| For the year Jar | n. 1–Dec | 2. 31, 2023, or other tax year beginning | | , 2023, er | ding | | | , 20 | See se | parate inst | ructions. |
|---------------------------------|-----------|--|-----------|--------------------------|--------|------------------|----------|----------------|-------------------------------|---------------------------------|------------------|
| Your first name | and m | iddle initial | Last r | | | | | | | cial securit | |
| NAVEEN | anum | SURYADEVARA | | | | | | 726 58 3514 | | | |
| | pouse's | s first name and middle initial | Last r | | | | | | Spouse's social security numb | | |
| | | | | | | | | | | | , |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | ŀ | Apt. no. | Preside | ntial Electio | on Campaig |
| 811 COM | | | | | | | | | Check I | here if you, | or your |
| | | ce. If you have a foreign address, also co | omplete | spaces below. | Sta | ate | ZIP c | ode | | if filing joint | |
| MANSFIE | LD | | | | TΣ | X | 760 | 63 | u o | o this fund. (ow will not (| • |
| Foreign country | y name | | | Foreign province/state | /coun | ity | Foreig | gn postal code | 1 | k or refund. | g- |
| | | | | | | | | | | You | Spouse |
| Filing Status | ; 🗵 | Single | | | | Head of he | ouseh | old (HOH) | | | |
| Check only | | Married filing jointly (even if only o | ne had | l income) | | _ | | | | | |
| one box. | | Married filing separately (MFS) | | | | | | ing spouse/ | . , | | |
| | | you checked the MFS box, enter the | | | ou che | ecked the HOF | l or Q | SS box, ente | er the chi | ild's name | if the |
| | qu | alifying person is a child but not you | ur depe | endent: | | | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (a | s a reward, award, o | r payr | ment for prope | rty or | services); or | (b) sell, | | |
| Assets | exch | ange, or otherwise dispose of a dig | ital ass | set (or a financial inte | rest i | n a digital asse | et)? (Se | ee instructio | ns.) | Ves | 🗙 No |
| Standard | Som | eone can claim: 🗌 You as a de | epende | nt 🗌 Your spou | se as | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | ou were a dual-status | alier | า | | | | | |
| Age/Blindnes | s You | : 🗌 Were born before January 2, 1 | 959 | Are blind Sc | ouse | : 🗌 Was bor | n befo | ore January 2 | 2. 1959 | 🗌 ls bli | nd |
| Dependent | | | | (2) Social securi | | (3) Relationsh | |) Check the b | | | |
| If more | • | irst name Last name | | number | Ly | to you | | Child tax c | | | ner dependent |
| than four | | | | | | | | | | [|] |
| dependents, | | | | | | | | | | | |
| see instruction and check | s —— | | | | | | | | | | |
| here |] | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (s | see instructions) . | | | | | . 1a | ı 4 | 15,305. |
| Attach Form(s) | b | Household employee wages not re | eporte | d on Form(s) W-2 . | | | | | . 1b |) | |
| W-2 here. Also | С | Tip income not reported on line 1a | a (see i | nstructions) | | | | | . 1c | ; | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | ported | on Form(s) W-2 (see | instru | uctions) | | | . 1d | I | |
| 1099-R if tax | е | Taxable dependent care benefits t | from Fo | orm 2441, line 26 | | | | | . 1e | , | |
| was withheld. | f | Employer-provided adoption bene | efits fro | om Form 8839, line 2 | э. | | | | . 1f | | |
| If you did not get a Form | g | Wages from Form 8919, line 6 . | | | | | | | . 1 g | | |
| W-2, see | h | Other earned income (see instruct | , | | | · · · · · | · · | | . 1h | 1 | 0. |
| instructions. | i | Nontaxable combat pay election (| see ins | structions) | • • | 1 i | | | | | |
| | <u>z</u> | Add lines 1a through 1h | ··· | | • • | | | | . 1z | | 15,305. |
| Attach Sch. B if required. | 2a | · · - | 2a | | | axable interest | | | . 2b | | |
| | <u>3a</u> | | 3a | | | Ordinary divider | | | . 3b | | |
| Standard | 4a | | 4a | | | axable amoun | | | . 4b | | |
| Deduction for - | 5a | | 5a | | | axable amoun | | • • • | . 5b | | |
| Single or Married filing | 6a | , _ | 6a | | | axable amoun | t | · · · | . 6b |) | |
| separately, \$13,850 | c 7 | If you elect to use the lump-sum e | | | | | • • | · · · L | | | |
| Married filing | 7 | Capital gain or (loss). Attach Sche | | • | • | - | • • | · · · L | | | |
| jointly or Qualifying | 8 9 | Additional income from Schedule | - | | | | • • | · · · | . <u>8</u> . 9 | л | 15,305. |
| surviving spouse, \$27,700 | 9 10 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche | | - | | e | • • | | . 9 . 10 | | 5,505. |
| Head of | 11 | Subtract line 10 from line 9. This is | | | | | • • | | . 11 | - | 15,305. |
| household, \$20,800 | 12 | Standard deduction or itemized | - | | | | • • | | . 12 | | 34,939. |
| If you checked any box under | 12 | Qualified business income deduct | | | | | • • | | · 12 | | <u>, 1, 202.</u> |
| Standard | 14 | | | | | | • • | | . 13 . 14 | - | 34,939. |
| Deduction, see instructions. | 15 | Subtract line 14 from line 11. If zer | | | | taxable incom | Ie | | | | .0,366. |
| | | | | | , | | | | . 13 | · · · · · · · | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

| Form 1040 (2023 | 3) | | | | | | | | Page 2 |
|--------------------------------------|------------|--|---------------------------------------|---------------------|---------------------|------------------------|------------------------------|-----------|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 🗌 | | 16 | 1,038. |
| Credits | 17 | Amount from Schedule 2, lin | e3 | | | | [| 17 | |
| | 18 | Add lines 16 and 17 | | | | | [| 18 | 1,038. |
| | 19 | Child tax credit or credit for | other dependent | ts from Sched | ule 8812 | | [| 19 | |
| | 20 | Amount from Schedule 3, lin | e8 | | | | | 20 | 1,038. |
| | 21 | Add lines 19 and 20 | | | | | [| 21 | 1,038. |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | [| 22 | 0. |
| | 23 | Other taxes, including self-e | | | | | [| 23 | 0. |
| | 24 | Add lines 22 and 23. This is | | | | | [| 24 | 0. |
| Payments | 25 | Federal income tax withheld | | | | | | | |
| . aymente | а | Form(s) W-2 | | | | 25a 5 | ,237. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | С | Other forms (see instructions | | | | 25c | | | |
| | d | Add lines 25a through 25c | , | | | | | 25d | 5,237. |
| | 26 | 2023 estimated tax payment | | | | | | 26 | |
| If you have a qualifying child, | 27 | Earned income credit (EIC) | | | | 27 | | | |
| attach Sch. EIC. | 28 | Additional child tax credit from | | | | 28 | | | |
| | 29 | American opportunity credit | | | | 29 | | | |
| | 30 | Reserved for future use . | | - | | 30 | | | |
| | 31 | Amount from Schedule 3, lin | | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | | | | - | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | , | - | - | | · · - | 33 | 5,237. |
| Defined | 34 | If line 33 is more than line 24 | | | | | • • | 34 | 5,237. |
| Refund | 34 35a | | - | | | | · · + | 34 35a | 5,237. |
| Direct deposit? | b 35a | Amount of line 34 you want Routing number $0 \mid 1 \mid 1$ | | | | | | 55a | 5,257. |
| See instructions. | | Account number 0 0 4 | | | | | Savings | | |
| | d | · · · · · · | | | | | | | |
| | 36 | Amount of line 34 you want a | | | | 36 | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | ~ | |
| rou Owe | 0 0 | | | | | 1 1 | · · · | 37 | |
| | 38 | Estimated tax penalty (see in | | | | 38 | | | |
| Third Party | | you want to allow another | • | | | | omplete be | low | × No |
| Designee | | | | | | | • | | |
| | nai | signee's ne | | Phone no. | | | onal identifica per (PIN) | 1000 | |
| Sign | Un | der penalties of perjury, I declare tl | nat I have examined | d this return and | accompanying sche | dules and statement | s, and to the | best c | of my knowledge and |
| Here | bel | ief, they are true, correct, and com | plete. Declaration of | of preparer (othe | than taxpayer) is b | ased on all informatio | on of which p | repare | r has any knowledge. |
| пеге | Yo | ur signature | | Date | Your occupation | | If the IF | IS sen | nt you an Identity |
| | | | | | - | | Protect (see ins | | N, enter it here |
| Joint return? | | | | SOFTWARE ENGINEER | | | | | |
| See instructions. Keep a copy for | Sp | Spouse's signature. If a joint return, both must sign. | | Date | Spouse's occupat | ion | | | it your spouse an ection PIN, enter it here |
| your records. | | | | | | | (see ins | | cuont in, enter it here |
| | Ph | one no. (703)717-899 | 8 | Email address | CUDVADEVADA NA | VEEN127@GMAIL.CO | | | |
| | | eparer's name | Preparer's signat | I | JUNIAUD VARA, NA | Date | PTIN | | Check if: |
| Paid | | M PRIYA RAM SAGAR GUPTA | | | CAR CLIDWA | 03/20/2024 | P020827 | | Self-employed |
| Preparer | | m's name GLOBAL TAX | | A TATA DAG | MIN OUL IN | 00/20/2024 | | | 678) 965-9522 |
| Use Only | | | Y CT E BRU | NGWICK N | J 08816 | | Firm's | | 0101900-9022 |
| Co to warming | | | | TIONICI/ IN | | | | _1111 | Form 1040 (2023) |
| GO IO WWW.IIS.go | wrom | n1040 for instructions and the late | st mornation. | | BAA | REV 03/07/24 PRO | | | Form 1040 (2023) |

REV 03/07/24 PRO

Additional Credits and Payments

OMB No. 1545-0074 20

3

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

| | nent of the Treasury Revenue Service | Go to www.irs.gov/Form1040 for instructions and the latest information. | | | | ttachment equence No. 03 |
|------------|---|---|---|--------|--------|-----------------------------|
| | . , | orm 1040, 1040-SR, or 1040-NR | | | cial s | ecurity number |
| NAV Pai | TEEN SURYAD | EVARA fundable Credits | | 726-5 | 58-3 | 514 |
| | | | | | 1 | |
| 1 2 | • | credit. Attach Form 1116 if required | | | 1 | |
| 2 | Form 2441 | | 2 | | | |
| 3 | Education c | redits from Form 8863, line 19 | | | 3 | |
| 4 | Retirement | savings contributions credit. Attach Form 8880 | | | 4 | |
| 5a | Residential | clean energy credit from Form 5695, line 15 | | | 5a | 1,038. |
| b | Energy effic | ient home improvement credit from Form 5695, line 32 | | | 5b | |
| 6 | Other nonre | fundable credits: | | | | |
| а | General bus | siness credit. Attach Form 3800 6 | a | | | |
| b | Credit for p | rior year minimum tax. Attach Form 8801 6 | b | | | |
| С | Adoption cr | edit. Attach Form 8839 6 | c | | | |
| d | Credit for th | e elderly or disabled. Attach Schedule R 6 | d | | | |
| е | Reserved for | or future use | e | | | |
| f | Clean vehic | le credit. Attach Form 8936 6 | f | | | |
| g | Mortgage in | nterest credit. Attach Form 8396 6 | g | | | |
| h | District of C | olumbia first-time homebuyer credit. Attach Form 8859 6 | h | | | |
| i | Qualified ele | ectric vehicle credit. Attach Form 8834 6 | i | | | |
| j | Alternative f | uel vehicle refueling property credit. Attach Form 8911 | j | | | |
| k | Credit to ho | Iders of tax credit bonds. Attach Form 8912 6 | k | | | |
| I | Amount on | Form 8978, line 14. See instructions 6 | 1 | | | |
| m | Credit for p | reviously owned clean vehicles. Attach Form 8936 . 6 | n | | | |
| z | Other nonre | fundable credits. List type and amount: | | | | |
| | | 6 | z | | | |
| 7 | | nonrefundable credits. Add lines 6a through 6z | | | 7 | |
| 8 | | through 4, 5a, 5b, and 7. Enter here and on Form 104 | - | SR, or | 0 | 1 000 |
| | 10 4 0-1111, III | 16 20 | | (cc | 8 8 | 1,038. Ied on page 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 |)-SR, or 1040-NR, | 15 | |
| | BAA REV | 03/07/24 PRO | Schedu | ule 3 (Form 1040) 2023 |

| SCHEE | DULE | A |
|-------|-------|---|
| (Form | 1040) | |

Itemized Deductions

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074 20

3

Go to www.irs.gov/ScheduleA for instructions and the latest information. Department of the Treasury Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

| Name(s) shown on | Form | 1040 or 1040-SR | | | You | r so | cial security number |
|---------------------------------------|------|--|---------|--------|----------|------|----------------------|
| NAVEEN SU | RYA | DEVARA | | | 72 | 6-5 | 58-3514 |
| Medical | | Caution: Do not include expenses reimbursed or paid by others. | | | | | |
| and | | Medical and dental expenses (see instructions) | 1 | | - | | |
| Dental | | Enter amount from Form 1040 or 1040-SR, line 11 2 | | | | | |
| Expenses | | Multiply line 2 by 7.5% (0.075) | 3 | | - | | |
| | | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0 | · · | | _ | 4 | |
| Taxes You Paid | | State and local taxes. | | | | | |
| Falu | a | State and local income taxes or general sales taxes. You may include | | | | | |
| | | either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, | | | | | |
| | | check this box | 5a | 76 | 0 | | |
| | ŀ | State and local real estate taxes (see instructions) | 5b | 14,00 | | | |
| | | State and local personal property taxes | 5c | 11,000 | <u> </u> | | |
| | | IAdd lines 5a through 5c | 5d | 14,76 | 9 | | |
| | | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing | | 11,10 | | | |
| | | separately) | 5e | 10,00 | 0. | | |
| | 6 | Other taxes. List type and amount: | | 10,00 | <u> </u> | | |
| | | | 6 | | | | |
| | 7 | Add lines 5e and 6 | · · · | | | 7 | 10,000. |
| Interest | | Home mortgage interest and points. If you didn't use all of your home | | | | | |
| You Paid | | mortgage loan(s) to buy, build, or improve your home, see | | | | | |
| Caution: Your | | instructions and check this box | | | | | |
| mortgage interest deduction may be | a | Home mortgage interest and points reported to you on Form 1098. | | | | | |
| limited. See instructions. | | See instructions if limited | 8a | 24,93 | 9. | | |
| | b | Home mortgage interest not reported to you on Form 1098. See | | | | | |
| | | instructions if limited. If paid to the person from whom you bought the | | | | | |
| | | home, see instructions and show that person's name, identifying no., | | | | | |
| | | and address | 8b | | _ | | |
| | | | | | | | |
| | | | | | | | |
| | C | Points not reported to you on Form 1098. See instructions for special | 0 | | | | |
| | | | 8c | | _ | | |
| | | | 8d | 0.402 | | | |
| | | Add lines 8a through 8c | 8e 9 | 24,93 | 9. | | |
| | | Add lines 8e and 9 | - | | - | 10 | 24,939. |
| Cifta ta | | Gifts by cash or check. If you made any gift of \$250 or more, see | · · | | | 10 | 24,939. |
| Gifts to Charity | | instructions | 11 | | | | |
| Caution: If you | 12 | Other than by cash or check. If you made any gift of \$250 or more, | | | | | |
| made a gift and got a benefit for it, | | see instructions. You must attach Form 8283 if over \$500 | 12 | | | | |
| see instructions. | 13 | Carryover from prior year | 13 | | | | |
| | 14 | Add lines 11 through 13 | | | • | 14 | |
| Casualty and | | Casualty and theft loss(es) from a federally declared disaster (other | | | d | | |
| Theft Losses | | disaster losses). Attach Form 4684 and enter the amount from line 1 | | | | | |
| | | instructions | | | | 15 | |
| Other | 16 | Other-from list in instructions. List type and amount: | | | [| | |
| Itemized | | | | | | | |
| Deductions | | | | | - | 16 | |
| Total | 17 | Add the amounts in the far right column for lines 4 through 16. Also, e | | | | | |
| Itemized | | Form 1040 or 1040-SR, line 12 | | | | 17 | 34,939. |
| Deductions | 18 | If you elect to itemize deductions even though they are less than your s | | | n, | | |
| | | check this box | | [| | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023



Internal Revenue Service

Name(s) shown on return

Residential Energy Credits

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

Go to www.irs.gov/Form5695 for instructions and the latest information.

OMB No. 1545-0074 2023 Attachment
Sequence No. 75 Your social security number 726 58 3514

NAVEEN SURYADEVARA

Part I

Residential Clean Energy Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a credit carryforward from 2022.

Enter the complete address of the home where you installed the property and/or technology associated with lines 1 through 4 and 5b. For more than one home, see instructions.

| 811 | COMAL DRIVE | MANSFIELD | TX | 76063 |
|---------|---|---------------------------------------|------------|------------|
| Numbe | and street | Unit no. City or town | State | e ZIP code |
| 1 | Qualified solar electric property costs | | 1 | 30,966. |
| 2 | Qualified solar water heating property costs | | 2 | |
| 3 | Qualified small wind energy property costs | | 3 | |
| 4 | Qualified geothermal heat pump property costs | | 4 | |
| 5a | Qualified battery storage technology. Does the qualified at least 3 kilowatt hours? (See instructions.) If you chec for qualified battery storage technology | ked the "No" box, you cannot clain | n a credit | □ Yes □ No |
| b | If you checked the "Yes" box, enter the qualified battery | technology costs | | |
| 6a | Add lines 1 through 5b | | 6 a | 30,966. |
| b | Multiply line 6a by 30% (0.30) | | 6b | 9,290. |
| 7a b | Qualified fuel cell property. Was qualified fuel cell prop main home located in the United States? (See instructio If you checked the "No" box, you cannot claim a credit through 11. Enter the complete address of the main home where you | ns.) | · · · 7a | Yes No |
| | Number and street Unit no. | City or town State ZIP | code | |
| 8 | Qualified fuel cell property costs | | | |
| 9 | Multiply line 8 by 30% (0.30) | 9 | | |
| 10 | Kilowatt capacity of property on line 8 above | x \$1,000 10 | | |
| 11 | Enter the smaller of line 9 or line 10 | | 11 | |
| 12 | Credit carryforward from 2022. Enter the amount, if any, | from your 2022 Form 5695, line 16 | 12 | |
| 13 | Add lines 6b, 11, and 12 | | 13 | 9,290. |
| 14 | Limitation based on tax liability. Enter the amount from Worksheet. (See instructions.) | | | 1,038. |
| 15 | Residential clean energy credit. Enter the smaller of li Schedule 3 (Form 1040), line 5a | ne 13 or line 14. Also include this a | | 1,038. |
| 16 | Credit carryforward to 2024. If line 15 is less than line from line 13 | | 8,252. | |

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

Part II Energy Efficient Home Improvement Credit

Section A-Qualified Energy Efficiency Improvements

| 17a | Are the qualified energy efficiency improvement United States? (See instructions.) | | | hom | e located in the | 17a | Yes | No |
|--------|---|------------------|---------------------------|-------|------------------|-----|-----|------|
| b | Are you the original user of the qualified energy | efficienc | v improvements? | | | 17b | Yes | No |
| с | Are the components reasonably expected to re | | | | | 17c | Yes | |
| - | If you checked the "No" box for line 17a, 17k improvement credit. Do not complete Part II, Se | o, or 17c | 5 | energ | y efficient home | | | |
| d | Enter the complete address of the main home v | where yo | u made the qualifying im | prove | ments. | | | |
| | Caution: You can only have one main home at | a time. (S | See instructions.) | | | | | |
| | · | | | | | | | |
| | Number and street Un | nit no. | City or town | State | ZIP code | | | |
| е | Were any of these improvements related to the | construc | ction of this main home? | | | 17e | Yes | 🗌 No |
| | If you checked the "Yes" box, you can only of qualifying improvements that were not related to related to the construction of your main home, into the home. | o the con | struction of the home. Do | not i | nclude expenses | | | |
| 18 | Insulation or air sealing material or system. | | | | | | | |
| а | Enter the cost of insulation material or system system) specifically and primarily designed to r home that meets the criteria established by the IE | educe he | eat loss or gain of your | 18a | | | | |
| b | Multiply line 18a by 30% (0.30). Enter the result | ts. Do no | t enter more than \$1,200 | · | | 18b | | |
| 19 | Exterior doors that meet the applicable Energy S | | | | | | | |
| а | Enter the cost of the most expensive door you | | | 19a | | | | |
| b | Multiply line 19a by 30% (0.30). Do not enter m | • | | 19b | | | | |
| с | Enter the cost of all other qualifying exterior doc | | | 19c | | | | |
| d | Multiply line 19c by 30% (0.30). | | | 19d | | | | |
| е | Add lines 19b and 19d. Do not enter more than | n \$500 | | · | | 19e | | |
| 20 | Windows and skylights that meet the Energy St | tar certifi | cation requirements. | | | | | |
| а | Enter the cost of exterior windows and skylic certification requirements. (See instructions.) | ghts that | meet the Energy Star | 20a | | | | |
| b | Multiply line 20a by 30% (0.30). Enter the result | ts. Do no | t enter more than \$600 . | | | 20b | | |
| Sectio | on B—Residential Energy Property Expenditu | | | | | | | |

| 21a | Did you incur costs for qualified energy prop the United States? | | | | | 21a | ☐ Yes | No |
|-----|--|-----------------------|-------------------------|-----------|----------|-----|-------|----|
| b | Was the qualified energy property originally p If you checked the "No" box for line 21a c energy property costs. Skip lines 22 through 2 | 21b | Yes | No | | | | |
| С | Enter the complete address of each home wh | iere you insta | lled qualified energy p | property. | | | | |
| | Number and street | Unit no. | City or town | State | ZIP code | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 22 | Residential energy property costs (include la assembly, and original installation). (See instru | | r onsite preparation, | | | | | |
| а | Enter the cost of central air conditioners . | | | 22a | | | | |
| b | Multiply line 22a by 30% (0.30). Enter the resu | ults. Do not e | nter more than \$600 . | | | 22b | | |
| 23a | | | | | | | | |
| b | Multiply line 23a by 30% (0.30). Enter the resu | ults. Do not e | nter more than \$600 . | | | 23b | | |
| 24a | Enter the cost of natural gas, propane, or oil f | urnace or ho | t water boilers | 24a | | | | |
| b | Multiply line 24a by 30% (0.30). Enter the resu | ults. Do not e | nter more than \$600. | | | 24b | | |

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Section B-Residential Energy Property Expenditures (continued)

| 25a | Enter the cost of improvements or replacement of panelboards, subpanelboards, | | | |
|-----|--|-----------------------|----------|-------------------------|
| | branch circuits, or feeders | 5a | | |
| b | Multiply line 25a by 30% (0.30). Enter the results. Do not enter more than \$600 . | | 25b | |
| 26 | Home energy audits. | | | |
| а | Did you incur costs for a home energy audit that included an inspection of your ma | ain home located in | | |
| | the United States and a written report prepared by a certified home energy auditor? | ? (See instructions.) | 26a | Yes No |
| | If you checked the "No" box, you cannot claim the home energy audit credit. Stop. | Go to line 27. | | |
| b | | 6b | | |
| C | Multiply line 26b by 30% (0.30). Enter the results. Do not enter more than \$150. | | 26c | |
| 27 | Add lines 18b, 19e, 20b, 22b, 23b, 24b, 25b, and 26c | 1 | | |
| 28 | Enter the smaller of line 27 or \$1,200 | | 28 | |
| 29 | Heat pumps and heat pump water heaters; biomass stoves and biomass boilers. | | | |
| а | | 9a | | |
| b | | 9b | | |
| с | Enter the cost of biomass stoves and biomass boilers | 9c | | |
| d | Add lines 29a, 29b, and 29c | 9d | | |
| е | Multiply line 29d by 30% (0.30). Enter the results. Do not enter more than \$2,000. | | 29e | |
| 30 | Add lines 28 and 29e | | 30 | |
| 31 | Limitation based on tax liability. Enter the amount from the Energy Efficient Home I | | | |
| | Limit Worksheet. (See instructions.) | | 31 | |
| 32 | Energy efficient home improvement credit. Enter the smaller of line 30 or line 3 | | | |
| | amount on Schedule 3 (Form 1040), line 5b | | 32 | |
| | | | <u> </u> | Form 5695 (2023) |
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