

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 CHANDRAKANTH R Last name DAREDDY Your social security number 773 81 4408

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 9344 S ORCHARD PARK CIR Apt. no. 3A Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. OAK CREEK WI ZIP code 53154 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 section table with rows 1a through 1z and 2a through 2z, including amounts like 94,778 and 0.

Table with columns 2a through 6a and 2b through 6b, including rows 7 through 15 with amounts like 28, -10,050, 84,756, 13,850, 13,850, 70,906.

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

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes amount overpaid, amount refunded to you, routing number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

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

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and phone/EIN.

**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  
CHANDRAKANTH R DAREDDY

Your social security number  
773-81-4408

**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>	-10,050.
<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>	-10,050.

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 D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **12**

Name(s) shown on return

CHANDRAKANTH R DAREDDY

Your social security number

773-81-4408

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	2,880.	2,524.		356.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 356.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	1,072.	1,400.		-328.
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> -328.

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

Schedule D (Form 1040) 2023

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	28.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

CHANDRAKANTH R DAREDDY

773-81-4408

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

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

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

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

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss)</b> Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	COIN BASE	01/01/23	12/31/23	2,880.	2,524.			356.
<b>FORM NOT FINAL</b>								
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).								
				2,880.	2,524.			356.

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





**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

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

Name(s) shown on return

CHANDRAKANTH R DAREDDY

Your social security number

773-81-4408

**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** 2-1-31/G1, P NO 7, RD NO 2 NAGOLE, HYDERABAD TELANGANA IN 500068

**B**  
**C**

1b Type of Property (from list below)	2 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
		A	B	C	
<b>A</b> 3		365		0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:		
	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b> 750.		
<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> 1,940.		
<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> 1,770.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>		
<b>13</b> Other interest . . . . .	<b>13</b>		
<b>14</b> Repairs . . . . .	<b>14</b> 2,910.		
<b>15</b> Supplies . . . . .	<b>15</b> 2,390.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 1,790.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 10,800.		
<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> -10,050.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 10,050. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 750.		
<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>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 10,800.		
<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> ( 10,050. )		
<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> -10,050.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-10,050.

Schedule E (Form 1040) 2023

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
773-81-4408

CHANDRAKANTH R DAREDDY

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

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

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

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

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

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

<b>18</b>	Last-month rule . . . . .	18
<b>19</b>	Qualified HSA funding distribution . . . . .	19
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .	20
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . .	21

For the year Jan. 1-Dec. 31, 2023, or other tax year

beginning \_\_\_\_\_, 2023 ending \_\_\_\_\_, 20\_\_\_\_.

**Note**

Check here if an amended return

DO NOT STAPLE

See page 5 before assembling return

Your legal last name <b>DAREDDY</b>	Legal first name <b>CHANDRAKANTH</b>	M.I. <b>R</b>	Your social security number <b>773814408</b>			
If a joint return, spouse's legal last name	Spouse's legal first name	M.I.	Spouse's social security number			
Home address (number and street). If you have a PO Box, see page 12. <b>9344 S ORCHARD PARK CIR</b>		Apt. no. <b>3A</b>	<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2023.  <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town  City, village, or town <b>▶ OAK CREEK</b>  <b>County of ▶ MILWAUKEE</b>  <b>School district number</b> See page 45 <b>3619</b>			
City or post office <b>OAK CREEK</b>	State <b>WI</b>	Zip code <b>53154</b>				
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/> <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td>Legal last name</td></tr> <tr><td>Legal first name</td></tr> <tr><td>M.I.</td></tr> </table>			Legal last name	Legal first name	M.I.	<b>Special conditions</b> <input type="checkbox"/>  <input type="checkbox"/> Form 804 filed with return (see page 10)
Legal last name						
Legal first name						
M.I.						
<input type="checkbox"/> Head of household, NOT married (see page 13). <input type="checkbox"/> Head of household, married (see page 13). If married, fill in spouse's SSN above and full name here <input type="checkbox"/>						

**Use BLACK Ink**   ●   **Print numbers like this → 0 1 2 3 4 5 6 7 8 9**   **Not like this → 0147**   ●   **NO COMMAS; NO CENTS**

1 Federal adjusted gross income from Form 1040, line 11 .....	1	94806.00
2 Adjustments to federal adjusted gross income from <i>Schedule I</i> , line 3 (see page 13) .....	2	0.00
3 Add lines 1 and 2. This is your federal adjusted gross income for Wisconsin purposes .....	3	94806.00
Form W-2 wages included in line 3 .....		▶ 94778.00
4 Total additions to income from Schedule AD, line 33. <b>Include Schedule AD</b> (see page 14) .	4	.00
5 Add lines 3 and 4 .....	5	94806.00
6 Total subtractions from income from Schedule SB, line 50. <b>Include Schedule SB</b> (see page 14) Enter as a positive number .....	6	.00
7 Subtract line 6 from line 5. This is your Wisconsin income. ....	7	94806.00
8 Standard deduction. See table on page 35, <b>OR</b> ▼ If someone else can claim you (or your spouse) as a dependent, see page 15 and check here <input type="checkbox"/>	8	3598.00
9 Subtract line 8 from line 7. If line 8 is larger than line 7, fill in 0 .....	9	91208.00
<b>10 Exemptions (Caution: See page 15)</b>		
a Fill in exemptions allowed ..... <u>1</u> x \$700 ..	<b>10a</b>	700.00
b Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$250 ..	<b>10b</b>	.00
c Add lines 10a and 10b .....	<b>10c</b>	700.00

PAPER CLIP payment here



**NO COMMAS; NO CENTS**

<b>11</b>	Subtract line 10c from line 9. If line 10c is larger than line 9, fill in 0. This is taxable income . . .	<b>11</b>	<u>90508.00</u>
<b>12</b>	Tax (see table on page 38) . . . . .	<b>12</b>	<u>4426.00</u>
<b>13</b>	Itemized deduction credit. Include Schedule 1, page 4 . . . . .	<b>13</b>	<u>.00</u>
<b>14</b>	Additional child and dependent care tax credit (see page 17)		
	Federal credit from Form 2441 . . . . . $\blacktriangleright$ <u>.00</u> x 50% =	<b>14</b>	<u>.00</u>
<b>15</b>	School property tax credit		
<b>a</b>	Rent paid in 2023 – heat included <u>.00</u>	} Find credit from table page 19 .	<b>15a</b> <u>290.00</u>
	Rent paid in 2023 – heat not included <u>9600.00</u>		
<b>b</b>	Property taxes paid on home in 2023 <u>.00</u>	Find credit from table page 20 .	<b>15b</b> <u>.00</u>
<b>16</b>	Working families tax credit (see page 20) . . . . .	<b>16</b>	<u>.00</u>
<b>17</b>	Married couple credit. Include Schedule 2, page 4 . . . . .	<b>17</b>	<u>.00</u>
<b>18</b>	Nonrefundable credits from line 34 of Schedule CR . . . . .	<b>18</b>	<u>.00</u>
<b>19</b>	Net income tax paid to another state. Include Schedule OS . . . . . <input type="checkbox"/>	<b>19</b>	<u>.00</u>
<b>20</b>	Add lines 13 through 19 . . . . .	<b>20</b>	<u>290.00</u>
<b>21</b>	Subtract line 20 from line 12. If line 20 is larger than line 12, fill in 0. This is your net tax . . . . .	<b>21</b>	<u>4136.00</u>
<b>22</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 23) <b>22</b> <u>.00</u> If you certify that no sales or use tax is due, check here $\blacktriangleright$ <input checked="" type="checkbox"/>		
<b>23</b>	Donations (decreases refund or increases amount owed)		
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b>	Military family relief . . . . . <u>.00</u>
<b>b</b>	Cancer research . . . . . <u>.00</u>	<b>f</b>	Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund . . . . . <u>.00</u>	<b>g</b>	Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis . . . . . <u>.00</u>	<b>h</b>	Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h) . . . $\blacktriangleright$	<b>23i</b>	<u>.00</u>
<b>24</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 25) . . . <u>.00</u> x .33 =	<b>24</b>	<u>.00</u>
<b>25</b>	Other penalties (see page 25) . . . . .	<b>25</b>	<u>.00</u>
<b>26</b>	Add lines 21, 22, 23i, 24, and 25 . . . . .	<b>26</b>	<u>4136.00</u>
<b>27</b>	Wisconsin tax withheld. Include withholding statements . . . . .	<b>27</b>	<u>4694.00</u>
<b>28</b>	2023 estimated tax payments and amount applied from 2022 return. . .	<b>28</b>	<u>.00</u>
<b>29</b>	Earned income credit. Number of qualifying children $\blacktriangleright$ <u>    </u> Federal credit. . . . . <u>.00</u> x <u>    </u> % = . . . . .	<b>29</b>	<u>.00</u>
<b>30</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17. . . . .	<b>30a</b>	<u>.00</u>
	<b>b</b> Schedule FC-A, line 13 . . . . .	<b>30b</b>	<u>.00</u>
<b>31</b>	Repayment credit (see page 27) . . . . .	<b>31</b>	<u>.00</u>



Name(s) shown on Form 1 <b>CHANDRAKANTH R DAREDDY</b>	Your social security number <b>773814408</b>
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		<b>NO COMMAS; NO CENTS</b>	
<b>32</b>	Homestead credit. Include Schedule H or H-EZ . . . . .	<b>32</b>	.00
<b>33</b>	Eligible veterans and surviving spouses property tax credit . . . . .	<b>33</b>	.00
<b>34</b>	Refundable credits from Schedule CR, line 40. Include Schedule CR . . . . .	<b>34</b>	.00
<b>35</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 31) . . . . .	<b>35</b>	.00
<b>36</b>	Add lines 27 through 35 . . . . .	<b>36</b>	4694.00
<b>37</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 31) . . . . .	<b>37</b>	.00
<b>38</b>	Subtract line 37 from line 36 . . . . .	<b>38</b>	4694.00
<b>39</b>	If line 38 is larger than line 26, subtract line 26 from line 38. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>39</b>	558.00
<b>40</b>	Amount of line 39 you want <b>REFUNDED TO YOU</b> . . . . .	<b>40</b>	558.00
<b>41</b>	Amount of line 39 you want <b>APPLIED TO YOUR 2024 ESTIMATED TAX</b> . . . . .	<b>41</b>	0.00
<b>42</b>	If line 38 is smaller than line 26, subtract line 38 from line 26. This is the <b>AMOUNT YOU UNDERPAID</b> . . . . .	<b>42</b>	.00
<b>43</b>	Underpayment interest. Fill in exception code-See Sch. U _____ . . . . .	<b>43</b>	.00
<b>44</b>	Add lines 42 and 43. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	<b>44</b>	.00
<b>45</b>	Interest (see page 34) . . . . .	<b>45</b>	.00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 34)?  **Yes** Complete the following.  **No**

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

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**Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

**Sign here**  
 ▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
		5513580866	_____
Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime Phone	Wisconsin Identity Protection PIN (7 characters)
			_____

I-010ai **Caution:** Only enter a Wisconsin Identity Protection PIN if you received one from the department (see page 34).

Mail your return to: Wisconsin Department of Revenue  
 If tax due.....PO Box 268, Madison WI 53790-0001  
 If refund or no tax due.....PO Box 59, Madison WI 53785-0001  
 If homestead credit claimed.....PO Box 34, Madison WI 53786-0001

**Do Not Submit Photocopies**



**Schedule 1 – Itemized Deduction Credit (see page 16)**

<b>1</b> Medical and dental expenses from federal Schedule A (Form 1040). See instructions for exceptions. . . . .	<b>1</b>	<u>.00</u>
<b>2</b> Interest paid from federal Schedule A (Form 1040). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction . . . . .	<b>2</b>	<u>.00</u>
<b>3</b> Gifts to charity from federal Schedule A (Form 1040). See instructions for exceptions . . . . .	<b>3</b>	<u>.00</u>
<b>4</b> Casualty losses from federal Schedule A (Form 1040) . . . . .	<b>4</b>	<u>.00</u>
<b>5</b> Add lines 1 through 4 . . . . .	<b>5</b>	<u>.00</u>
<b>6</b> Fill in your standard deduction from line 8 on page 1 of Form 1 . . . . .	<b>6</b>	<u>.00</u>
<b>7</b> Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	<u>0 .00</u>
<b>8</b> Rate of credit is .05 (5%) . . . . .	<b>8</b>	<u><b>x .05</b></u>
<b>9</b> Multiply line 7 by line 8. Fill in here and on line 13 on page 2 of Form 1 . . . . .	<b>9</b>	<u>.00</u>

▶ **You must submit this page with Form 1 if you claim either of these credits** ◀

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 21)**

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
<b>1</b> Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income <b>1</b>	<u>.00</u>	<u>.00</u>
<b>2</b> Net profit or (loss) from self-employment from federal Schedule C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income . . . . . <b>2</b>	<u>.00</u>	<u>.00</u>
<b>3</b> Combine lines 1 and 2. This is earned income. . . . . <b>3</b>	<u>.00</u>	<u>.00</u>
<b>4</b> Add the amounts from federal <b>Schedule 1</b> (Form 1040), lines 12, 16, 20, 24e, 24f, and 24g, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income . . . . . <b>4</b>	<u>.00</u>	<u>.00</u>
<b>5</b> Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . . <b>5</b>	<u>.00</u>	<u>.00</u>
<b>6</b> Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . . <b>6</b>		<u>.00</u>
<b>7</b> Rate of credit is .03 (3%). . . . . <b>7</b>		<u><b>x .03</b></u>
<b>8</b> Multiply line 6 by line 7. Fill in here and on line 17 on page 2 of Form 1 . . . . . <b>8</b>		<u>.00</u> Do not fill in more than \$480.

INTUIT



Name(s) shown on Form 1 or Form 1NPR

CHANDRAKANTH R DAREDDY

Your social security number

773-81-4408

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Amount from line 1a of Schedule D	.00	.00		.00
<b>1b</b> Amount from line 1b of Schedule D	.00	.00	.00	.00
<b>2</b> Amount from line 2 of Schedule D	.00	.00	.00	.00
<b>3</b> Amount from line 3 of Schedule D	2880.00	2524.00	.00	356.00
<b>4</b> Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			<b>4</b>	.00
<b>5</b> Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>5</b>	.00
<b>6</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>6</b>	.00
<b>7</b> Short-term capital loss carryover from 2022 Wisconsin Schedule WD, line 34. Enter amount as a negative number			<b>7</b>	.00
<b>8 Net short-term capital gain or loss.</b> Combine lines 1a through 7 in column (h)			<b>8</b>	356.00

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or loss Subtract column (e) from column (d) and combine the result with column (g)
<b>9a</b> Amount from line 8a of Schedule D	.00	.00		.00
<b>9b</b> Amount from line 8b of Schedule D	.00	.00	.00	.00
<b>10</b> Amount from line 9 of Schedule D	.00	.00	.00	.00
<b>11</b> Amount from line 10 of Schedule D	1072.00	1400.00	.00	-328.00
<b>12</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			<b>12</b>	.00
<b>13</b> Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>13</b>	.00
<b>14</b> Capital gain distributions			<b>14</b>	.00
<b>15</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			<b>15</b>	.00
<b>15a</b> Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			<b>15a</b>	.00
<b>16</b> Long-term capital loss carryover from 2022 Wisconsin Schedule WD, line 39. Enter amount as a negative number			<b>16</b>	.00
<b>17 Net long-term capital gain or loss.</b> Combine lines 9a through 16 in column (h)			<b>17</b>	-328.00

Go on to Part III →



Name CHANDRAKANTH R DAREDDY	Social Security Number 773-81-4408
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**Part III Summary of Parts I and II** (see instructions) - use a minus sign (-) for negative amounts.

<b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . . . .	<b>18</b>	28.00
<b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 . . . . .	<b>19</b>	0.00
<b>20</b> Fill in 30% of line 19 . . . . .	<b>20</b>	0.00
<b>21</b> Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 . . . . .	<b>21</b>	.00
<b>22</b> Gain included in line 17. Do not include any losses in this amount . . . . .	<b>22</b>	.00
<b>23</b> Divide line 21 by line 22. Carry the decimal to 4 places . . . . .	<b>23</b>	_____
<b>24</b> Multiply line 19 by the decimal amount on line 23 . . . . .	<b>24</b>	.00
<b>25</b> Fill in 30% of line 24 . . . . .	<b>25</b>	.00
<b>26</b> Add lines 20 and 25 . . . . .	<b>26</b>	0.00
<b>27</b> Subtract line 26 from line 18 . . . . .	<b>27</b>	28.00
<b>28</b> If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$3,000/\$1,500 (see instructions), or	
	(c) Wisconsin ordinary income (see instructions) . . . . .	.00

**Note:** When figuring whether a, b, or c is smaller, treat all numbers as if they are positive.

**Part IV Computation of Wisconsin Adjustment to Income**

<b>29</b> Adjustment (see instructions for Part IV and Schedule I adjustments)		
<b>a</b> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 1e of Schedule I, if filed (if a loss, fill in -0-) . . . . .	<b>29a</b>	28.00
<b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-) . . . . .	<b>29b</b>	28.00
<b>c</b> If line 29b is more than 29a, subtract line 29a from line 29b. See instructions on where to enter this amount . . . . .	<b>29c</b>	.00
<b>d</b> If line 29b is less than 29a, subtract line 29b from line 29a. See instructions on where to enter this amount . . . . .	<b>29d</b>	.00
<b>e</b> Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 2c of Schedule I, if filed (if a gain, fill in -0-) . . . . .	<b>29e</b>	0.00
<b>f</b> Fill in loss from Part III, line 28 as a positive amount . . . . .	<b>29f</b>	0.00
<b>g</b> If line 29f is more than 29e, subtract line 29e from line 29f. See instructions for where to enter this amount . . . . .	<b>29g</b>	.00
<b>h</b> If line 29f is less than 29e, subtract line 29f from line 29e. See instructions for where to enter this amount . . . . .	<b>29h</b>	.00

**Part V Computation of Capital Loss Carryovers from 2023 to 2024** (Complete this part if the loss on line 18 is more than the loss on line 28.)

<b>30</b> Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . . . .	<b>30</b>	.00
<b>31</b> Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- . . . . .	<b>31</b>	.00
<b>32</b> Subtract line 31 from line 30 . . . . .	<b>32</b>	.00
<b>33</b> Fill in the smaller of line 28 or line 32, treating both as positive amounts . . . . .	<b>33</b>	.00
<b>34</b> Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2023 to 2024 . . . . .	<b>34</b>	.00
<b>35</b> Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 . . . . .	<b>35</b>	.00
<b>36</b> Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- . . . . .	<b>36</b>	.00
<b>37</b> Subtract line 36 from line 35 . . . . .	<b>37</b>	.00
<b>38</b> Subtract line 33 from line 28, treating both as positive amounts. ( <b>Note:</b> If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) . . . . .	<b>38</b>	.00
<b>39</b> Subtract line 38 from line 37. This is your <b>long-term capital loss carryover</b> from 2023 to 2024 . . . . .	<b>39</b>	.00

