11250.00
33 Net profit (loss)	9,171.	27.76	30,135.	36.75		20964.00
Passive suspended losses:						
Schedule C						
Form 4797						
Schedule D						

*Lines 1 through 32 as a percentage of net sales revenue.

Tax History Report

2023

▶ Keep for your records

Name(s) Shown on Return

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

	Five Year Tax History:				
	2019	2020	2021	2022	2023
Filing status			MFJ	MFJ	MFJ
Total income			134,388.	148,829.	182,000.
Adjustments to income				648.	2,129.
Adjusted gross income			134,388.	148,181.	179,871.
Tax expense			7,380.	3,900.	1,807.
Interest expense . . .					
Contributions			600.		
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			25,700.	25,900.	27,700.
QBI deduction			6.	15.	87.
Taxable income			108,682.	122,266.	152,084.
Tax			15,399.	18,122.	24,032.
Alternative min tax . .					
Total credits			500.	525.	538.
Other taxes				1,296.	4,258.
Payments			16,991.	18,276.	25,719.
Form 2210 penalty . .					
Amount owed				617.	2,033.
Applied to next year's estimated tax .					
Refund			2,092.		
Effective tax rate % . .			11.09	11.88	13.06
**Tax bracket %			22.0	22.0	22.0

**Tax bracket % is based on Taxable income.

Tax Summary Report

2023

Name(s) Shown on Return

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	151,915.
Interest and dividend income	2,950.
Business income (loss)	30,135.
Capital gains (losses)	-3,000.
Pensions and annuities	
Rents, royalties, partnerships, etc	
Farm income (loss)	
Social security benefits	
Other income	
Total Gross Income	182,000.

Adjustments to Income 2,129.

Adjusted Gross Income (Last year's AGI) 179,871.

Itemized/Standard Deductions

Medical and dental	
Taxes	1,807.
Interest	
Contributions	
Casualty or theft loss(es)	
Miscellaneous	
Total Itemized Deductions	1,807.
Standard deduction	27,700.

Taxable Income 152,084.

Income tax	24,032.
Alternative minimum tax	
Total Taxes before Credits	24,032.
Nonbusiness credits	538.
Business credits	
Total Credits	538.
Self-employment tax	4,258.
Other taxes	

Total Tax 27,752.

Withholding	25,719.
Estimated tax payments	
Other payments	
Total Payments	25,719.
Estimated tax penalty	
Refund applied to next year's estimated tax	

Amount Overpaid 0.

Refund 0.

Amount Applied to Estimate 0.

Amount Due 2,033.

Tax bracket	22.0 %
Effective tax rate	13.06 %

Keep for your records

Name(s) Shown on Return

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI

Your Social Security Number

787-13-0481

Part I 2024 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2024 Estimates:

- a 100% (110%) of 2023 taxes (default, see Tax Help)
b 100% of tax on 2024 estimated taxable income
c 90% of tax on 2024 estimated taxable income
d 66-2/3% of tax on 2024 estimated taxable income (farmers and fishermen)
e Equal to 100% of overpayment (no vouchers)
f Enter total amount you want to use for estimates and check box

2 Selected estimated tax amount:

- a 2024 Required Annual Payment based on your choice above
b Estimated amount of 2024 federal income tax withholding
c Total of estimated tax payments required for 2024 (line 2a less line 2b)

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1,000 or more (default)
b Calculate estimates if (specify amount) or more
c Calculate estimates regardless of amount
d Do not calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form 1040 or 1040-SR, line 34) 0.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
b Apply all (increase estimate if required)
c Apply to extent of total estimated tax and refund excess 4,808.
d Apply to extent of first quarter amount and refund excess 1,202.
e Enter amount you want to apply
f Amount applied to 2024 estimated tax 0.
g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a [X] Consecutively b Evenly

Part III Rounding and Printing Options (see Tax Help for printing ES amounts on Client Letter)

1 Select Rounding Option:

- a [X] Round up to next \$1
b Round up to next \$10
c Round up to next \$100
d Round to nearest \$1

2 Select Voucher Printing Option:

- a [X] Print (per Part I, lines 3a - c)
b Print only name, etc.
c Do not print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2024	2 Jun 17, 2024	3 Sep 16, 2024	4 Jan 15, 2025	Total
1 If the client has already made payments, enter amounts					
2 Indicate which payment is due next.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment	1,202.	1,202.	1,202.	1,202.	4,808.
4 Overpayment applied	0.	0.	0.	0.	0.
5 Net payment due	1,202.	1,202.	1,202.	1,202.	4,808.
6 Voucher amounts	1,202.	1,202.	1,202.	1,202.	4,808.

Part V Changes to Income, Deductions and Withholding for 2024

2023 income and deductions are shown in the '2023 Actual' column below.

***Caution:** For each line in the '2024 Estimated' column, enter the estimated 2024 amount **if different** from 2023. Otherwise, the '2023 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2023 Actual	2024 Estimated
1 a Adjusted gross income	179,871.	
b Foreign income or housing exclusions (info only)		
2 Net capital gains (losses) included in AGI (info only)	-3,000.	
3 a Self-employment profit included in AGI for Taxpayer		
b Self-employment profit included in AGI for Spouse	30,135.	
c Taxpayer's wages subject to Social Security tax included in AGI . .		
Medicare wages for taxpayer (W-2 box 5) included in AGI	158,088.	
Add'l 0.9% Medicare tax withheld on taxpayer wages		
d Spouse's wages subject to Social Security tax included in AGI . . .		
Medicare wages for spouse (W-2 box 5) included in AGI		
Add'l 0.9% Medicare tax withheld on spouse wages		
4 a Total itemized deductions (after limits)	1,807.	
b Net qualified disaster loss included on line 4a above (after limits)		
5 Federal income tax withholding	25,719.	
6 Deduction for qualified business income	87.	

Part VI Filing Status and Other Information for 2024

- 1 Choose 2024 filing status:
 Single Married filing jointly
 Married filing separately Head of Household Qualifying surviving spouse
- 2 Check if required to itemize in 2024
- 3 Check the boxes that will apply in 2024:
 Taxpayer: 65 or Over Blind
 Spouse: 65 or Over Blind
- 4 a Check if dependent of another in 2024
 b Enter 2024 expected earned income if dependent of another _____

Part VII 2024 Estimated Taxable Income and Tax

1	Estimated 2024 adjusted gross income	1	179,871.
2	Larger of itemized or standard deduction	2	29,200.
3	Line 1 less line 2	3	150,671.
4	Deduction for qualified business income	4	
5	Line 3 less line 4	5	150,671.
6	Income tax	6	23,212.
7	Enter additional taxes ▶	7	
8	Line 6 plus line 7	8	23,212.
9	Enter nonrefundable credits ▶	9	
10	Line 8 less line 9 (but not less than zero)	10	23,212.
11	Self-employment tax and additional 0.9% Medicare tax	11	4,258.
12	Other taxes (not including taxes on lines 6, 7 or 11) ▶	12	
13	Enter refundable credits (not withholding) ▶	13	
14	Sum of lines 10 - 12, less line 13. This is your 2024 tax based on your estimate of 2024 income	14	27,470.

Preparer Electronic Filing Instructions
Federal

RAGHAVENDRA GADHAMSETTY & DEEPTHI VISINIGIRI 4850 156 TH AVE NE APT 203 REDMOND WA 98052 Accepted Date	787-13-0481 Client Phone (209)328-6565
---	--

This return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return

Form 8879

The taxpayer should review, sign and date Form 8879 and return to you prior to transmitting the tax return.

Balance Due

There is a balance due in the amount of \$2033.00.
Mailing a paper check has been selected.

After transmission of the return

This return has not been transmitted

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICE): Profit or Loss from Business

Line 25

Itemization Statement

Description	Amount
ELECTRICITY(12M*120\$PM)	1,440.
INTERNET(12*55\$PM)	660.
MOBILE(12*45\$PM)	540.
Total	2,640.

Electronic Filing Information Worksheet

TB266

Continuation Statement

<input type="checkbox"/>	Idaho
<input type="checkbox"/>	Kentucky
<input type="checkbox"/>	Maryland
<input type="checkbox"/>	Massachusetts
<input type="checkbox"/>	Michigan
<input type="checkbox"/>	Montana
<input type="checkbox"/>	New Jersey
<input type="checkbox"/>	New Mexico
<input type="checkbox"/>	New York
<input type="checkbox"/>	North Carolina
<input type="checkbox"/>	Oklahoma
<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Wisconsin