Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) Taxpayer's name Social security number JASWANTH MOGALIPUVVU 197-08-4564 Spouse's name Spouse's social security number 987-96-7499 CHANDANA GADELA Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 106,163. 1 1 2 2 7,498. 3 3 19,579. 4 4 12,081. 5 5

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

Taxpayer's PIN: check one box only

		-		FBO firm name	- ,	Ē	Л
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-				ζ.

8	4	5	6	4						
Enter five digits, but don't enter all zeros										

my

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

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 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date

7 6 9 9 4 as mv Enter five digits, but don't enter all zeros

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

Spouse's signature ►	Date 🕨					
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication – Practitioner P	IN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit	self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros					

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

ERO's signature Date Date							
ERO Must Retain 1 Don't Submit This Form to							
For Paperwork Reduction Act Notice, see your tax return instruc	tions. RAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)				

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		ırn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not w	rite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20	See se	oarate i	nstructions.
Your first name	and mi	iddle initial	Last nam	ne						Your so	cial sec	urity number
JASWANTH	I		MOGAI	LIPUV	VU					197	08	4564
		s first name and middle initial	Last nam								· · ·	security number
CHANDANA			GADEI	Г. Д						987	96	7499
		er and street). If you have a P.O. box, see						A	pt. no.		• •	ction Campaign
138 PLE <i>A</i>	SAN	т ст						3	52			ou, or your
		ce. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP co	-			ointly, want \$3
MALDEN						MA	4	021	48			d. Checking a not change
Foreign country	name		Fo	oreign pro	ovince/state/o	count	ty		n postal code	your tax		0
											🗌 Yo	u 🗌 Spouse
Filing Status		Single					Head of ho	buseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had in	icome)					()			
one box.		Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name of	f your sp	ouse. If you	ı che					ld's nar	ne if the
		alifying person is a child but not you										
D :	A+ or	witime during 2002 did your (a) rea					nont for nron or			/b) coll		
Digital Assets		ny time during 2023, did you: (a) rec ange, or otherwise dispose of a dig						•	,	. ,	∏Ye	s 🛛 No
		eone can claim: You as a de					a dependent	0: (00		13.)		
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•					
		·		_			_			1050		h P a d
		Were born before January 2, 1	959	Are bli		ouse		14	ore January 2			blind
Dependents				• •	ocial security number		(3) Relationshi to you	ip (4	Child tax c			see instructions): r other dependents
If more	(1) F	irst name Last name								ieun		
than four dependents,												
see instructions	s ——											
and check here												
	1a	Total amount from Form(s) W-2, b	ov 1 (see	instruct	ions)					. 1a		125,113.
Income	b	Household employee wages not re	•		,					. 1b		120,110.
Attach Form(s)	c	Tip income not reported on line 1a	•							. 10 . 10	-	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep						• •		. 10		
W-2G and	e	Taxable dependent care benefits f		. ,		IStru		• •		. 1e	-	
1099-R if tax was withheld.	f	Employer-provided adoption bene		-		•		• •		. 16	-	
If you did not	q	Wages from Form 8919, line 6 .						• •		. 1g	-	
get a Form	9 h	Other earned income (see instruct				•		• •		. 1h	-	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			•	 1 i	Ì				
	z	Add lines 1a through 1h								. 1z	1	125,113.
Attach Sch. B	2a		2a			b Ta	axable interest			. 2b		
if required.	3a	'	3a				ordinary divider			. 3b		
	4a		4a				axable amount			. 4b		
Standard	5a		5a				axable amount			. 5b		
Deduction for — • Single or	6a		6a				axable amount			. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lection m	nethod, c					[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if i	required	. If not requ	iired.	, check here		[7		-3,000.
 Married filing jointly or 	8	Additional income from Schedule								. 8		-15,950.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	,							. 9		106,163.
\$27,700	10	Adjustments to income from Sche		-						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11	_	106,163.
\$20,800	12	Standard deduction or itemized	•		-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14	-	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer		, enter -(0 This is y	our t	taxable incom	е.		. 15		78,463.
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Credits 17 Anount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 8, 977. 19 Child tax credit or credit for other dependents from Schedule 8812 19 147. 20 Amount from Schedule 3, line 8 20 1, 479. 21 Add lines 19 and 20 21 1, 479. 22 Subtract line 21 from line 18. If zero or less, enter -0. 22 1, 479. 23 Other taxes, including self-endpyment tax, from Schedule 2, line 21 23 0. 24 Add lines 22 and 23. This is your total tax 24 7, 498. 24 Faderal linescme tax withheld from: 256 201 25 250 250 250 250 26 2020 settimated tax payments and amount applied from 2022 return 26 26 27 Add lines 25d, and 30. These are your total other payments and archude be redits 32 19, 579. 26 Add lines 25d, and 32. These are your total other payments and archude be redits 32 19, 579. 26 30 31 19, 579. 33 19, 579. 27 Add lines 25d, and 32. These are your tot	Form 1040 (2023	3)								Page 2
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Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions 38 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation NETWORK ENGINEER If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Spouse's signature. For personsi darter signature Date Spouse's occupation HOME MAKER If the IRS sent your spouse an Identify Protection PIN, enter it here (see inst.) Phone no. (813) 278–9709 Email address JASWANTH2992@GMAIL.COM Preparer's name Preparer's signature Date PTIN Check if: (see inst.) YM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SAGAR GUPTA TALLAM<							36			
You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Designee's name Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation NETWORK ENGINEER If the IRS sent you an Identity Protection PIN, enter it here (see inst.) See instructions. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOME MAKER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (813) 278-9709 Email address JASWANTH2992@GMAIL.COM Preparer's name Preparer's signature Pate PTIN Check if: (see inst.) Stam Prize Rame GLOBAL TAXES LLC Phone no. (678) 965-9522 Phone no. (678) 965-9522 Firm's name GLOBAL TAXES LLC </th <th>Amount</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>00</th> <th></th> <th></th> <th></th>	Amount						00			
38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation NETWORK ENGINEER If the IRS sent you an Identify Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. your records. Date Your occupation HOME MAKER If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (813) 278-9709 Email address JASWANTH2992@GMAIL.COM Preparer's name Preparer's signature Date PTIN Sym PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/17/2024 P02082703 Self-employed Firm's address 245 ROONEY Firm's address 245 ROONEY CT E Phone N. (678		31						3	7	
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Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Ph	one no. (813) 278-970	9	Email address	JASWANTH29	92@GMAIL.CO	М		
Preparer Use Only Stam PRIYA RAM SAGAR GOPTA TALLAM SYAM PRIYA RAM SAGAR GOPTA TALLAM 02/17/2024 P02082703 Sein-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN	Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:	:
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4040		Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			

REV 02/11/24 PRO

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2

Department of the Treasury Internal Revenue Service

Name(s) shov	vn on Fo	orm 1040,	104	40-SR, or 104	0-NR		
JASWANTH	MOGAL	IPUVVU	&	CHANDANA	GADELA		

	Sequence No. 01							
Your social security number								
197-08	-4564							

Attachment

Additional Income Part I Taxable refunds, credits, or offsets of state and local income taxes 1

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .	5	-15,950.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
I	Income from the rental of personal property if you engaged in the rental		
	for profit but were not in the business of renting such property 8		
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)	_	
n	Section 951(a) inclusion (see instructions)	_	
ο	Section 951A(a) inclusion (see instructions)	_	
р	Section 461(I) excess business loss adjustment		
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated 8u	_	
Z	Other income. List type and amount:		
_	8z		
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form		1 5 0 5 0
	1040, 1040-SR, or 1040-NR, line 8	10	-15,950.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	ile 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	basis	governmei	nt	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				1
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful				
		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				
		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.			n	
	Form 1040, 1040-SR, or 1040-NR, line 10		<u></u>	. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 1040) 202

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

OMB No. 1545-0074

Attachment Sequence No. 03

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

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

JASWANTH MOGALIPUVVU & CHANDANA GADELA 197-08-4564 Part I Nonrefundable Credits 1 Foreign tax credit. Attach Form 1116 if required 1 2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 Education credits from Form 8863, line 19 3 1,4 4 Retirement savings contributions credit. Attach Form 8880 4 5a 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: 6a 6a b Credit for prior year minimum tax. Attach Form 8801 6b 6b	
1Foreign tax credit. Attach Form 1116 if required12Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 244123Education credits from Form 8863, line 1934Retirement savings contributions credit. Attach Form 888045aResidential clean energy credit from Form 5695, line 155abEnergy efficient home improvement credit from Form 5695, line 325b6Other nonrefundable credits: a6a	
2 Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 2 3 Education credits from Form 8863, line 19 3 1,4 4 Retirement savings contributions credit. Attach Form 8880 4 4 5a Residential clean energy credit from Form 5695, line 15 5a 5a 6 Other nonrefundable credits: a 6a 6a	
Form 244123Education credits from Form 8863, line 1931,44Retirement savings contributions credit. Attach Form 8880445aResidential clean energy credit from Form 5695, line 155abEnergy efficient home improvement credit from Form 5695, line 325b6Other nonrefundable credits: a6a	
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: 6a a General business credit. Attach Form 3800 6a	
4Retirement savings contributions credit. Attach Form 888045aResidential clean energy credit from Form 5695, line 155a5aEnergy efficient home improvement credit from Form 5695, line 325b6Other nonrefundable credits: a6a	79.
 b Energy efficient home improvement credit from Form 5695, line 32	
6 Other nonrefundable credits: a General business credit. Attach Form 3800	
a General business credit. Attach Form 3800 6a	
b Credit for prior year minimum tax. Attach Form 8801 6b	
c Adoption credit. Attach Form 8839 6 c	
d Credit for the elderly or disabled. Attach Schedule R 6d	
e Reserved for future use	
f Clean vehicle credit. Attach Form 8936 6f	
g Mortgage interest credit. Attach Form 8396 6g	
h District of Columbia first-time homebuyer credit. Attach Form 8859 6h	
i Qualified electric vehicle credit. Attach Form 8834 6i	
j Alternative fuel vehicle refueling property credit. Attach Form 8911 6j	
k Credit to holders of tax credit bonds. Attach Form 8912 6k	
I Amount on Form 8978, line 14. See instructions 6I	
m Credit for previously owned clean vehicles. Attach Form 8936 . 6m	
z Other nonrefundable credits. List type and amount:	
6z	
7 Total other nonrefundable credits. Add lines 6a through 6z	
8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	70
(continued on pa	79. ae 2)

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

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	D-SR, or 1040-NR,	15	
	BAA REV	02/11/24 PRO	Schedu	ule 3 (Form 1040) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2023 Attachment Sequence No. 12

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

JASWANTH MOGALIPUVVU & CHANDANA GADELA

Your social security number 197-08-4564

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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)

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to a delare	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmeni to gain or loss Form(s) 8949, I	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
wnoi	e dollars.			line 2, colum	ר (g)	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					
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 (I	oss) from Forms 4	684, 6781, and 88		4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	(10,203.)		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise		7	-10,203.		

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

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 le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	4,945.	6,300.	2	63.	-1,092.
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		11			
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions		12 13			
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		14	(3,590.)		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	-4,682.

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		-14,885.
	• If line 16 is a gain , enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
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. 			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?			
	☐ 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.			

BAA REV 02/11/24 PRO

Schedule D (Form 1040) 2023

Form 8949 (2023)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

JASWANTH MOGALIPUVVU & CHANDANA GADELA

Social security number or taxpayer identification number 197-08-4564

Before you check Box D, E, or F 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 II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

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

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired (Mo., day, yr.) (Mo., day, yr)		(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	, (h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)			(sales price) (see instructions)	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).
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	4,229.	5,456.	W	263.	-964.
APEX CLEARING	01/01/23	12/31/23	716.	844.			-128.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D	4,945.	6,300.		263.	-1,092.		

Note: If you checked Box D 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.

	EDULE E 1040)	(From	m re	ntal real est	Suppleme tate, royalties, part						trusts. REMI	Cs. etc.)		o. 1545-0074
Departm	ent of the Treasury				Attach to Form		-	-			,	· · , · · · ,	Attachr	
Internal	Revenue Service			Go to www	w.irs.gov/Schedule	eE for	instru	uctions an	d the la	atest in	formation.		Sequer	nce No. 13
	shown on return												cial security	
		-	-		DANA GADELA							197-0	08-4564	
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.													
Α	Did you make an	y pay	men	nts in 2023 t	that would require	e you t	to file	Form(s) 1	099? 8	See ins	structions .		. 🗌 Ye	es 🛛 No
B	f "Yes," did you	or wil	ll yo	u file requir	red Form(s) 1099?	?.							. 🗌 Ye	es 🗌 No
1a	Physical addr	ess of	fea	ch property	v (street, city, state	e, ZIP	code	e)						
Α	F.NO:G-00	1,AE	CS	LAYOUT	'A'BLOCK,SI	INGA	SANI	DRA E	ENGA	LURU	, KARNA	TAKA	IN 56	0068
В					· · · ·									
С														
1b	Type of Prope				ental real estate p					Fa	ir Rental	Perso	nal Use	QJV
	(from list below	N)			ort the number of se days. Check th						Days	D	ays	
	3				t the requirement				<u>A</u>		365		0	
<u>В</u> С					pint venture. See i				B C					
	of Property:								C					
	Single Family R	esider	nce	3 Vac	ation/Short-Term	n Rent	al	5 Land		7	Self-Rental			
	Multi-Family Re			4 Cor	nmercial			6 Roya	lties	8	Other (descr	ibe)		
								-			Properti			
Incom	NO.								Α		B	63.		С
3		4				. [3			50.				•
4						+	4							
Exper														
5	Advertising .					.	5							
6							6							
7							7		1,5	60.				
8							8							
9							9							
10 11	-					+	10 11		2 0	0.0				
12	-				tc. (see instruction	+	12		2 , 0	90.				
13							13							
14							14		3,6	50.				
15							15			80.				
16	Taxes					.	16							
17							17		4,5	20.				
18	•	xpens	se o	r depletion			18							
19	Other (list)						19		100	0.0				
20 21				-	h 19 and/or 4 (royalties	1	20		16,6	00.				
21					o find out if you m									
					· · · · · · ·		21	-	-15,9	50.				
22	Deductible ren	ital rea	al es	state loss a	fter limitation, if a	any,								
	on Form 8582	(see i	instr	ructions) .			22	(15,95	50.)	()()
23a	Total of all amounts reported on line 3 for all rental properties									23a		650.		
b	Total of all amounts reported on line 4 for all royalty properties .									23b				
c														
d														
е 24	e Total of all amounts reported on line 20 for all properties 16,600. Income. Add positive amounts shown on line 21. Do not include any losses 1													
24 25					21 and rental real			-		 nter to	tal losses her	. 24 e 25	-	15,950.)
25 26					Ity income or (lo								1	±0,0000)
					e 40 on page 2 d									
					nerwise, include th						on page 2	· 26		-15,950.
For Pa	perwork Reduct	ion Ac	t No	tice. see the	e separate instruct	tions.		NF	ΡA		-15,950	• S	chedule E (F	Form 1040) 2023

e E (Form 1040) 202

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

	OMB No. 1545-0074					
	2023					
	Attachment Sequence No. 50					
Your social security number						
197		08	4564			

JASWANTH MOGALIPUVVU & CHANDANA GADELA

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Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for	_			
	the amount to enter instead	3		-	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education				
_		4		-	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5			
6		5		-	
0	Equal to or more than line 5, enter 1.000 on line 6)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (roo			6	
	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th	e yea	ar and meet the		
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ . \ . \ .$			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
Dout	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	•		8	
Part		,			
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•	,	9	
10	After completing Part III for each student, enter the total of all amounts from a			10	7 200
11	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 Enter the smaller of line 10 or \$10,000			10 11	7,396.
12	Multiply line 11 by 20% (0.20)			12	1,479.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or	.		12	1,175.
10	qualifying surviving spouse	13	180,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form		,		
14	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	14	106,163.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on				
	line 18, and go to line 19	15	73,837.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying surviving spouse	16	20,000.	-	
17	If line 15 is:)		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18			17	1.000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)			17	T.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			18	1,479.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit				1,1,5.
	instructions) here and on Schedule 3 (Form 1040), line 3		•	19	1,479.
For Pa		AA	REV 02/11/2	24 PRO	Form 8863 (2023)

JASWANTH MOGALIPUVVU & CHANDANA GADELA

CAU	credit or lifetime learning credit. Use additi	n you're claiming either the American opportunity onal copies of page 2 as needed for each student.
Par	t III Student and Educational Institution Informatio	n. See instructions.
20	Student name (as shown on page 1 of your tax return) CHANDANA	21 Student social security number (as shown on page 1 of your tax return)
	GADELA	987-96-7499
22	Educational institution information (see instructions)	
â	a. Name of first educational institution	b. Name of second educational institution (if any)
	NEW ENGLAND COLLEGE	
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 98 BRIDGE STREET 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	HENNIKER NH 03242	
(2) Did the student receive Form 1098-T X Yes □ No from this institution for 2023?	(2) Did the student receive Form 1098-T from this institution for 2023?
(3) Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes X No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2022 with box
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	 (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
	02-0223955	
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	\square Yes – Stop! Go to line 31 for this student. \bowtie No – Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Yes — Go to line 25. No — Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	X Yes - Stop! Go to line 31 for this student. No - Go to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?	$\square Yes - Stop!$ Go to line 31 for this student. $\square No - Complete lines 27$ through 30 for this student.
CAUT	you complete lines 27 through 30 for this student, don't e	ifetime learning credit for the same student in the same year. If complete line 31.
	American Opportunity Credit	
27	Adjusted qualified education expenses (see instructions). Dor	
28		
29		
30	If line 28 is zero, enter the amount from line 27. Otherwise,	
	enter the result. Skip line 31. Include the total of all amounts f Lifetime Learning Credit	rom all Parts III, line 30, on Part I, line 1 . 30
24	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Porte
31	III, line 31, on Part II, line 10	



Form M-8453 Individual Income Tax Declaration for Electronic Filing

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.						
Your first name and initial	Last	name	Your Social Security number			
JASWANTH MOGALIPUVVU	197084564					
If a joint return, spouse's first name and initial	Last name Spouse's Social Security number			mber		
CHANDANA GADELA		987967499				
Present street address (and apartment number)						
138 PLEASANT ST APT NO 352						
City/Town/Post Office	State	Zip	Filing status: O Single	Married filing jointly		
MALDEN	MA	02148	O Married filing separately	O Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	109163
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	1010
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	C1E1
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	1233
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature

Date

Spouse's signature Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

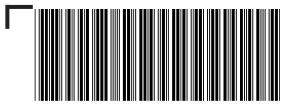
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN		Date	EIN		O Fill in if
		02172024	843171	1965	self-employed
Firm name (or yours, if self-employed) and address		City/Town	State	Zip	O Fill in if also
GLOBAL TAXES LLC	245 ROONEY CT	E BRUNSWICK	NJ	08816	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN		O Fill in if
P02082703	02172024	843171	.965	self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 245 ROONEY CT	E BRUNSWICK	NJ	08816	



2023 Form 1

MA23001011555 Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2023 or other taxable

Year beginning

JASWANTH MOGALIPUVVU CHANDANA GADELA 138 PLEASANT ST

Ending

MALDEN

987967499 MALDEN

197084564

MA 02148

352

Fill in if:	Amended return 0	Other jurisdict	ion change	Enter date of change			
	Federal amendment	Amended	return due to	IRS BBA Partnership Aud	lit		
State Election C	ampaign Fund:				\$1 \	You \$1 Spouse	TOTAL
Fill in if veteran o	f Operations Enduring Fre	edom, Iraqi F	reedom, Nobl	e Eagle or Sinai Peninsula	You You	Spouse	
Taxpayer deceas	ed				You	Spouse	
Fill in if under ag	e 18				You	Spouse	
Fill in if name cha	ange				You	Spouse	
a. Total federal	income		10610	53	Fill	in if noncustodial parer	nt
b. Federal adju	sted gross income		10610	53	Fill	in if filing Schedule TD	S
1. Filing s	tatus (select one only):	Single	e		Fill	in if filing Schedule FC	I
		X Marrie	ed filing jointly	ý	Fill	in if reporting crypto cu	irrency
		Marrie	ed filing sepa	rate return NRA			
		Head	of household	You are a cust	odial parent who has released	d claim to exemption fo	or child(ren)
2. Exempt	ions						
a. Perso	onal exemptions					2a	8800
b. Numl	per of dependents. (Do no	t include your:	self or your s	oouse.) Enter number	× \$1,000	= 2b	
c. Age 6	65 or over before 2024	You +	Spouse =		× \$700	= 2c	
d. Blind	ness	You +	Spouse =		× \$2,200	= 2d	
e. Medi	cal/dental					2e	
f. Adop	tion					2f	
g. Total	exemptions. Add items 2a	through 2f. E	nter here and	l on line 18		2g	8800
SIGN HERE. L	Inder penalties of perjur	y, I declare th	hat to the be	st of my knowledge and b	belief this return and enclos	ures are true, correc	t and complete.
Your signature		Dat	e	Spouse's signature	D	ate	
					8	13-278-970	9

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

813-278-9709

02/17/2024 12:49 AM



2023 Form 1, pg. 2 MA23001021555

Massachusetts Resident Income Tax Return

197084564

3.	Wages, salaries, tips	3	125113
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a. – b. exemption	= 5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	-15950
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 7	9	
10.	TOTAL 5.0% INCOME	10	109163
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12.	Reserved for future use	12	
13.	Reserved for future use	13	
14.	Rental deduction. a.	÷2 = 14	
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	2000
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	107163
18.	Exemption amount	18	8800
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	98363
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	98363
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	4918
23.	INCOME FROM SCHEDULE B. Not less than "0."		
	a. × .085 = 23a		
	b. × .12 = 23b		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2023 Form 1, pg. 3 MA23001031555 Massachusetts Resident Income Tax Return

197084564

24.		24		
	Fill in if any excess exemptions were used in calculating lines 20, 23 or	24		
25.	Credit recapture amount (from Credit Recapture Schedule)		25	
26.	Additional tax on installment sale		26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28			
28.	TOTAL INCOME TAX.			
	a. Income tax. Add lines 22 through 26	28a	4918	
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b		
	c. Total tax. Add lines 28a and 28b		28	4918
29.	Limited Income Credit		29	
30.	Income tax due to another state or jurisdiction		30	
31.	Other credits from Credit Manager Schedule		31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through	31 from line 28. Not	less than "0" 32	4918
33.	Voluntary Contributions			
	a. Endangered Wildlife Conservation		33a	
	b. Organ Transplant Fund		33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund		33c	
	d. Massachusetts U.S. Olympic Fund		33d	
	e. Massachusetts Military Family Relief Fund		33e	
	f. Homeless Animal Prevention and Care		33f	
	Total. Add lines 33a through 33f		33	
34.	Use tax due on Internet, mail order and other out-of-state purchases		34	
35.	Health care penalty a. You + b. Spouse		35	
36.	Amended return only. Overpayment from original return		36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE	TAX. Add lines 32 thr	rough 36 37	4918
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	6151	
	b. Massachusetts income tax withheld from Form(s) 1099	38b		
	c. Massachusetts income tax withheld from other forms	38c		
	Total. Add lines 38a through 38c		38	6151



2023 Form 1, pg. 4 MA23001041555

Mazsachusetts Resident Income Tax Return 197084564

42.	2022 overpayment applied to your 2023 estimated tax 2023 Massachusetts estimated tax payments Payments made with extension Amended return only. Payments made with original return. Not less than "0" Earned Income Credit. a. Number of qualifying children b. Amount from U.S. re Note: You cannot claim the Earned Income Credit if your filing status is married filing for an exception (see instructions). Fill in if you qualify for this exception Senior Circuit Breaker Credit Reserved for future use		
46.	Child and Family Tax Credit		
47. 48. 49. 50. 51.	a. Other Refundable Credits Total Refundable Credits. Add lines 43 through 47 Excess Paid Family Leave Withholding TOTAL. Add lines 38 through 42 and lines 48 and 49 Overpayment. Subtract line 37 from line 50	× \$310 = 46 47 48 49 50 51	6151 1233
	Amount of overpayment you want applied to your 2024 estimated tax	52	1233
53.	Refund. Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000, Box	oston, MA 02204 53	1233
	Direct deposit of refund. Type of account X checking savings RTN # 063100277 account # 229055582341		
54.	Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box Interest Penalty M-2210 amt.	c 7003, Boston, MA 02204 54	EX enclose Form M-2210
l do n Print SYA	he Department of Revenue discuss this return with the preparer shown here? ot want preparer to file my return electronically paid preparer's name M PRIYA RAM SAGAR GUPTA TALLAM preparer's signature	(this may delay your refund) Date Check if self-employed 02172024 Paid preparer's phone 678-965-9522	Paid preparer's SSN/PTIN P02082703 Paid preparer's EIN 84-3171965
SYA	AM PRIYA RAM SAGAR GUPTA TALLAM		

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

02/17/2024 12:49 AM





2023 Schedule B

MA23010011555

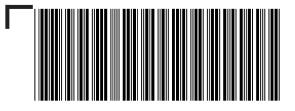
JZ	ASWANTH	MOGALIPUVVU	197084564		
Part	1. Interest and Dividend Inco	me			
1.	Total interest income			1	
2.	Total ordinary dividends			2	
3.	Other interest and dividends not incl	3			
4.	Total interest and dividends			4	
5.	Total interest from Massachusetts ba	anks		5	
6a.	Other interest and dividends to be ex	cluded		6a	
6b.	Part-year/Nonresidents only			6b	
7.	Subtotal			7	
8.	Allowable deductions from your trade	e or business		8	
9.	Subtotal			9	
Devi					
	2. Short-Term Capital Gains/	•	s on Collectibles		
10.	Massachusetts short-term capital ga			10	
11.	Massachusetts long-term capital gai	•		11	
12.	-	hange or involuntary conversion of	property used in a trade or business and		
	held for one year or less			12	
13a.	Add lines 10 through 12			13a	
13b.	Part-year/Nonresidents only			13b	
13c.	Subtract line 13b from line 13a. Not			13c	
14.	Allowable deductions from your trade	e or business		14	
15.	Subtotal			15	
16.	Massachusetts short-term capital los			16	
17.	Massachusetts loss on the sale, exc	hange or involuntary conversion of	property used in a trade or business and		
	held for one year or less			17	
18.	Prior short-term unused losses for year	ears beginning after 1981		18	-13203





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19a.	Combine lines 15 through 18	19a	-13203
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	-13203
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	-13203
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2024	23	-13203
24.	Short-term gains and long-term gains on collectibles	24	
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	
29. 30. 31. 32. 33. 34. 35. 36. 37. 38.	3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains Enter the amount from line 9 Short-term losses applied against interest and dividends Subtotal interest and dividends Long-term losses applied against interest and dividends Adjusted interest and dividends Enter the amount from line 28 Adjusted gross interest, dividends and certain capital gains Excess exemptions Subtract line 36 from line 35 Interest and dividends taxable at 5.0%	29 30 31 32 33 34 35 36 37 38	
39.	Total taxable 8.5% and 12% capital gains	39	1 2 2 0 2
40.	Available short-term losses for carryover in 2024	40	-13203





2023 Schedule D

MA23012011555 Long-Term Capital Gains and Losses Excluding Collectibles

JA	ASWANTH	MOGALIPUVVU	197084564		
Par	1. Long-Term Capital Gains	and Lassas Evoluding Collar	tibles		
1.	Enter amounts from U.S. Schedule I		libles	1	-1092
2.	Enter amounts from U.S. Schedule I			2	-1092
3.	Enter amounts from U.S. Schedule I			3	
4.	Enter amounts from U.S. Schedule I			4	
5.	Enter amounts from U.S. Schedule I			5	
6.	Enter amounts from U.S. Schedule I			6	
7.	Massachusetts long-term capital ga		n 4797. Part II	7	
8.	Carryover losses from prior years			8	-3590
9.	Combine lines 1 through 8			9	-4682
10a.	Massachusetts adjustments			10a	
10b.	Part-year/Nonresidents only			10b	
10c.	Combine lines 10a and 10b			10c	
11.	Massachusetts capital gains and los	sses		11	-4682
12.	Long-term gains on collectibles and	pre-1996 installment sales		12	
13.	Subtotal			13	-4682
14.	Capital losses applied against capital	al gains		14	
15.	Subtotal			15	-4682
16.	Long-term capital losses applied aga	ainst interest and dividends		16	
17.	Subtotal			17	-4682
18.	Allowable deductions from your trad	e or business		18	
19.	Subtotal			19	
20.	Excess exemptions			20	
21.	Taxable long-term capital gains			21	
22.	Tax on long-term capital gains			22	
23.	Massachusetts available losses for o	carryover		23	-4682





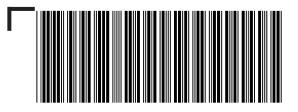
2023 Schedule INC

MA23INC011555

JASWANTH	MOGA	LIPUVVU	1970845	64			
Form W-2 and 1099 Information							
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING		
454312359	6151	125113	9571		W2		

TOTALS 6151 125113 9571

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2023 Schedule HC

MA23029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. JASWANTH MOGALIPUVVU

1a. Date of birth 05011994 1b. Spouse's date of birth 04181996 1c. Family size

- 2. Federal adjusted gross income2106163
- 3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you	3a You:	X Full-year MCC	Part-year MCC	No MCC/None
were a part-year resident or a taxpayer was deceased.	3a Spouse:	X Full-year MCC	Part-year MCC	No MCC/None
If you filled in the full-year or part-year MCC oval, go to line 4. If you	ou filled in No MC	C/None, go to line 6.		

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

	4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)		You		Spouse
	4b. MassHealth. Fill in and go to line 5	Х	You	Х	Spouse
	4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You		Spouse
	4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You		Spouse
	4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net		You		Spouse
i	is not considered insurance or minimum creditable coverage.				

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- 5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.





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197084564 MA23029021555

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Your Health Insurance

6. Was your income in 2023 at or below 150% of the federal poverty level? 6 Yes No If you answer Yes, you are not subject to a penalty in 2023. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2023, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2023. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row),												

go to line 8a. Otherwise, a penalty does not apply to you in 2023. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
If you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2023 tax year?	8b You	Yes	No
		Spouse	Yes	No
If you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line 9		
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2023 tax year?	Spouse	Yes	No
If you a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





2023 Schedule HC, pg. 3

MA23029031555

JASWANTH MOGALIPUVVU

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2023 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligit	le for health insu	irance offere	ed by
your employer, you were self-employed or you were unemployed.			
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No
Worksheet for Line 11 in the instructions?	Spouse	Yes	No
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your	penalty amount.		
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care	Penalty Worksh	eet in the	

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2023 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

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2023 Schedule E

MA23013041555

JASWANTH MOGALIPUVVU 197084564

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	650
2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1560
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	2890
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	3650
13.	Supplies	13	3980
14.	Taxes	14	
15.	Utilities	15	4520
16.	Other expenses	16	
17.	Add lines 3 through 16	17	16600
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	16600
20.	Income or loss from rental real estate or royalty properties	20	-15950
21.	Deductible rental real estate loss	21	-15950
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-15950
24.	Rental real estate and royalty income or loss	24	-15950

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MA23013051555

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Income or Loss from Partnerships and S Corporations 25. Passive loss allowed

25.	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
_	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
49.	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53





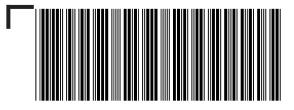
2023 Schedule E, pg. 3

MA23013061555

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Farm Income

	Net farm rental income or loss	54	
Sun	nmary		
55.	Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-15950
56.	Massachusetts differences Enclose statements	56	
57.	Abandoned building renovation deduction	57	
58.	Total income or loss. Combine lines 55 through 57	58	-15950





2023 Schedule E-1

MA23013011555

JASWANTH MOGALIPUVVU 197084564 F.NO:G-001,2132 SIDDHARTHA' F.NO:G-001,AECS LAYOUT 'A'BLOCK,SINGASANDRA Check one: X Real estate Royalty X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	650
2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	1560
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	2890
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	3650
13.	Supplies	13	3980
14.	Taxes	14	
15.	Utilities	15	4520
16.	Other expenses	16	
17.	Add lines 3 through 16	17	16600
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	16600
20.	Income or loss from rental real estate or royalty properties	20	-15950
21.	Deductible rental real estate loss	21	-15950
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-15950
24.	Rental real estate and royalty income or loss	24	-15950
25	Check if this rental property was used by you or your family for more than 14 days or more than		

25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value