Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

RARCHEL AMBATI Social security number 161-73-453 161-73	Submis	ssion Identification Number (SID)		·			
Spouse's name Spouse's post assecting number DERPTHI MARBEDU Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Taxpaye	r's name	Social secur	ity numb	per		
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole Gollars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 4 4 5 1, 13. 4 Amount you want refunded to you 5 Amount you own trefunded to you 6 Amount you own trefunded to you 7 Amount you own trefunded to you 7 Amount you own trefunded to you 8 Amount you own trefunded to you 8 Amount you own trefunded to you 9 Amount you own trefunded to you 9 Amount you own trefunded to you 10 Additionable sheet, is its ruc, correct, and complete. I surfave detaces that the amounts in Part I show one was the samotimes from the income tax 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 (b) the date of any 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 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 of a payment of estimated tax, and the financial institution account indicated in the tax preparated is estimated the control of the payment of the p	MARU	THI AMBATI	674-32	-279	0		
Part II 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	Spouse's	name	Spouse's so	cial secu	urity numb	oer	
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	DEEF	THI MAREEDU	161-73	-453	5		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 57,775. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 45, 113. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Fath II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perluy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, a to the best of refund you want refunded to you return) 1 Under penalties of perluy, I declare that I have examined a copy of 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 receiptor or resor for rejection of the resort to the St. (a) an acknowledgement of receiptor or resort indicated in the resort indicated in the resort indicated in the resort in the IRS (a) an acknowledgement or receiptor resort indicated in the respectation is to remain in full force and effect until I notify the U.S. Trassury Financial Agent to I return requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions account in 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 the payment. The payment acceleration 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 the payment. The 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 electr	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	are au	thorizin	g.)	
Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution to debit institution and surprised Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution is debit and the present institution account information necessary to answer inquiries and resolve issues related to the payment. If further acknowledge that the representation represents the surprised that the processing of the electronic 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 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) is an amount afform the income tax return (original or amended) is an amount afform the income tax return (original or amended) is an amount afform the income tax return (original or amended) is an amount afformation of the transmission, (b) the 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 into institution and the entry to the account. This authorized in the tax preparation software for the submissed 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 on the income tax return (original or amended	Enter v	hole dollars only on lines 1 through 5.					
2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 45,113 . 4 Amount you want refunded to you . 4 5 Amount you want refunded to you . 5 4 ,362 . 5 Amount you want refunded to you . 5 5 4 ,362 . 5 Amount you want refunded to you . 5 5 4 ,362 . 5 Amount you want refunded to you . 5 5 4 ,362 . 5 Amount you want refunded to you . 5 6 4 ,362 . 5 Amount you want refunded to you . 5 6 4 ,362 . 5 Amount you want refunded to you . 5 6 4 ,362 . 5 Amount you want refunded to you . 5 6 4 ,362 . 5 4 ,362 . 5 4 ,362 . 5 4 ,362 . 5 4 ,362 . 5 4 ,362 . 5 6	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
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Amount you want refunded to you 5 Amount you owe 6 Ay 362. Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 from 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 from the income tax return (original or amended) I am now authorizing, and to the best of my refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to intain an ACH electronic funds withorized light only to the financial institution account indication in the tax preparation software for any delay in processing the return or refund, and (g) the date of any refund. If applicable, I authorize the U.S. Treasury financial institution account indication software for any delay in processing the return or refund, and (g) the date of any refund. If applicable, I authorize the U.S. Treasury financial institutions account indication software from 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 to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must be received to the payment of the electr	2	Total tax		2	5	7,7	76.
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Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I cleate that I have examined a copy of the income tax return (original or amendad) I am now authorizing, and to the best of your knowledge and belief, it is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the income tax return (original or personal personal) in the IT is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the income tax return (original or personal per	4	Amount you want refunded to you		4			
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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 original or amended 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 truds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes own of 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 1 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 to terminate the authorization. To revoke (cancel) a submirate of the payment of the payment of the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a cancel to the submiration of the payment of the transmission of the payment of the tax preparation of the transmission of the payment of the payment of the transmission of the payment of the pay	Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our ret	turn)	
I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date	return (or to send for any Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payor industriation number (PIN) below is my signature for the income tax return (original or amended) I and	tter, or electriction of the 1 S. Treasury a cated in the 1 In to debit the the authorizests must be processing of ayment. I fur	onic reformation on the care prepared and its care prepared and it	turn originates on, (b) designate paration so this acrowled no late through the control of the c	nator of the red Final software count e (can payme ge that	(ERO) eason ancial are for t. This acel) a han 2 ent of at the
I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date	Taxpa	ver's PIN: check one box only					
ERO firm name signature on the income tax return (original or amended) I am now authorizing. □ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ □ Date ▶ Spouse's PIN: check one box only □ I authorize GLOBAL TAXES LLC to enter or generate my PIN		•	nv PIN 🗀			⊐ as	s mv
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 ▶		ERO firm name	ř Er			t	,
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC Ito enter or generate my PIN Italy Italy		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
Spouse's signature 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	Your si	gnature ▶ Date ▶					
Spouse's signature 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	Cmarra	ala DINI, ahaak aya hay aylu					
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. 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 ▶	· —	I authorize GLOBAL TAXES LLC to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method.	Er do ow authoriz	nter five on't ente ing. Ch	digits, bur r all zeros	t s s box	only
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. 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 ▶	Spouse	e's signature ▶ Date ▶					
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	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this ret	urn in a	accordan	ce wit	
	FDO:-	cionatura N					
	ENU S	ERO Must Retain This Form — See Instructions					

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		ırn 2	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	·Do not w	rite or sta	ple in this :	space.
For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		See sep	oarate i	nstructio	ons.
Your first name	and m	iddle initial	Last nam	ne						,	Your so	cial sec	urity nun	nber
MARUTHI			AMBAT	ΓI							674	32	2790	
	pouse's	s first name and middle initial	Last nam										security	
DEEPTHI			MAREE	EDU							161	73	4535	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.				A	Apt. no.				ction Ca	
16545 MI	LWA	UKEE ST											ou, or yo	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces belov	v.	Sta	te	ZIP c	ode		•	0,	jointly, w nd. Chec	
JUSTIN						ТХ		762	47		•		not chan	•
Foreign country	/ name		Fo	oreign prov	vince/state/o	count	у	Foreig	ın postal c	ode	your tax	or refu		Spouse
Filing Status	; [Single					Head of he	ouseh	old (HOF	 H)				
Check only	X	Married filing jointly (even if only or	ne had in	icome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	If y	you checked the MFS box, enter the	name of	your spo	use. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's nar	ne if the	9
	qu	alifying person is a child but not you	ır depend	dent:										
Digital	At a	ny time during 2023, did you: (a) rece	eive (as a	reward.	award. or	pavn	nent for prope	rtv or	services'): or (l	b) sell.			
Assets		nange, or otherwise dispose of a digi										☐ Ye	s X	No
Standard		neone can claim: You as a de					a dependent	, ,						
Deduction		Spouse itemizes on a separate retur												
A are /Dlindness		. Nors have before lenvery 2.1	050] Ara blin	d C==		. Nachar	n bofe	ava lanuu	am / O	1050		blind	
	_	: Were born before January 2, 1	939	Are blin	•	use		14					blind	uotiono):
Dependents		instructions): irst name Last name			cial security umber		(3) Relationsh to you	ip (4	Check to Child t				r other der	
If more than four	(1)	Last Harrie			umber		to you	-]			Orodit 10		
dependents,									L	_			\dashv	
see instructions	s —									_			\dashv	
and check here									[一	
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruction	ons)						1a		449,5	567.
	b	Household employee wages not re	•		,						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) \	W-2 (see ir	ารtru	ctions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forn	n 2441, liı	ne 26 .						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	39, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruction	ions) .				, .	, .			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions) .			<u>1</u> i							
	Z	Add lines 1a through 1h									1z	1	449,5	
Attach Sch. B	2 a	Tax-exempt interest	2a		20		axable interest				2b	1		3.
if required.	<u>3a</u>	Qualified dividends	3a	4			rdinary divide				3b	4		501.
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t			6b	-		
separately,	C	If you elect to use the lump-sum e		•		•	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched		•	•					. L	7	+	124 (79.
jointly or Qualifying	8	Additional income from Schedule	-								8	+-	134,2	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9	+	315,8	500.
Head of	10	Adjustments to income from Sche									10	+	215 '	066
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11	+	315,8	
If you checked	12	Standard deduction or itemized		•		,	 5 A				12	+	<u> </u>	700.
any box under Standard	13	Qualified business income deducti Add lines 12 and 13									13	+	27 '	700
Deduction, see instructions.	14 15	Add lines 12 and 13									14	+	288	700. 166

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	55,915.
Credits	17	Amount from Schedule 2, lir	ne 3				-	. 17	
	18	Add lines 16 and 17						. 18	55,915.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lir	ne 8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	55,915.
	23	Other taxes, including self-e							1,861.
	24	Add lines 22 and 23. This is	your total tax					. 24	57,776.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a	45,1	13.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c		0.	
	d	Add lines 25a through 25c						. 25d	45,113.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir	ne 15			31	8,3	01.	
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credi			8,301.
	33	Add lines 25d, 26, and 32. T	•	-	-			. 33	53,414.
Refund	34	If line 33 is more than line 24							
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							
Direct deposit?	b	Routing number X X X			c Type:		Savi		
See instructions.	d	Account number X X X						3	
	36	Amount of line 34 you want				<u> </u>			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe.					1
You Owe		For details on how to pay, g						. 37	4,362.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				? See			
Designee	ins	structions				🗌 Yes	. Comp	lete below.	⋈ No
		signee's						identification	
		me		no.			umber (l		-fl
Sign		der penalties of perjury, I declare to ief, they are true, correct, and com							, ,
Here		ur signature	,	Date	Your occupation				ent vou an Identity
	10	ui signature		Date	Tour occupation				PIN, enter it here
Joint return?					SOFTWARE	ENGINEER		(see inst.)	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	tion			ent your spouse an
Keep a copy for your records.	·							Identity Prot (see inst.)	tection PIN, enter it here
,		/550)061 045	•		SOFTWARE			(300 11131.)	
		one no. (770)861-917		Email address	MARUTHI.A			N	Chook if:
Paid		eparer's name	Preparer's signat		7.D 01	Date	PT		Check if:
Preparer		<u> </u>					2082703	Self-employed	
Use Only								(678)965-9522	
- ,	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm						Firm's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR MARUTHI AMBATI & DEEPTHI MAREEDU

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

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

	Sequence No. 01
Your soc	ial security number
674-32	-2790

Par	t I Additional Income							
1	Taxable refunds, credits, or offsets of state and local income taxes		1					
2a	Alimony received		2a					
b	b Date of original divorce or separation agreement (see instructions):							
3	Business income or (loss). Attach Schedule C		3					
4	Other gains or (losses). Attach Form 4797		4					
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-134,884.				
6	Farm income or (loss). Attach Schedule F		6					
7	Unemployment compensation		7					
8	Other income:							
а	Net operating loss	8a (
b	Gambling	8b						
С	Cancellation of debt	8c						
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e						
f	Income from Form 8889	8f						
g	Alaska Permanent Fund dividends	8g						
h	Jury duty pay	8h						
i	Prizes and awards	8i						
j	Activity not engaged in for profit income	8j						
k	Stock options	8k						
ı	Income from the rental of personal property if you engaged in the rental							
	for profit but were not in the business of renting such property	81						
m	Olympic and Paralympic medals and USOC prize money (see							
	instructions)	8m						
n	Section 951(a) inclusion (see instructions)	8n						
0	Section 951A(a) inclusion (see instructions)	80						
р	Section 461(I) excess business loss adjustment	8p						
q	Taxable distributions from an ABLE account (see instructions)	8q						
r	Scholarship and fellowship grants not reported on Form W-2	8r						
S	Nontaxable amount of Medicaid waiver payments included on Form							
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or							
	a nongovernmental section 457 plan	8t						
u	Wages earned while incarcerated	8u						
Z	Other income. List type and amount:							
	Other Income from box 3 of 1099-Misc 600.	8z 600.						
9	Total other income. Add lines 8a through 8z		9	600.				
10	Combine lines 1 through 7 and 9. This is your additional income . Enter							
	1040. 1040-SR. or 1040-NR. line 8		10	-134,284.				

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

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 MARUTHI AMBATI & DEEPTHI MAREEDU

Your social security number 674-32-2790

Pa	tl 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	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
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	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	1,839.
12	Net investment income tax. Attach Form 8960	12	22.
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	
	(co	ontini	ied on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

17	Other additional taxes:			
а	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		
С	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		
е	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		
I	Tax on accumulation distribution of trusts	171		
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		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
р	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 taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	es. Enter here and	21	1,861.

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 MARUTHI AMBATI & DEEPTHI MAREEDU

Your social security number 674-32-2790

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		. 1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	ch . 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:			1
а	General business credit. Attach Form 3800	6a		1
b	Credit for prior year minimum tax. Attach Form 8801	6b		1
С	Adoption credit. Attach Form 8839	6c		1
d	Credit for the elderly or disabled. Attach Schedule R	6d		1
е	Reserved for future use	6e		1
f	Clean vehicle credit. Attach Form 8936	6f		1
g	Mortgage interest credit. Attach Form 8396	6g		1
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		1
i	Qualified electric vehicle credit. Attach Form 8834	6i		1
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		1
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		1
ı	Amount on Form 8978, line 14. See instructions	6I		1
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		1
z	Other nonrefundable credits. List type and amount:			1
		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 10	040, 1040-SR,		
	1040-NR, line 20		. 8	
			(contin	nued on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	t II Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962		9		
10	Amount paid with request for extension to file (see instructions)		10		
11	Excess social security and tier 1 RRTA tax withheld			11	8,301.
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 104 line 31	-	-	15	8,301.

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

MARUTHI AMBATI & DEEPTHI MAREEDU

Name(s) shown on return

Your social security number 674-32-2790

	ou dispose of any investment(s) in a qualified opportunity area." attach Form 8949 and see its instructions for additiona	•	•			
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,469.	1,396.		6.	79.
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 (lo	oss) from Forms 4	1684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and tr		5	
6	Short-term capital loss carryover. Enter the amount, if an	y, from line 8 of y		-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	ımn (h). If you hav		7	79.
Pai	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	Held More Than	One Year	(see	instructions)
	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmento gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			ain or (loss)	11	
12	Net long-term gain or (loss) from partnerships, S corporati			dule(s) K-1	12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		•	-	14	
	Worksheet in the instructions				14	<u> </u>

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 79. • 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 • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074 Attachment

Sequence No. 12A

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

MARUTHI AMBATI & DEEPTHI MAREEDU

Social security number or taxpayer identification number

674-32-2790

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

	(B) Short-term transactions (C) Short-term transactions			_	sis wasn't report	ed to the IF	RS	
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	f any, to gain or loss amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss) Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Example: 100 sh XVZ Co.) (Mo. day vr.) disposed of	disposed of (Mo., day, yr.)		and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
ROBI	NHOOD SECURITIES LLC	01/01/23	12/31/23	1,469.	1,396.	EW	6.	79.
ne Sc	otals. Add the amounts in column gative amounts). Enter each tota chedule D, line 1b (if Box A above ove is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your ne 2 (if Box B	1,469.	1,396.		6.	79.

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

	,		
Name(s) shown on ref	turn. Do not enter name and social security number if shown	n on other side.	Your social security number
MADITUIT AND	NAME & DEEDMIT MADEEDII		674 22 2700

arric(s)	3110WIT OIT TELUITI. DO HOL EILLEI HAITIE ALI	u sociai secu	inty number	II SHOWI	i on onici	side.				1 0ui 300	Jiai Securit	y mumb	CI	
MARU	ARUTHI AMBATI & DEEPTHI MAREEDU 67						674-	32-279	0					
autio	on: The IRS compares amounts	reported	on your ta	x retu	rn with a	amount	s show	n or	n Schedule(s) K-	1.				
Part		Partner ceive a dist	ships an tribution, di ach the req	d S C spose juired b	Corpora of stock, pasis com	ations or receinputation	ve a loa	ın rep	payment from an Sort a loss from an a	corporat-risk a				
27	Are you reporting any loss not passive activity (if that loss was see instructions before complete.)	as not rep	orted on	Form	8582), c	or unrei	mburse	ed pa	artnership expe	nses? I	f you an:		d "Ye	s,"
28	(a) Name	anig tilis s	SECTION .	(b) E	nter P for nership; S		neck if		(d) Employer	(e)	Check if computation	(f) (Check i	f
Α	SIYAMA TECH INC				orporation				antification number 3-2505211		required		t at risk	
В	SIYAMA TECH INC				S	1 7	i		3-2505211		Ħ		ĦТ	_
С						1 7	i				$\overline{\sqcap}$	_	$\overline{\sqcap}$	_
D						1 7	i				$\overline{\sqcap}$	_	$\overline{\sqcap}$	_
	Passive Income	and Los	s				N	onpa	assive Income	and Lo	 ss			
	(g) Passive loss allowed	, ,	ssive income			assive los	ss allowe	<u> </u>	(j) Section 179 ex	pense	(k) Non	passive		— Э
	(attach Form 8582 if required)	from S	Schedule K-	1	(see	Schedul			deduction from For	m 4562	from	Schedu	le K-1	
_ <u>A</u> _							7,442	-						
В						6	7,442	2.			+			
С											+			
D	T										_			
29a	Totals						4 004				_			
b	Totals	00-				13	4,884			20				
30	Add columns (h) and (k) of line							•		. 30	/	124	004	_
31 32	Add columns (g), (i), and (j) of I Total partnership and S corp			 (looo)	 Combi	no linos		പാപ		31		134,		
o∠ Part					. Combi	ne imes	5 50 an	u S I		. 32		-134,	884	<u>. </u>
33		LStates									(b) Er	nployer		_
<u> </u>			(a) N	Name							identificat		ber	
Α														
В														
		Income a							Nonpassive In	come				
	(c) Passive deduction or loss allo (attach Form 8582 if required		٠,		income		,		duction or loss Schedule K-1		(f) Other in	ncome f lule K-1		
Α	(attaon Form 5552 in require	-/												_
В														_
 34a	Totals													_
b	Totals													
35	Add columns (d) and (f) of line	34a .								. 35	T			_
36	Add columns (c) and (e) of line									. 36	()
37	Total estate and trust incom		. Combin	e lines	35 and	36				. 37				
Part	IV Income or Loss From	Real Es	tate Moi	rtgag	e Inves	stment	Conc	luits	s (REMICs) — F	Residu	al Hold	er		
38	(a) Name		(b) l	Employe	er	(c) Exces	s inclusion				(e)	ncome	from	
	(a) Hame		identific	ation nu	umber		instructio		Schedules Q,		Sched	lules Q,	line 3b	
39	Combine columns (d) and (e) of	nly. Enter	the result	here	and incl	ude in t	he tota	ıl on	line 41 below	. 39				
Part	V Summary													
40	Net farm rental income or (loss	s) from Fo i	rm 4835. <i>i</i>	Also, d	complete	e line 4	2 belov	٧.		. 40				
41	Total income or (loss). Combine lines 26, 32, 33 1 (Form 1040), line 5			39, an 	9, and 40. Enter the result here and on Schedule				e . 41		-134	,884		
42				5, line 1120-	7; Sched S), box 1	dule K- 17, code	1							
43	Reconciliation for real estate professional (see instructions reported anywhere on Form from all rental real estate activities).	s), enter 1 1040, For	the net in m 1040-S	ncome R, or	e or (lo Form 1	ss) yo 040-NF	u R							

43

Investment Interest Expense Deduction

Attachment

Identifying number

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

Attach to your tax return. Go to www.irs.gov/Form4952 for the latest information.

OMB No. 1545-0191

MARUTHI AMBATI & DEEPTHI MAREEDU 674-32-2790 Part I **Total Investment Interest Expense** 1 Investment interest expense paid or accrued in 2023 (see instructions) 1 410. Disallowed investment interest expense from 2022 Form 4952, line 7 2 2 1,707. 3 **Total investment interest expense.** Add lines 1 and 2 3 2,117. Part II **Net Investment Income** Gross income from property held for investment (excluding any net gain from 504. 4a 4b 498. 4c 6. Net gain from the disposition of property held for investment 4d 79. Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions 4e 4f 79. Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions 4g 4h 85. 5 5 6 **Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0- 6 85. Part III **Investment Interest Expense Deduction** Disallowed investment interest expense to be carried forward to 2024. Subtract line 6 from line 7 2,032. **Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions 8 85. BAA REV 03/07/24 PRO

8959 Form

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Name(s) shown on return

MARUTHI AMBATI & DEEPTHI MAREEDU

Your social security number
674-32-2790

Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	454,280.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	454,280.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	204,280.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).		•		
	<u>Part II</u>			7	1,839.
Part	Additional Medicare Tax on Self-Employment Income				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11			
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0	,			
Part	go to Part III			13	
	,	COI	iipeiisatioii		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:	14			
13	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply lin				
17	Enter here and go to Part IV			17	
Part	V Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), li	ne 11	(Form 1040-SS		
	filers, see instructions), and go to Part V			18	1,839.
Part					,
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	6,587.		
20	Enter the amount from line 1	20	454,280.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	6,587.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Add	itiona	l Medicare Tax		
	withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation	n from	Form W-2, box		
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c	(Form	1040-SS filers,	24	
	see instructions)				^

Net Investment Income Tax— **Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No. 1545-2227 Attachment Sequence No. **72**

Your social security number or EIN

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Go to www.irs.gov/Form8960 for instructions and the latest information.

MARU	JTHI AMBATI & DEEPTHI MAREEDU		674-32-	2790		
Part	Investment Income ☐ Section 6013(g) election (see instructions)			_		
	☐ Section 6013(h) election (see instructions)					
	☐ Regulations section 1.1411-10(g) election (see in	structions)				
1	Taxable interest (see instructions)		1	3.		
2	Ordinary dividends (see instructions)			501.		
3	Annuities (see instructions)			3021		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or					
ти	businesses, etc. (see instructions)	4a -134,	884.			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b 134,8				
С	Combine lines 4a and 4b		4c	0.		
5a	Net gain or loss from disposition of property (see instructions)	5a	79.			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	Net gain or loss from disposition of property that is not subject to net nvestment income tax (see instructions)				
С	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c				
d	Combine lines 5a through 5c		5d	79.		
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6			
7	Other modifications to investment income (see instructions)		7			
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	583.		
Part			•			
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)	9b				
С	, ,	9c				
d	Add lines 9a, 9b, and 9c		9d			
10	Additional modifications (see instructions)					
11	Total deductions and modifications. Add lines 9d and 10					
	Tax Computation			I		
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, of	complete lines 13	2_17			
12	Estates and trusts, complete lines 18a–21. If zero or less, enter -0			583.		
	Individuals:			303.		
13	Modified adjusted gross income (see instructions)	13 315,	066			
14	· · · · · · · · · · · · · · · · · · ·					
	Threshold based on filing status (see instructions)					
15	Subtract line 14 from line 13. If zero or less, enter -0	,	866.	F03		
16	Enter the smaller of line 12 or line 15		—	583.		
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Ent			0.0		
	on your tax return (see instructions)		17	22.		
	Estates and Trusts:	1				
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b				
С	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b				
С	Subtract line 19b from line 19a. If zero or less, enter -0	19c				
20	Enter the smaller of line 18c or line 19c		20			
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.0	38). Enter here	and			
	include on your tax return (see instructions)					