

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><b>MAHESWARI GANDEM</b> | Social security number<br>881-60-6328          |
| Spouse's name<br><b>SUMAN PEDDI</b>        | Spouse's social security number<br>775-67-0903 |

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 92,375. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 0.      |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 9,784.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 9,784.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 6 | 3 | 2 | 8 |
|---|---|---|---|---|

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 0 | 9 | 0 | 3 |
|---|---|---|---|---|

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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 MAHESWARI Last name GANDEM Your social security number 881 60 6328

If joint return, spouse's first name and middle initial SUMAN Last name PEDDI Spouse's social security number 775 67 0903

Home address (number and street). If you have a P.O. box, see instructions. 1815 VILLAGESIDE CT Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. LAWRENCEVILLE State GA ZIP code 30043 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) 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

Table with 5 columns: (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

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 100,000. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 100,000.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 92,375. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 92,375. 12 Standard deduction or itemized deductions (from Schedule A) 28,178. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 28,178. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 64,197.

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.

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 7,261. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 7,261. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> | 7,261. |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> | 7,261. |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 0.     |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 0.     |

|                 |           |   |            |        |
|-----------------|-----------|---|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 9,784. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 9,784. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |        |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> NO  | <b>27</b>  |        |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |        |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |        |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 9,784. |

|                                      |            |  |            |        |
|--------------------------------------|------------|--|------------|--------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                 | <b>34</b>  | 9,784. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>      | <b>35a</b> | 9,784. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 0610000052 <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 334069864247  |            |        |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>   | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

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

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

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

|   |  |                                       |   |
|---|--|---------------------------------------|---|
| Your signature  | Date                                     | Your occupation<br>MANAGEMENT ANALYST | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                     | Spouse's occupation<br>HOME MAKER     | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (325) 701-0576                                      | Email address MAHESWARIPATRO.G@GMAIL.COM |                                       |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>01/19/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN 84-3171965                               |

**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](http://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  
MAHESWARI GANDEM & SUMAN PEDDI

Your social security number  
881-60-6328

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -7,625. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -7,625. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |  |

**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](http://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  
MAHESWARI GANDEM & SUMAN PEDDI

Your social security number  
881-60-6328

**Part I Nonrefundable Credits**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .  | <b>1</b>  |        |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | <b>2</b>  |        |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .   | <b>3</b>  |        |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | <b>4</b>  |        |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .   | <b>5a</b> |        |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | <b>5b</b> |        |
| <b>6</b>  | Other nonrefundable credits:  |           |        |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .   | <b>6a</b> |        |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .   | <b>6b</b> |        |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .   | <b>6c</b> |        |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .   | <b>6d</b> |        |
| <b>e</b>  | Reserved for future use . . . . .   | <b>6e</b> |        |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .  | <b>6f</b> | 7,261. |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .  | <b>6g</b> |        |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |        |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .   | <b>6i</b> |        |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |        |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .   | <b>6k</b> |        |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .  | <b>6l</b> |        |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |        |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____<br>_____   | <b>6z</b> |        |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | <b>7</b>  | 7,261. |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 7,261. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |           |  |
|-----------|--|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:  |            |           |  |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |           |  |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |           |  |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |           |  |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br>_____                               | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . |            | <b>15</b> |  |

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

MAHESWARI GANDEM & SUMAN PEDDI

Your social security number

881-60-6328

| <b>Medical and Dental Expenses</b> | <b>Caution:</b> Do not include expenses reimbursed or paid by others.   |           |         |
|------------------------------------|---|-----------|---------|
|                                    | <b>1</b> Medical and dental expenses (see instructions) . . . . .   | <b>1</b>  |         |
|                                    | <b>2</b> Enter amount from Form 1040 or 1040-SR, line 11 <input type="text" value="2"/>   | <b>2</b>  |         |
|                                    | <b>3</b> Multiply line 2 by 7.5% (0.075) . . . . .  | <b>3</b>  |         |
|                                    | <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .  | <b>4</b>  |         |
| <b>Taxes You Paid</b>              | <b>5</b> State and local taxes.   |           |         |
|                                    | <b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | <b>5a</b> | 5,107.  |
|                                    | <b>b</b> State and local real estate taxes (see instructions) . . . . .   | <b>5b</b> | 4,364.  |
|                                    | <b>c</b> State and local personal property taxes . . . . .  | <b>5c</b> |         |
|                                    | <b>d</b> Add lines 5a through 5c . . . . .  | <b>5d</b> | 9,471.  |
|                                    | <b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .  | <b>5e</b> | 9,471.  |
|                                    | <b>6</b> Other taxes. List type and amount: _____   | <b>6</b>  |         |
|                                    | <b>7</b> Add lines 5e and 6 . . . . .   | <b>7</b>  | 9,471.  |
| <b>Interest You Paid</b>           | <b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>   |           |         |
|                                    | <b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .  | <b>8a</b> | 18,707. |
|                                    | <b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . .                        | <b>8b</b> |         |
|                                    | <b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .  | <b>8c</b> |         |
|                                    | <b>d</b> Reserved for future use . . . . .  | <b>8d</b> |         |
|                                    | <b>e</b> Add lines 8a through 8c . . . . .  | <b>8e</b> | 18,707. |
|                                    | <b>9</b> Investment interest. Attach Form 4952 if required. See instructions  | <b>9</b>  |         |
|                                    | <b>10</b> Add lines 8e and 9 . . . . .  | <b>10</b> | 18,707. |
| <b>Gifts to Charity</b>            | <b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .   | <b>11</b> |         |
|                                    | <b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .  | <b>12</b> |         |
|                                    | <b>13</b> Carryover from prior year . . . . .   | <b>13</b> |         |
|                                    | <b>14</b> Add lines 11 through 13 . . . . .   | <b>14</b> |         |
| <b>Casualty and Theft Losses</b>   | <b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .  | <b>15</b> |         |
| <b>Other Itemized Deductions</b>   | <b>16</b> Other—from list in instructions. List type and amount: _____  | <b>16</b> |         |
| <b>Total Itemized Deductions</b>   | <b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . .  | <b>17</b> | 28,178. |
|                                    | <b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>  |           |         |



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

MAHESWARI GANDEM & SUMAN PEDDI

881-60-6328

**Part I** **Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** PLOT NO:585, BEHARA SAHI NAYA PALI, BHUBANESWAR ORISSA IN 751012

**B**  
**C**

| <b>1b</b> | Type of Property (from list below) | <b>2</b> | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. |          | Fair Rental Days | Personal Use Days | QJV                      |
|-----------|------------------------------------|----------|--|----------|------------------|-------------------|--------------------------|
|           |                                    |          | <b>A</b>   | <b>B</b> | <b>A</b>         | <b>B</b>          | <input type="checkbox"/> |
| <b>A</b>  | 3                                  |          | <b>A</b>   |          | 365              | 0                 | <input type="checkbox"/> |
| <b>B</b>  |                                    |          | <b>B</b>   |          |                  |                   | <input type="checkbox"/> |
| <b>C</b>  |                                    |          | <b>C</b>   |          |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:   | Properties:          |          |          |
|---|----------------------|----------|----------|
|   | <b>A</b>             | <b>B</b> | <b>C</b> |
| <b>3</b> Rents received . . . . .   | <b>3</b> 1,280.      |          |          |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |          |          |
| <b>Expenses:</b>  |                      |          |          |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |          |          |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |          |          |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b>             |          |          |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |          |          |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |          |          |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |          |          |
| <b>11</b> Management fees . . . . .   | <b>11</b>            |          |          |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |          |          |
| <b>13</b> Other interest . . . . .  | <b>13</b> 5,400.     |          |          |
| <b>14</b> Repairs . . . . .   | <b>14</b>            |          |          |
| <b>15</b> Supplies . . . . .  | <b>15</b>            |          |          |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |          |          |
| <b>17</b> Utilities . . . . .   | <b>17</b>            |          |          |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 3,505.     |          |          |
| <b>19</b> Other (list) _____  | <b>19</b>            |          |          |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 8,905.     |          |          |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b> -7,625.    |          |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 7,625. ) | ( )      | ( )      |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 1,280.    |          |          |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |          |          |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |          |          |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 3,505.    |          |          |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 8,905.    |          |          |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |          |          |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 7,625. ) |          |          |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . | <b>26</b> -7,625.    |          |          |

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8936](http://www.irs.gov/Form8936) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **69**

Name(s) shown on return

MAHESWARI GANDEM & SUMAN PEDDI

Identifying number

881-60-6328

**Notes:** • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year.  
• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.

**Part I Modified Adjusted Gross Income Amount**

|           |   |           |         |  |
|-----------|---|-----------|---------|--|
| <b>1a</b> | Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR | <b>1a</b> | 92,375. |  |
| <b>b</b>  | Enter any income from Puerto Rico you excluded                            | <b>1b</b> |         |  |
| <b>c</b>  | Enter any amount from Form 2555, line 45                                  | <b>1c</b> |         |  |
| <b>d</b>  | Enter any amount from Form 2555, line 50                                  | <b>1d</b> |         |  |
| <b>e</b>  | Enter any amount from Form 4563, line 15                                  | <b>1e</b> |         |  |
| <b>2</b>  | Add lines 1a through 1e   | <b>2</b>  | 92,375. |  |
| <b>3a</b> | Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR | <b>3a</b> | 88,323. |  |
| <b>b</b>  | Enter any income from Puerto Rico you excluded                            | <b>3b</b> |         |  |
| <b>c</b>  | Enter any amount from Form 2555, line 45                                  | <b>3c</b> |         |  |
| <b>d</b>  | Enter any amount from Form 2555, line 50                                  | <b>3d</b> |         |  |
| <b>e</b>  | Enter any amount from Form 4563, line 15                                  | <b>3e</b> |         |  |
| <b>4</b>  | Add lines 3a through 3e   | <b>4</b>  | 88,323. |  |
| <b>5</b>  | Enter the <b>smaller</b> of line 2 or line 4                              | <b>5</b>  | 88,323. |  |

**Part II Credit for Business/Investment Use Part of New Clean Vehicles**

**Note:** Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

|          |   |          |  |
|----------|---|----------|--|
| <b>6</b> | Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936)   | <b>6</b> |  |
| <b>7</b> | New clean vehicle credit from partnerships and S corporations (see instructions)  | <b>7</b> |  |
| <b>8</b> | <b>Business/investment use part of credit.</b> Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y | <b>8</b> |  |

**Part III Credit for Personal Use Part of New Clean Vehicles**

**Note:** You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>9</b>  | Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936)   | <b>9</b>  | 7,500. |
| <b>10</b> | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18  | <b>10</b> | 7,261. |
| <b>11</b> | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)  | <b>11</b> |        |
| <b>12</b> | Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit   | <b>12</b> | 7,261. |
| <b>13</b> | <b>Personal use part of credit.</b> Enter the <b>smaller</b> of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions | <b>13</b> | 7,261. |

**Part IV Credit for Previously Owned Clean Vehicles**

**Note:** You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household).

|           |  |           |  |
|-----------|--|-----------|--|
| <b>14</b> | Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936)  | <b>14</b> |  |
| <b>15</b> | Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18  | <b>15</b> |  |
| <b>16</b> | Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)  | <b>16</b> |  |
| <b>17</b> | Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit                                      | <b>17</b> |  |
| <b>18</b> | Enter the <b>smaller</b> of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is smaller than line 14, see instructions | <b>18</b> |  |

**Part V Credit for Qualified Commercial Clean Vehicles**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>19</b> | Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936)  | <b>19</b> |  |
| <b>20</b> | Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions)   | <b>20</b> |  |
| <b>21</b> | Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa | <b>21</b> |  |



SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Attachment Sequence No. 69A

Name(s) shown on return

MAHESWARI GANDEM & SUMAN PEDDI

Identifying number

881-60-6328

Part I Vehicle Details

- 1a Year 2023
b Make TESLA
c Model MODEL Y
2 Vehicle identification number (VIN) 7 S A Y G D E E 0 P F 7 9 1 6 6 9
3 Enter date vehicle was placed in service (MM/DD/YYYY) 07/10/2023
4 Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions.
5 Does the VIN entered on line 2 belong to a new clean vehicle placed in service during the tax year? See instructions for definitions.
6 Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions.
7 Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions.

Part II Credit Amount for Business/Investment Use Part of New Clean Vehicle

- 8 Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
9 Tentative credit amount (see instructions) 9 7,500.
10 Business/investment use percentage (see instructions) 10 %
11 Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below. 11

Part III Credit Amount for Personal Use Part of New Clean Vehicle

- 12 Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936 12 7,500.

DO NOT FILE

**Part IV Credit Amount for Previously Owned Clean Vehicle**

- 13a** Is the sales price of the vehicle more than \$25,000?
  - Yes. Stop here.** The vehicle doesn't qualify for the Part IV credit.
  - No.**
- b** Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.
  - Yes.**
  - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.
- c** Can you be claimed as a dependent on another person's tax return, such as your parent's return?
  - Yes. Stop here.** You can't claim a credit amount if you can be claimed as a dependent.
  - No.**
- d** Is the vehicle a qualified fuel cell motor vehicle? See instructions.
  - Yes.**
  - No.**

|  |           |        |
|--|-----------|--------|
| <b>14</b> Enter the sales price of the vehicle . . . . .   | <b>14</b> |        |
| <b>15</b> Multiply line 14 by 30% (0.30) . . . . .   | <b>15</b> |        |
| <b>16</b> Maximum vehicle credit amount . . . . .  | <b>16</b> | 4,000. |
| <b>17</b> Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936 . . . . . | <b>17</b> |        |

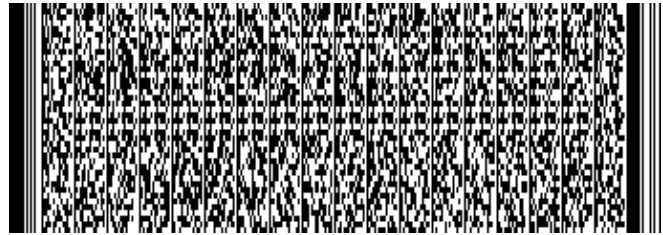
**Part V Credit Amount for Qualified Commercial Clean Vehicle**

- 18a** Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.
  - Yes.**
  - No. Stop here.** The vehicle is not a qualified commercial clean vehicle unless the exception applies.
- b** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
  - Yes.**
  - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.
- c** Is the vehicle also powered by gas or diesel? See instructions.
  - Yes.**
  - No.**

|  |           |  |
|--|-----------|--|
| <b>19</b> Enter the cost or other basis of the vehicle. See instructions . . . . .   | <b>19</b> |  |
| <b>20</b> Section 179 expense deduction (see instructions) . . . . .   | <b>20</b> |  |
| <b>21</b> Subtract line 20 from line 19 . . . . .  | <b>21</b> |  |
| <b>22</b> Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"] . . . . .  | <b>22</b> |  |
| <b>23</b> Enter the incremental cost of the vehicle. See instructions . . . . .  | <b>23</b> |  |
| <b>24</b> Enter the smaller of line 22 or line 23 . . . . .  | <b>24</b> |  |
| <b>25</b> <b>Maximum credit.</b> Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more) . . . . . | <b>25</b> |  |
| <b>26</b> Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936 . . . . .                        | <b>26</b> |  |



2400411515



Georgia Form **500** (Rev. 08/30/23)

Individual Income Tax Return

Georgia Department of Revenue

**2023** (Approved software version)

Page **1**

Fiscal Year  
Beginning

STATE  
ISSUED

Fiscal Year  
Ending

YOUR DRIVER'S  
LICENSE/STATE ID

YOUR FIRST NAME  
1. MAHESWARI

MI YOUR SOCIAL SECURITY NUMBER  
881-60-6328

LAST NAME (For Name Change See IT-511 Tax Booklet)  
GANDEM

SUFFIX

SPOUSE'S FIRST NAME  
SUMAN

MI SPOUSE'S SOCIAL SECURITY NUMBER  
775-67-0903

LAST NAME  
PEDDI

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED  
2. 1815 VILLAGESIDE CT

CITY (Please insert a space if the city has multiple names)  
3. LAWRENCEVILLE

STATE ZIP CODE  
GA 30043

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... 4. 1

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse X 6c. 2

7a. Number of Qualified Dependents\* 7b. Number of Unborn Dependents 7c. Total Number of Dependents

\*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing



2400411525

YOUR SOCIAL SECURITY NUMBER  
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**7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).**

|                               |                            |
|-------------------------------|----------------------------|
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |
| <b>First Name, MI.</b>        | <b>Last Name</b>           |
| <b>Social Security Number</b> | <b>Relationship to You</b> |

**INCOME COMPUTATIONS**

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

|   |      |       |
|---|------|-------|
| 8. Federal adjusted gross income (From Federal Form 1040).....  | 8.   | 92375 |
| <b>(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.</b> |      |       |
| 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) .....  | 9.   |       |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....   | 10.  | 92375 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....   | 11a. |       |
| <b>(See IT-511 Tax Booklet)</b>   |      |       |
| b. Self: 65 or over?      Blind?      Total      x 1,300=.....  | 11b. |       |
| Spouse: 65 or over?      Blind?   |      |       |
| c. Total Standard Deduction (Line 11a + Line 11b).....  | 11c. |       |
| <b>Use EITHER Line 11c OR Line 12c (Do not write on both lines)</b>   |      |       |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, <b>you must include Federal Schedule A.</b>   |      |       |
| a. Federal Itemized Deductions (Schedule A- Form 1040).....   | 12a. | 28178 |
| b. Less adjustments: (See IT-511 Tax Booklet) .....   | 12b. | 0     |
| c. Georgia Total Itemized Deductions.....   | 12c. | 28178 |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....   | 13.  | 64197 |



2400411535

**YOUR SOCIAL SECURITY NUMBER**  
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**Page 3**

|   |      |       |
|---|------|-------|
| 14a. Enter the number from Line 6c. <b>2</b> Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C           | 14a. | 7400  |
| 14b. Enter the number from Line 7c. Multiply by \$3,000.....  | 14b. |       |
| 14c. Add Lines 14a. and 14b. Enter total .....  | 14c. | 7400  |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14).....   | 15a. | 56797 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. |       |
| 15c. Georgia Taxable Income (Line 15a less Line 15b).....   | 15c. | 56797 |
| 16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet) .....   | 16.  | 3031  |
| 17. Low Income Credit    17a.                    17b.                    .....  | 17c. |       |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) .....   | 18.  |       |
| 19. Credits used from IND-CR Summary Worksheet .....  | 19.  |       |
| 20. <b>Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)</b>  | 20.  |       |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 .....   | 21.  | 0     |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero .....  | 22.  | 3031  |

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

| (INCOME STATEMENT A)   |       |       |  | (INCOME STATEMENT B)                              |       |       |  | (INCOME STATEMENT C)                              |       |       |  |
|--|-------|-------|--|---|-------|-------|--|---|-------|-------|--|
| 1. WITHHOLDING TYPE:   |       |       |  | 1. WITHHOLDING TYPE:                              |       |       |  | 1. WITHHOLDING TYPE:                              |       |       |  |
| <input checked="" type="checkbox"/> W-2  | G2-A  | G2-LP |  | W-2   | G2-A  | G2-LP |  | W-2   | G2-A  | G2-LP |  |
| 1099   | G2-FL | G2-RP |  | 1099  | G2-FL | G2-RP |  | 1099  | G2-FL | G2-RP |  |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)    SSN |       |       |  | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)    SSN |       |       |  |
| 421617887  |       |       |  |   |       |       |  |   |       |       |  |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID   |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID            |       |       |  | 3. EMPLOYER/PAYER STATE WITHHOLDING ID            |       |       |  |
| 2219972XU  |       |       |  |   |       |       |  |   |       |       |  |
| 4. GA WAGES / INCOME   |       |       |  | 4. GA WAGES / INCOME                              |       |       |  | 4. GA WAGES / INCOME                              |       |       |  |
| 100000   |       |       |  |   |       |       |  |   |       |       |  |
| 5. GA TAX WITHHELD   |       |       |  | 5. GA TAX WITHHELD                                |       |       |  | 5. GA TAX WITHHELD                                |       |       |  |
| 5107   |       |       |  |   |       |       |  |   |       |       |  |

**PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.**  
**All Pages (1-5) are required for processing**



**YOUR SOCIAL SECURITY NUMBER**  
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**Page 4**

| <b>(INCOME STATEMENT D)</b>                         |   |       | <b>(INCOME STATEMENT E)</b>                         |       |       | <b>(INCOME STATEMENT F)</b>                         |       |       |
|---|---|-------|---|-------|-------|---|-------|-------|
| 1. WITHHOLDING TYPE:                                |   |       | 1. WITHHOLDING TYPE:                                |       |       | 1. WITHHOLDING TYPE:                                |       |       |
| W-2   | G2-A  | G2-LP | W-2   | G2-A  | G2-LP | W-2   | G2-A  | G2-LP |
| 1099  | G2-FL   | G2-RP | 1099  | G2-FL | G2-RP | 1099  | G2-FL | G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |   |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)      SSN |       |       |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |   |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       | 3. EMPLOYER/PAYER STATE WITHHOLDING ID              |       |       |
| 4. GA WAGES / INCOME                                |   |       | 4. GA WAGES / INCOME                                |       |       | 4. GA WAGES / INCOME                                |       |       |
| 5. GA TAX WITHHELD                                  |   |       | 5. GA TAX WITHHELD                                  |       |       | 5. GA TAX WITHHELD                                  |       |       |
| 23.   | <b>Georgia Income Tax Withheld on Wages and 1099s</b> .....                           | 23.   |   |       |       |   |       | 5107  |
|   | (Enter Tax Withheld Only and include W-2s and/or 1099s)                               |       |   |       |       |   |       |       |
| 24.   | <b>Other Georgia Income Tax Withheld</b> .....  | 24.   |   |       |       |   |       |       |
|   | (Must include G2-A, G2-FL, G2-LP and/or G2-RP)  |       |   |       |       |   |       |       |
| 25.   | Estimated Tax paid for 2023 and Form IT-560 .....                                     | 25.   |   |       |       |   |       |       |
| 26.   | Schedule 2B Refundable Tax Credits.....   | 26.   |   |       |       |   |       |       |
|   | (Cannot be claimed unless filed electronically)                                       |       |   |       |       |   |       |       |
| 27.   | Total prepayment credits (Add Lines 23, 24, 25 and 26).....                           | 27.   |   |       |       |   |       | 5107  |
| 28.   | If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due.....  | 28.   |   |       |       |   |       |       |
| 29.   | If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment ..... | 29.   |   |       |       |   |       | 2076  |
| 30.   | <b>Amount to be credited to 2024 ESTIMATED TAX</b> .....                              | 30.   |   |       |       |   |       | 0     |
| 31.   | Georgia Wildlife Conservation Fund (No gift of less than \$1.00).....                 | 31.   |   |       |       |   |       |       |
| 32.   | Georgia Fund for Children and Elderly (No gift of less than \$1.00).....              | 32.   |   |       |       |   |       |       |
| 33.   | Georgia Cancer Research Fund (No gift of less than \$1.00) .....                      | 33.   |   |       |       |   |       |       |
| 34.   | Georgia Land Conservation Program (No gift of less than \$1.00).....                  | 34.   |   |       |       |   |       |       |
| 35.   | Georgia National Guard Foundation (No gift of less than \$1.00) .....                 | 35.   |   |       |       |   |       |       |
| 36.   | Dog & Cat Sterilization Fund (No gift of less than \$1.00).....                       | 36.   |   |       |       |   |       |       |
| 37.   | Saving the Cure Fund (No gift of less than \$1.00).....                               | 37.   |   |       |       |   |       |       |
| 38.   | Realizing Educational Achievement Can Happen (REACH) Program .....                    | 38.   |   |       |       |   |       |       |
|   | (No gift of less than \$1.00)   |       |   |       |       |   |       |       |





2400411555

**YOUR SOCIAL SECURITY NUMBER**  
881-60-6328

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Disabled Veterans' Scholarship Fund (No gift of less than \$1.00)..... 40.
- 41. Form 500 UET (Estimated tax penalty) 500 UET exception attached..... 41.
- 42. Penalty: Late Payment and/or Late Filing..... 42.
- 43. Interest ..... 43.
- 44. (If you owe) Add Lines 28, 31 through 43 ..... 44.  
**MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,  
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740399 ATLANTA, GA 30374-0399**

45. (If you are due a refund) Subtract the sum of Lines 30 thru 43 from Line 29  
**THIS IS YOUR REFUND**..... 45. **2076**  
Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,  
PO BOX 740380 ATLANTA, GA 30374-0380

**If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.**

45a. Direct Deposit (U.S. Accounts Only) Type: Checking Savings

Routing Number 061000052 Account Number 334069864247

**Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.**

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number  
325-701-0576

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Preparer's Phone Number  
678-965-9522

Signature of Preparer  
Name of Preparer Other Than Taxpayer  
SYAM PRIYA RAM SAGAR GUPT

Preparer's FEIN  
84-3171965

Preparer's Firm Name  
GLOBAL TAXES LLC

Preparer's SSN/PTIN/SIDN  
P02082703

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 MAHESWARI Last name GANDEM Your social security number 881 60 6328

If joint return, spouse's first name and middle initial SUMAN Last name PEDDI Spouse's social security number 775 67 0903

Home address (number and street). If you have a P.O. box, see instructions. 1815 VILLAGESIDE CT Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. LAWRENCEVILLE State GA ZIP code 30043 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) 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

Table with 5 columns: (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

Income table with columns 1a-1z and 1a-1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 100,000. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 0. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 100,000.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with columns 7-15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 92,375. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 92,375. 12 Standard deduction or itemized deductions (from Schedule A) 28,178. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 28,178. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 64,197.

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.

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 7,261. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 7,261. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |        |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> | 7,261. |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> | 7,261. |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 0.     |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 0.     |

|                 |           |   |            |        |
|-----------------|-----------|---|------------|--------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 9,784. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 9,784. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |        |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> NO  | <b>27</b>  |        |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |        |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |        |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |        |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |        |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |        |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 9,784. |

|                                      |            |  |            |        |
|--------------------------------------|------------|--|------------|--------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                 | <b>34</b>  | 9,784. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>      | <b>35a</b> | 9,784. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 0610000052 <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 334069864247  |            |        |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>   | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

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

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

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

|   |  |                                       |   |
|---|--|---------------------------------------|---|
| Your signature  | Date                                     | Your occupation<br>MANAGEMENT ANALYST | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                     | Spouse's occupation<br>HOME MAKER     | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (325) 701-0576                                      | Email address MAHESWARIPATRO.G@GMAIL.COM |                                       |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>01/19/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN<br>84-3171965                            |

**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](http://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  
MAHESWARI GANDEM & SUMAN PEDDI

Your social security number  
881-60-6328

**Part I Additional Income**

|           |   |               |           |         |
|-----------|---|---------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -7,625. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |         |
| <b>8</b>  | Other income:   |               |           |         |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |         |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |         |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |         |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |         |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |         |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |         |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |         |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |         |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |         |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |         |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |         |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |         |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |         |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |         |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |         |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |         |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b>     |           |         |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |         |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |         |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |         |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |         |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -7,625. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |  |

**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](http://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  
MAHESWARI GANDEM & SUMAN PEDDI

Your social security number  
881-60-6328

**Part I Nonrefundable Credits**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .  | <b>1</b>  |        |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | <b>2</b>  |        |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .   | <b>3</b>  |        |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | <b>4</b>  |        |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .   | <b>5a</b> |        |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | <b>5b</b> |        |
| <b>6</b>  | Other nonrefundable credits:  |           |        |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .   | <b>6a</b> |        |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .   | <b>6b</b> |        |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .   | <b>6c</b> |        |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .   | <b>6d</b> |        |
| <b>e</b>  | Reserved for future use . . . . .   | <b>6e</b> |        |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .  | <b>6f</b> | 7,261. |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .  | <b>6g</b> |        |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |        |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .   | <b>6i</b> |        |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |        |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .   | <b>6k</b> |        |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .  | <b>6l</b> |        |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |        |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____<br>_____   | <b>6z</b> |        |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | <b>7</b>  | 7,261. |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 7,261. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |           |  |
|-----------|--|------------|-----------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   |            | <b>9</b>  |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        |            | <b>10</b> |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      |            | <b>11</b> |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  |            | <b>12</b> |  |
| <b>13</b> | Other payments or refundable credits:  |            |           |  |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |           |  |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |           |  |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |           |  |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |           |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount:<br><br>_____                           | <b>13z</b> |           |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    |            | <b>14</b> |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . |            | <b>15</b> |  |

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **07**

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

MAHESWARI GANDEM & SUMAN PEDDI

Your social security number

881-60-6328

| <b>Medical and Dental Expenses</b>   | <b>Caution:</b> Do not include expenses reimbursed or paid by others.   |           |          |           |           |
|--|---|-----------|----------|-----------|-----------|
|  | <b>1</b> Medical and dental expenses (see instructions)   |           | <b>1</b> |           |           |
|  | <b>2</b> Enter amount from Form 1040 or 1040-SR, line 11  | <b>2</b>  |          |           |           |
|  | <b>3</b> Multiply line 2 by 7.5% (0.075)  |           | <b>3</b> |           |           |
| <b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- |   |           |          | <b>4</b>  |           |
| <b>Taxes You Paid</b>  | <b>5</b> State and local taxes.   |           |          |           |           |
|  | <b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | <b>5a</b> | 5,107.   |           |           |
|  | <b>b</b> State and local real estate taxes (see instructions)   | <b>5b</b> | 4,364.   |           |           |
|  | <b>c</b> State and local personal property taxes  | <b>5c</b> |          |           |           |
|  | <b>d</b> Add lines 5a through 5c  | <b>5d</b> | 9,471.   |           |           |
|  | <b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)  | <b>5e</b> | 9,471.   |           |           |
|  | <b>6</b> Other taxes. List type and amount: _____   | <b>6</b>  |          |           |           |
| <b>7</b> Add lines 5e and 6  |   |           |          | <b>7</b>  | 9,471.    |
| <b>Interest You Paid</b>   | <b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>   |           |          |           |           |
|  | <b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited  | <b>8a</b> | 18,707.  |           |           |
|  | <b>b</b> Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____                            | <b>8b</b> |          |           |           |
|  | <b>c</b> Points not reported to you on Form 1098. See instructions for special rules  | <b>8c</b> |          |           |           |
|  | <b>d</b> Reserved for future use  | <b>8d</b> |          |           |           |
|  | <b>e</b> Add lines 8a through 8c  | <b>8e</b> | 18,707.  |           |           |
| <b>9</b> Investment interest. Attach Form 4952 if required. See instructions   | <b>9</b>  |           |          |           |           |
| <b>10</b> Add lines 8e and 9   |   |           |          | <b>10</b> | 18,707.   |
| <b>Gifts to Charity</b>  | <b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions   | <b>11</b> |          |           |           |
|  | <b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500  | <b>12</b> |          |           |           |
|  | <b>13</b> Carryover from prior year   | <b>13</b> |          |           |           |
|  | <b>14</b> Add lines 11 through 13   |           |          |           | <b>14</b> |
| <b>Casualty and Theft Losses</b>   | <b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions  |           |          |           | <b>15</b> |
| <b>Other Itemized Deductions</b>   | <b>16</b> Other—from list in instructions. List type and amount: _____  |           |          |           | <b>16</b> |
| <b>Total Itemized Deductions</b>   | <b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12  |           |          | <b>17</b> | 28,178.   |
|  | <b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>  |           |          |           |           |