

Electronic Filing Instructions for your 2023 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA
1928 Everglades Dr
Milpitas, CA 95035-6612

Balance Due/ Refund

Your federal tax return (Form 1040) shows a balance due of \$19,807.00.

Your return shows you have elected to pay your balance due of \$19,807.00 by Direct Debit using the following information:

- Amount Withdrawn: \$19,807.00
- Account Number: 39900000728284297
- Routing Transit Number: 101205681
- Date of Withdrawal: 04/15/2024

What You Need to Keep

Your Electronic Filing Instructions (this form)
A copy of your federal return

2023 Federal Tax Return Summary

Adjusted Gross Income	\$	263,421.00
Taxable Income	\$	226,378.00
Total Tax	\$	43,934.00
Total Payments/Credits	\$	24,879.00
Payment Due	\$	19,055.00
Penalty/Interest	\$	752.00
Balance Due With Penalty/Interest	\$	19,807.00
Effective Tax Rate		13.87%

Estimated Payments to Make for Next Year's Return

Estimated Payments for 2024 - Do not mail these vouchers with your 2023 income tax return. The estimated vouchers displayed below are used to prepay your 2024 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2024, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/15/2024	\$ 5,850.00
2	06/17/2024	\$ 5,850.00
3	09/16/2024	\$ 5,850.00
4	01/15/2025	\$ 5,850.00

Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.

Mail payments to:
Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2024**

2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	5,850.
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REV 03/07/24 TTW 1555

024-88-7197 382-35-7565
LEELA SESHU REDDY CHEEDEPUDI
VANI YENUMULA
1928 EVERGLADES DR
MILPITAS CA 95035-6612

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

024887197 CP CHEE 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/17/2024**

2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	5,850.
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REV 03/07/24 TTW 1555

024-88-7197 382-35-7565
LEELA SESHU REDDY CHEEDEPUDI
VANI YENUMULA
1928 EVERGLADES DR
MILPITAS CA 95035-6612

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

024887197 CP CHEE 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/16/2024**

2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	5,850.
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REV 03/07/24 TTW 1555

024-88-7197 382-35-7565
LEELA SESHU REDDY CHEEDEPUDI
VANI YENUMULA
1928 EVERGLADES DR
MILPITAS CA 95035-6612

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

024887197 CP CHEE 30 0 202412 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/15/2025**

2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....▶	5,850.
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REV 03/07/24 TTW 1555

024-88-7197 382-35-7565
LEELA SESHU REDDY CHEEDEPUDI
VANI YENUMULA
1928 EVERGLADES DR
MILPITAS CA 95035-6612

INTERNAL REVENUE SERVICE
PO BOX 802502
CINCINNATI OH 45280-2502

024887197 CP CHEE 30 0 202412 430

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial LEELA SESHU REDDY Last name CHEEDEPUDI Your social security number 024 88 7197

If joint return, spouse's first name and middle initial VANI Last name YENUMULA Spouse's social security number 382 35 7565

Home address (number and street). If you have a P.O. box, see instructions. 1928 Everglades Dr Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. Milpitas State CA ZIP code 950356612 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows for PRATEEK R, CHEEDEPUDI (Son) and TARA R, CHEEDEPUDI (Daughter).

Income section table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Income section table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount (ROLLOVER).

Income section table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	40,792.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	40,792.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	262.
	21	Add lines 19 and 20	21	4,262.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	36,530.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	7,404.
	24	Add lines 22 and 23. This is your total tax	24	43,934.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	24,879.
	b	Form(s) 1099	25b	0.
	c	Other forms (see instructions)	25c	0.
	d	Add lines 25a through 25c	25d	24,879.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	24,879.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																			
	b	Routing number <table border="1" style="display: inline-table;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X										
X	X	X	X	X	X	X	X	X	X													
	d	Account number <table border="1" style="display: inline-table;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	36	Amount of line 34 you want applied to your 2024 estimated tax	36																			

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	37	19,807.
	38	Estimated tax penalty (see instructions)	38	752.

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

Designee's name	Phone no.	Personal identification number (PIN)
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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 Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Project Manager	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (408) 657-3748	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address			Phone no.
Firm's EIN				

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	51,533.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-1,427.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	727.
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	727.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	50,833.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	3,540.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	3,540.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

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

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	7,080.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	44.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	118.
12	Net investment income tax. Attach Form 8960	12	162.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____ _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			7,404.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Your social security number 024-88-7197
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Part I Nonrefundable Credits

1 Foreign tax credit. Attach Form 1116 if required		1	262.
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	
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:			
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	6c		
d Credit for the elderly or disabled. Attach Schedule R	6d		
e Reserved for future use	6e		
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		
l Amount on Form 8978, line 14. See instructions	6l		
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		7	
8 Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	262.

(continued on page 2)

Part 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:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	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-SR, or 1040-NR, line 31		15	

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

**Part I
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: NATIONAL FINANCIAL SERVICES LLC BANK OF AMERICA, N.A. loandepot com llc WELLS FARGO BANK, N.A. NATIONAL FINANCIAL SERVICES LLC NATIONAL FINANCIAL SERVICES LLC CHARLES SCHWAB & CO., INC.	415.19 12.33 100.33 38.48 940.72 1.85 428.21
2	Add the amounts on line 1	1,937.11
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	1,937.11

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer: <u>Betterment Securities</u> NATIONAL FINANCIAL SERVICES LLC NATIONAL FINANCIAL SERVICES LLC CHARLES SCHWAB & CO., INC.	409.90 258.39 1,102.30 3,568.54
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	5,339.13

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____		
8	During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Name of proprietor LEELA SESHU REDDY CHEEDEPUDI		Social security number (SSN) 024-88-7197
A Principal business or profession, including product or service (see instructions) Software Services and Consulting	B Enter code from instructions 5 4 1 5 1 0	
C Business name. If no separate business name, leave blank. Seshu Reddy's LLC	D Employer ID number (EIN) (see instr.) 9 3 1 3 9 1 2 1 8	
E Business address (including suite or room no.) 1928 Everglades Dr City, town or post office, state, and ZIP code Milpitas, CA 95035-6612		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2023, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	66,406.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	66,406.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	66,406.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	66,406.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	2,166.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	51.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	651.
b Other	16b		b Deductible meals (see instructions)	24b	16.
17 Legal and professional services	17		25 Utilities	25	740.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	303.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29.			28		3,927.
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 .			29		62,479.
• If a loss, you must go to line 32.			30		10,946.
32 If you have a loss, check the box that describes your investment in this activity. See instructions.			31		51,533.
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 .				32a	<input type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.				32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

Startup Costs		303.
48 Total other expenses. Enter here and on line 27a	48	303.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1,945.	2,043.	0.	-98.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (11,870.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -11,968.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	1,278.	1,167.	2.	113.
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 393.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (1,020.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -514.

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

Schedule D (Form 1040) 2023

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-12,482.
	<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA
Social security number or taxpayer identification number: 024-88-7197

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	7.00 ISHARES CORE MSCI EMERGING ETF	10/24/22	03/29/23	338.	293.			45.
	0.025647 sh. iShares Russell 2000 Value ETF Class O	06/13/22	05/31/23	3.	4.			-1.
	0.031037 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	08/16/22	07/31/23	1.	1.	W	0.	0.
	0.054243 sh. iShares Core MSCI EAFE ETF Class O	08/30/22	04/28/23	4.	3.			1.
	0.042270 sh. iShares Core MSCI EAFE ETF Class O	08/30/22	03/31/23	3.	3.			0.
	0.053058 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	09/02/22	08/31/23	2.	2.	W	0.	0.
	0.025072 sh. Vanguard REIT Index ETF Class O	09/22/22	03/24/23	2.	2.			0.
	6.973756 sh. Vanguard REIT Index ETF Class O	09/22/22	03/24/23	537.	595.			-58.
	12.314742 sh. Vanguard REIT Index ETF Class O	09/23/22	03/24/23	948.	1,027.			-79.
	0.087619 sh. Vanguard REIT Index ETF Class O	09/26/22	03/24/23	7.	7.			0.
	0.068126 sh. Vanguard REIT Index ETF Class O	09/28/22	03/24/23	5.	6.			-1.
	1.001879 sh. Vanguard REIT Index ETF Class O	10/03/22	03/24/23	77.	82.			-5.
	0.078511 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	12/02/22	09/29/23	3.	3.	W	0.	0.
	0.078511 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	12/02/22	10/31/23	3.	3.	W	0.	0.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			1,933.	2,031.		0.	-98.

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return: LEEEA SESHU REDDY CHEEDEPUDI & VANI YENUMULA Social security number or taxpayer identification number: 024-88-7197

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

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

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

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

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s) from instructions, (g) Amount of adjustment, (h) Gain or (loss). Includes 7 rows of Vanguard ETF transactions and a Totals row.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social security number or taxpayer identification number 024-88-7197
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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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	GE HEALTHCARE TECHNOLOGIES INC C 0.275	07/17/19	01/06/23	16.	16.			0.	
	GE HEALTHCARE TECHNOLOGIES INC C 0.078	03/16/20	01/06/23	5.	3.			2.	
	GE HEALTHCARE TECHNOLOGIES INC C 0.235	03/18/20	01/06/23	14.	8.			6.	
	GE HEALTHCARE TECHNOLOGIES INC C 0.079	06/29/20	01/06/23	5.	3.			2.	
	ATHENEX INC COM NEW *EXPIRED POS 0.033	02/11/21	05/16/23	0.	7.			-7.	
	ATHENEX INC COM NEW *EXPIRED POS 0.133	02/11/21	05/16/23	0.	27.			-27.	
	ATHENEX INC COM NEW *EXPIRED POS 0.033	03/19/21	05/16/23	0.	2.			-2.	
	ATHENEX INC COM NEW *EXPIRED POS 0.2	03/19/21	05/16/23	0.	14.			-14.	
	ATHENEX INC COM NEW *EXPIRED POS 0.601	05/06/21	05/16/23	0.	36.			-36.	
	BIOCEPT INC COM NEW 0.2	03/02/20	05/18/23	1.	33.			-32.	
	BIOCEPT INC COM NEW 0.067	07/14/21	05/18/23	0.	8.			-8.	
	BIOCEPT INC COM NEW 0.066	01/18/22	05/18/23	0.	6.			-6.	
	3.00 SCHWAB US SMALL CAP ETF	09/02/20	03/29/23	122.	108.			14.	
	6.00 VANGUARD SMALL CAP ETF IV	VARIOUS	03/29/23	1,105.	884.			221.	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).				1,268.	1,155.			113.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social security number or taxpayer identification number 024-88-7197
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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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.014081 sh. Vanguard FTSE Emerging Markets Class O	08/24/21	07/31/23	1.	1.	W	0.	0.
	0.030456 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	09/02/21	12/29/23	1.	2.	W	1.	0.
	0.051665 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	11/16/21	12/29/23	2.	3.	W	1.	0.
	0.020686 sh. iShares Russell 2000 Value ETF Class O	06/13/22	06/30/23	3.	3.			0.
	0.033321 sh. Vanguard REIT Index ETF Class O	09/30/22	11/30/23	3.	3.			0.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .				10.	12.		2.	0.

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.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

LEELA SESHU REDDY CHEDEPUDI & VANI YENUMULA

024-88-7197

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section [X] Yes [] No

Table with 7 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A-D.

Summary table for Part II with columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Rows A-D, 29a Totals, b Totals, 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A-B.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A-B, 34a Totals, b Totals, 35-37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38-39.

Part V Summary

Summary table for Part V with 2 columns: Description, Amount. Rows 40-43.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
LEELA SESHU REDDY CHEEDEPUDI

Social security number of person
with **self-employment** income 024-88-7197

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 50,106.

3 Combine lines 1a, 1b, and 2 **3** 50,106.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 46,273.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 46,273.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 46,273.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 112,311.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 112,311.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 47,889.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 5,738.

11 Multiply line 6 by 2.9% (0.029) **11** 1,342.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 7,080.

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 3,540.

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

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,840, **or (b)** your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/Form5329 for instructions and the latest information.

Name of individual subject to additional tax. If married filing jointly, see instructions.

LEELA SESHU REDDY CHEDEPUDI

Your social security number

024-88-7197

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2023 than is allowable or you had an amount on line 17 of your 2022 Form 5329.

9	Enter your excess contributions from line 16 of your 2022 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2023 traditional IRA distributions included in income (see instructions)	11	
12	2023 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2023 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329.

18	Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2023 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2023 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2023 were more than is allowable or you had an amount on line 33 of your 2022 Form 5329.

Table with 3 columns: Description, Amount, and Total. Rows 26-33 detailing excess contributions and additional tax for Coverdell ESAs.

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2023 than is allowable or you had an amount on line 41 of your 2022 Form 5329.

Table with 3 columns: Description, Amount, and Total. Rows 34-41 detailing excess contributions and additional tax for Archer MSAs.

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2023 than is allowable or you had an amount on line 49 of your 2022 Form 5329.

Table with 3 columns: Description, Amount, and Total. Rows 42-49 detailing excess contributions and additional tax for HSAs.

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2023 were more than is allowable.

Table with 3 columns: Description, Amount, and Total. Rows 50-51 detailing excess contributions and additional tax for ABLE accounts.

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

Table with 3 columns: Description, Amount, and Total. Rows 52-55 detailing minimum required distribution and additional tax for qualified retirement plans.

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return. Includes fields for Your signature and Date.

Paid Preparer Use Only. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's EIN, Firm's address, and Phone no.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

024-88-7197

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	263,421.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	263,421.	
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000	5	4,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	4,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	4,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	40,530.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21	
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
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Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
024-88-7197

LEELA SESHU REDDY CHEEDEPUDI

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions		<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	4,219.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	4,219.
9	Employer contributions made to your HSAs for 2023	9	4,946.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	4,946.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

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

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	414.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
c	Subtract line 14b from line 14a	14c	414.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	414.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	

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

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

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 382-35-7565

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 3,531.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 3,531.
9	Employer contributions made to your HSAs for 2023	9 3,531.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 3,531.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

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

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

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

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

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your taxpayer identification number

024-88-7197

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Seshu Reddy's LLC	93-1391218	47,993.
ii	5222 Cherry Orchard LLC	93-1921748	-1,427.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	46,566.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	46,566.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	9,313.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	148.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	148.
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	30.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	9,343.
11	Taxable income before qualified business income deduction (see instructions)	11	235,721.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	3,762.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	231,959.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	46,392.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	9,343.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	216,828.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	216,828.		
5 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			0.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			0.

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8	46,273.		
9 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000.		
10 Enter the amount from line 4	10	216,828.		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	33,172.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			13,101.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			118.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status:				
Married filing jointly \$250,000				
Married filing separately \$125,000				
Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18			118.
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,144.		
20 Enter the amount from line 1	20	216,828.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,144.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24			0.

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

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

Name(s) shown on your tax return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number or EIN

024-88-7197

Part I Investment Income Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1,937.
2	Ordinary dividends (see instructions)		5,339.
3	Annuities (see instructions)		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	50,106.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	-50,106.	
c	Combine lines 4a and 4b		0.
5a	Net gain or loss from disposition of property (see instructions)	-3,000.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		
d	Combine lines 5a through 5c		-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		
7	Other modifications to investment income (see instructions)		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		4,276.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)		
b	State, local, and foreign income tax (see instructions)		
c	Miscellaneous investment expenses (see instructions)		
d	Add lines 9a, 9b, and 9c		
10	Additional modifications (see instructions)		
11	Total deductions and modifications. Add lines 9d and 10		

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		4,276.
Individuals:			
13	Modified adjusted gross income (see instructions)	263,421.	
14	Threshold based on filing status (see instructions)	250,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	13,421.	
16	Enter the smaller of line 12 or line 15		4,276.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		162.
Estates and Trusts:			
18a	Net investment income (line 12 above)		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-		
19a	Adjusted gross income (see instructions)		
b	Highest tax bracket for estates and trusts for the year (see instructions)		
c	Subtract line 19b from line 19a. If zero or less, enter -0-		
20	Enter the smaller of line 18c or line 19c		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		

Expenses for Business Use of Your Home
 File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used
 for business during the year.
 Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s) **LEELA SESHU REDDY CHEEDEPUDI** Your social security number **024-88-7197**

Part I Part of Your Home Used for Business		Software Services and Consulting	
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	275
2	Total area of home	2	1,260
3	Divide line 1 by line 2. Enter the result as a percentage	3	21.83 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	21.83 %

Part II Figure Your Allowable Deduction			
8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	59,159.
See instructions for columns (a) and (b) before completing lines 9-22.		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	11,454.
11	Real estate taxes (see instructions)	11	10,083.
12	Add lines 9, 10, and 11	12	21,537.
13	Multiply line 12, column (b), by line 7	13	4,702.
14	Add line 12, column (a), and line 13	14	4,702.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	54,457.
16	Excess mortgage interest (see instructions)	16	0.
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	920.
19	Rent	19	
20	Repairs and maintenance	20	10,804.
21	Utilities	21	1,657.
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	13,381.
24	Multiply line 23, column (b), by line 7	24	2,921.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	2,921.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	2,921.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	51,536.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	3,323.
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	3,323.
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	3,323.
34	Add lines 14, 27, and 33	34	10,946.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	10,946.

Part III Depreciation of Your Home			
37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	880,000.
38	Value of land included on line 37	38	130,000.
39	Basis of building. Subtract line 38 from line 37	39	750,000.
40	Business basis of building. Multiply line 39 by line 7	40	163,725.
41	Depreciation percentage (see instructions)	41	2.0299 %
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	3,323.

Part IV Carryover of Unallowed Expenses to 2024			
43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Attachment Sequence No. 179

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA, K1 Partnership SBE 5222 Cherry Orchard LLC, 024-88-7197

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and a table below for property details. Rows include: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation, 6-13 Property details and calculations.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows: 17 MACRS deductions for assets placed in service in tax years beginning before 2023, 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-g (3-25 year property) and h-i (Residential/Nonresidential real property).

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 20a-d (12-40 year class life).

Part IV Summary (See instructions.)

Table with 3 rows: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25								
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
Toyota Rav 4 XLE	04/01/2023	14.75 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28								
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29								

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)	1,520											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	6,208											
33 Total miles driven during the year. Add lines 30 through 32	7,728											
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA, Sch C Software Services and Consulting, 024-88-7197

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and a table below for property details. Rows include: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation, 6-13 Property details table.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation (including ACRS)

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows: 17 MACRS deductions for assets placed in service in tax years beginning before 2023, 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, and residential/nonresidential real property.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Includes rows for 12-year, 30-year, 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
Toyota Camry XLE 2005 03/01/2023 37.77 % S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) . (a) Vehicle 1 3,307 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven 3,989
33 Total miles driven during the year. Add lines 30 through 32 7,296
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person? X
36 Is another vehicle available for personal use? X

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):
43 Amortization of costs that began before your 2023 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using your bank account; a digital wallet such as Click to Pay, PayPal, and Venmo; cash; or a credit or debit card. See *How To Make a Payment*, later, and www.irs.gov/Payments for more information.
2. You can file Form 4868 electronically by accessing IRS e-file using your tax software or by using a tax professional who uses e-file.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due (optional).



**It's Convenient,
Safe, and Secure**

IRS e-file is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order. See *Pay by Check or Money Order*, later.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to www.irs.gov/FreeFile.



Pay Electronically

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. The IRS will automatically process an extension of time to file when you pay part or all of your estimated income tax electronically. You can pay online or by phone. See *Making Payments Electronically*, later.



E-file Using Your Tax Software or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2022 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868*, later.



File a Paper Form 4868

If you wish to file on paper instead of electronically, complete the Form 4868 below and mail it to the address shown under *Where To File a Paper Form 4868*, later.

For information on using a private delivery service, see *Private Delivery Services*, later.

Note: If you're a fiscal year taxpayer, you must file a paper Form 4868.

General Instructions

Purpose of Form

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined later under *Taxpayers who are out of the country*) and a U.S. citizen or resident) to file Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Gift and generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2023 calendar year income tax return also extends the time to file Form 709 for 2023. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2023. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2023, see the instructions for Forms 709 and 8892.

Qualifying for the Extension

To get the extra time, you must:

1. Properly estimate your 2023 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty, later. Any remittance you make with your application for extension will be treated as a payment of tax.

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

DETACH HERE

Part I Identification		Part II Individual Income Tax	
1	LEELA SESHU REDDY CHEEDUPUDI & VAN 1928 EVERGLADES DR MILPITAS, CA 95035-6612	4	Estimate of total tax liability for 2023 . . . \$ 45,179.
2	024-88-7197	5	Total 2023 payments 24,879.
3	382-35-7565	6	Balance due. Subtract line 5 from line 4. See instructions 20,300.
		7	Amount you're paying (see instructions) 0.
		8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions <input type="checkbox"/>
		9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/>

024887197 CP CHEE 30 0 202312 670



Audit Defense Order Confirmation

Thank you for choosing Audit Defense for your 2023 income tax return. This service is provided by an independent tax firm TaxAudit.com, a service of TaxResources, Inc.

Name: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA
Confirmation Number: 6209635567
Amount Paid: 60.00

When TaxAudit.com defends your income tax return during an IRS or state audit, you have professional representation throughout the entire process.

TaxAudit.com:

- Defends your 2023 income tax return in an audit through the highest level of appeals
- Schedules and attends all audit appointments
- Reviews your tax return for additional problem areas
- Reviews your source documentation before the tax agency sees it
- Handles all audit correspondence and makes all audit phone calls
- Prepares requests for appeals conferences and U.S. Tax Court Petition, if necessary
- Minimizes the financial impact of an audit

If you paid for Audit Defense by credit card:

1. You'll receive an email from TaxAudit.com in two to five days notifying you that your membership has been processed
2. View and print your certificate at <http://intuit.taxaudit.com>
3. To ensure you receive your confirmation email, please add AuditDefenseCertificates@taxaudit.com to your email address book

If you choose to pay for Audit Defense with your tax refund (e-filed returns only):

1. You'll need notice that the IRS has accepted your e-filed return and your refund has been processed
2. Two to five days after this, you'll receive an email from TaxAudit.com notifying you that your membership has been processed
3. View and print your certificate at <http://intuit.taxaudit.com>
4. To ensure you receive your confirmation email, please add AuditDefenseCertificates@taxaudit.com to your email address book

IMPORTANT: If you're **filing by mail** and **did not pay** for Audit Defense with a credit card, your order will not go through. We recommend going back and either e-filing your return or paying by credit card.

If you receive any audit or tax notice from the IRS or state taxing agency, contact TaxAudit.com immediately at 877-829-9695. TaxAudit.com's customer service office hours are 8 a.m. to 5 p.m. Pacific Time, Monday through Friday. TaxAudit.com must be your only contact with the IRS or state (please read the Audit Defense Membership Agreement).

For more information, or to purchase Audit Defense for other tax returns, visit TaxAudit.com's website at <http://intuit.taxaudit.com>.

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Your SSN 024-88-7197
---	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Software Services and Consulting	51,533.
5222 Cherry Orchard LLC	-1,427.
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	50,106.

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2022 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1 Net capital loss not included in net investment income	1	0.
2 Capital loss carryover to next year	2	9,482.
3 Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1 Casualty and theft losses reported on Schedule A, line 15.	1	
2 Amounts reported on Form 8814, line 12	2	
3 Adjustment for distributions from estates and trusts	3	
4 Schedule F income/loss included in net investment income	4	
5 Substitute interest and dividend payments	5	
6 Recovery of a prior year deduction	6	
7	7	
8 Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	_____
2	Investment income.	2	_____
3	Total adjusted gross income	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e)	6	_____
7	Lesser of line 5 or line 6.	7	_____
8	Foreign income taxes	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	_____

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2022	(c) Suspended 12/31/2023	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2022	(c) Suspended 12/31/2023	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2022	(c) Suspended 12/31/2023	(d) Used against activity	(e) Used against other passive

**Schedule 1
Line 8**

Other Income Statement

2023

Statement L8

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
--	--

	(a) Taxpayer	(b) Spouse
a Net operating loss carryover from a prior year		
b 1 Winnings from Form W-2G		
2 Gambling winnings not reported on Form W-2G		
3 Winnings from Schedule K-1		
4 Total gambling winnings.		
c Income from the Cancellation of Debt:		
1 From Form 1099-C:		
a Amount of debt canceled from box 2		
b Amount of canceled debt excluded from income		
c Taxable amount of canceled debt.		
2 From Schedule(s) K-1		
d Foreign earned income and housing exclusion, from Form 2555		
e Taxable distributions from Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med MSA		
3 Taxable long term care distributions LTC.		
4 Total Form 8853		
f Form 8889, Health Savings Accounts		
1 Taxable HSA Distributions from Form 1099-SA	727 .	
2 Last month rule and qualified HSA funding distribution amt		
3 Total Form 8889	727 .	
g Alaska Permanent Fund.		
h Jury duty pay		
i 1 Winnings (prizes, etc.) from Form 1099-MISC, box 3		
2 Other non-gambling awards and prizes		
j Income from "not for profit" activities (hobbies):		
1 Hobby income from Form 1099-K		
2 Other hobby income not reported elsewhere		
3 Total income from "not for profit" activities (hobbies):		
j Does not apply to Form 1040NR		
k Employer stock compensation income for non-employee		
l Income from rental of personal property		
1 Rent from personal property from Form 1099-MISC box 1		
2 Rent from personal property from Form 1099-K box 1		
3 Other rent from personal property		
4 Total Income from the rental of personal property		
m Olympic/Paralympic medals and USOC prize money**		
n Section 965 deferred foreign income (Form 965)		
o Global intangible low-taxed income (Form 8992)		
p Limitation on business losses (Form 461)		
q ABLE account distributions		
r Scholarship and fellowship grants not reported on Form W-2		
s Nontaxable amount of Medicaid waiver payments		
t Nonqualified pension/annuity		
u Wages while incarcerated.		

z 1 Child's investment income, from Form 8814.		
2 Taxable income from Forms 1099-MISC:		
a Substitute payments in lieu of interest or dividends		
b Other income from 1099-MISC box 3 (Excluding Olympic prize money)		
c Tribal Gaming.		
3 Non-Employee Compensation from Form 1099-NEC box 1		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Other income, from Schedule(s) K-1		
7 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
	Type of Tax	State or Local ID
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses . .		
f Other refunds or reimbursements.		
8 Recoveries of bad debts deducted in a prior year.		
9 Bartering income not reported elsewhere		
10 Other income on Form 1099-K (payment network transactions):		
11 Unemployment income and repayment		
a Union unemployment benefits.		
b Private fund unemployment benefits		
c State employee unemployment benefits		
d Repayment of non-government unemployment benefits		
12 Other taxable income:		

13 Income from Community Property:		
a Positive community property adjustment		
b Negative community property adjustment (enter as positive) . .		

aa Exclusions from Gross Income
The excludable items below from Form 1099 are included on Schedule 1, line 8z, along with a corresponding negative adjustment to remove from gross income.

a CA Middle Class Tax Refund payment		
b Incorrect Form 1099-K.		
c Loss from Sale of Personal Items Reported on Form 1099-K		

Total. Add lines a through z . (Do not include aa .) Enter here and on Schedule 1, line 9	727 .	
---	-------	--

Charitable Organization Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return <u>LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA</u>	Social Security Number <u>024-88-7197</u>
--	--

Charity Name . . . Goodwill
 Address 311 W Calaveras Blvd
 City Milpitas State . . . CA ZIP code . . 95035

Combined Amounts Worksheet				
Note: Amounts entered in worksheets below will be summarized in this worksheet.				
Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	05/15/2023	Summary	Items - ItsDeductible	415.05
			Total:	415.05
			Prior Year Total:	500.00

ItsDeductible Item Donations Worksheet								
Note: Amounts in this worksheet can only be entered using the interview process.								
Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	05/15/2023	1	Men's Jogging Suit	16.99	2	11.89	0	33.98
1	05/15/2023	1	Men's Pants: Chinos/Khakis	12.32	2	8.62	0	24.64
1	05/15/2023	1	Men's Shirt: T-Shirt	9.03	10	6.32	0	90.30
1	05/15/2023	1	Women's Shirt: T-Shirt	8.19	5	5.73	0	40.95
			See Detail of Item Donations - Continued					225.18

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Other Item Donations Worksheet				
Note: Double-click to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet								
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring		2023 Amount		
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet							
Ref. No.	Donation Date	Description of Trip			Total Donation Value		
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven	Value of Miles			
Other Costs	Description of Other Costs						
			<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
			<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
			<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
			<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA _____ 024-88-7197

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? **Yes** **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ► **Yes** **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ► **Yes** **No**
- 4 What Type of charitable organization was it? Check one:
 (a) 50% charity **(b)** Other than 50% charity

Charitable Organization Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return <u>LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA</u>	Social Security Number <u>024-88-7197</u>
--	--

Charity Name . . . India Heritage Foundation
 Address _____
 City _____ State _____ ZIP code . . . _____

Combined Amounts Worksheet				
Note: Amounts entered in worksheets below will be summarized in this worksheet.				
Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	391.00
			Total:	391.00
			Prior Year Total:	97.72

ItsDeductible Item Donations Worksheet								
Note: Amounts in this worksheet can only be entered using the interview process.								
Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Other Item Donations Worksheet				
Note: Double-click to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet							
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring		2023 Amount	
1	Various	391.00	1	<input type="checkbox"/>	Once	<input checked="" type="checkbox"/> Recur	391.00
				<input type="checkbox"/>	Once	<input type="checkbox"/> Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/> Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/> Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/> Recur	

Detail of Mileage and Transportation Costs Worksheet						
Ref. No.	Donation Date	Description of Trip			Miles Driven Value of Miles	Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring				
Other Costs	Description of Other Costs					
			<input type="checkbox"/> Once	<input type="checkbox"/> Recur		
			<input type="checkbox"/> Once	<input type="checkbox"/> Recur		
			<input type="checkbox"/> Once	<input type="checkbox"/> Recur		
			<input type="checkbox"/> Once	<input type="checkbox"/> Recur		

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA _____ 024-88-7197

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? **Yes** **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ► **Yes** **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ► **Yes** **No**
- 4 What Type of charitable organization was it? Check one:
 (a) 50% charity **(b)** Other than 50% charity

Part I - Personal Information

Information in Part I is completely calculated from entries on Personal Information Worksheets.

Taxpayer:

First name LEELE SESHU REDDY
Middle initial Suffix
Last name CHEEDEPUDI
Social security no. 024-88-7197
Occupation Software Engineer
Date of birth 12/11/1978 (mm/dd/yyyy)
Age as of 1-1-2024 45
Daytime phone (408) 657-3748 Ext
Legally blind
Date of death

Spouse:

First name VANI
Middle initial Suffix
Last name YENUMULA
Social security no. 382-35-7565
Occupation Project Manager
Date of birth 10/22/1982 (mm/dd/yyyy)
Age as of 1-1-2024 41
Daytime phone Ext
Legally blind
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? Yes No
If yes, was taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? Yes No
If yes, was spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? Yes No

Part II - Address and Federal Filing Status (enter information in this section)

US Address:

Address 1928 Everglades Dr Apt no.
City Milpitas State CA ZIP code 95035-6612

Foreign Address:

Check this box to use foreign address
Address Apt no.
City
Foreign code Foreign country Foreign postal code

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone
Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Print Form 1040-SR instead of Form 1040 Yes No

Federal filing status:

1 Single
2 Married filing jointly
3 Married filing separately
Check this box if you did not live with your spouse at any time during the year.
Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help)
4 Head of household
If the 'qualifying person' is your child but not your dependent:
Child's First name MI Last Name Suff
Child's social security number
5 Qualifying surviving spouse
Check the appropriate box for the year your spouse died 2021 2022
Are you a dependent with a qualifying child Yes No
Enter qualifying person's name:
Child's First name MI Last Name Suff
Child's social security number

Part III - Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

Table with columns: First name, Last name, MI, Suffix, Social security number, Relationship, Age, Date of birth, Date of death, Qualified child/dep care exps incurred and paid 2023, EIC, Lived with taxpyr in U.S., Not qual credit other dep Educ Tuittn and Fees, Dep

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2023? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2023 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2023 or if you are ineligible to claim the EIC in 2023 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... UMB Bank n.a
Check the appropriate box ... Checking X Savings
Routing number ... 101205681 Account number ... 39900000728284297

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ... 04/15/2024
Balance-due amount from this return ... 19,807.

Amended Returns:

Do you want to elect direct debit of federal amended balance due (e-File only)? ... Yes No
Enter the payment date to withdraw from the account above ...
Balance-due amount from this amended return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ... X

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2023, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

Disaster Tax Relief:

Check if you took a disaster distribution between 2018 and 2020 ...

Part VI – Additional Information for Your Federal Return – Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here

If the IRS sent the spouse an Identity Protection PIN, enter it here

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2023 CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year [X]

Taxpayer is a resident of the state above for only part of year

Date the taxpayer established residence in state above

In which state (or foreign country) did the taxpayer reside before this change?

Spouse:

Enter the spouse’s state of residence as of December 31, 2023 CA

Check the appropriate box:

Spouse is a resident of the state above for the entire year [X]

Spouse is a resident of the state above for only part of year

Date the spouse established residence in state above

In which state (or foreign country) did the spouse reside before this change?

Nonresident states:

Table with 2 columns: Nonresident State(s), Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS

Check if this is the joint return created to file joint state tax return (see Help)

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 50301

Spouse's PIN used to sign the return 20302

Taxpayer:

Drivers license or state ID number F3335456

Issued by what state CA

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Spouse

Drivers license or state ID number F2520672

Issued by what state CA

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Personal Information Worksheet
For the Taxpayer

2023

Keep for your records

QuickZoom to another copy of Personal Information Worksheet ▶
QuickZoom to Federal Information Worksheet ▶

Part I – Taxpayer's Personal Information

First name . . . LEELA SESHU REDDY Middle initial . . . Last name . . . CHEEDEPUDI
Suffix

Social security no. . . 024-88-7197 Member of U.S. Armed Forces in 2023? . . Yes No

Date of birth 12/11/1978 (mm/dd/yyyy) age as of 1-1-2024 45

Occupation Software Engineer Daytime phone (408) 657-3748 Ext

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2023 ▶ 2023 . ▶ 2022 . ▶ 2021 . ▶ Before 2021 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help) ▶ Yes No

Check if this person is legally blind ▶ Yes No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2024 and this is the first year you
are filing a tax return? ▶ Yes No

Language in which you want the IRS to communicate with you ▶

Do you want \$3 to go to Presidential Election Campaign Fund? ▶ Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can another taxpayer (such as your parent) claim you as a dependent? ▶ Yes No

2 a If you answered 'Yes' to question 1, are you actually claimed as a
dependent on that person's tax return? ▶ Yes No

b If you answered 'No' to question 2a, was the person(s) who could claim you
required to file a tax return for 2023, or filed a tax return for any reason
other than to claim a refund of taxes paid or withheld? If the answer is 'No',
change the answer to question 1 to 'No'. (see help) ▶ Yes No

Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2023? ▶ Yes No

4 Did your earned income exceed one-half of your support? ▶ Yes No

5 Was at least one of your parents alive on December 31, 2023? ▶ Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2023 CA

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2023

Unreimbursed medical expenses paid for qualifying person in 2023

Employment taxes paid for dependent care providers in 2023

Full-time student for 5 calendar months during 2023? ▶ Yes No

Disabled person who was not physically or mentally capable of self-care? ▶ Yes No
This person is a qualifying person for the child and dependent care credit ▶ Yes No

Personal Information Worksheet
For the Spouse

2023

Keep for your records

QuickZoom to another copy of Personal Information Worksheet ▶
QuickZoom to Federal Information Worksheet ▶

Part I – Spouse's Personal Information

First name . . . VANI Middle initial . . . Last name . . . YENUMULA
Suffix

Social security no. . . 382-35-7565 Member of U.S. Armed Forces in 2023? . . Yes No

Date of birth 10/22/1982 (mm/dd/yyyy) age as of 1-1-2024 41

Occupation . . . Project Manager Daytime phone . . . Ext

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2023 ▶ 2023 . ▶ 2022 . ▶ 2021 . ▶ Before 2021 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help) ▶ Yes No

Check if this person is legally blind ▶ Yes No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2024 and this is the first year you
are filing a tax return? ▶ Yes No

Language in which you want the IRS to communicate with you ▶

Do you want \$3 to go to Presidential Election Campaign Fund? ▶ Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can another taxpayer (such as your parent) claim you as a dependent? ▶ Yes No

2 a If you answered 'Yes' to question 1, are you actually claimed as a
dependent on that person's tax return? ▶ Yes No

b If you answered 'No' to question 2a, was the person(s) who could claim you
required to file a tax return for 2023, or filed a tax return for any reason
other than to claim a refund of taxes paid or withheld? If the answer is 'No',
change the answer to question 1 to 'No'. (see help) ▶ Yes No
Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2023? ▶ Yes No

4 Did your earned income exceed one-half of your support? ▶ Yes No

5 Was at least one of your parents alive on December 31, 2023? ▶ Yes No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2023 CA

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2023

Unreimbursed medical expenses paid for qualifying person in 2023

Employment taxes paid for dependent care providers in 2023

Full-time student for 5 calendar months during 2023? ▶ Yes No

Disabled person who was not physically or mentally capable of self-care? ▶ Yes No
This person is a qualifying person for the child and dependent care credit ▶ Yes No

Dependent and Nondependent Information Worksheet

2023

Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Personal Information

First name . . . PRATEEK Middle initial . R Last name . . CHEEDEPUDI
Suffix

Social security no. . . 380-35-5303

Date of birth 08/23/2008 (mm/dd/yyyy) age as of 12-31-2023 15
Did this person pass away in 2023 (deceased)? . . Yes No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see Relationship in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? X Yes No

Dependency code * . L - Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled

Check this box if:

- The taxpayer filing this return is filing as Qualifying Surviving Spouse
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Surviving Spouse filing status except the dependent's gross income was \$4,700 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II - Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? X Yes No
Is this person a resident of Canada or Mexico? Yes X No

This person is adopted and you are a U.S. citizen or U.S. national

TurboTax Web Only:

Was the adoption final as of December 31, 2023? Yes No

Was the person placed with you for adoption after 2023, or was the adoption final in 2023 or later? Yes No

The adopted child lived with you all year Yes No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit X Yes No
Child is a nondependent, but may qualify for earned income credit Yes No
You, and no one else, is claiming this nondependent for the earned income credit Yes No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E - Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is not valid for employment

Check if this person is not a qualifying child for the child tax credit

Check if this person is not a qualifying person for the credit for other dependents

Dependent has ITIN

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2023 _____

Unreimbursed medical expenses paid for qualifying person in 2023 _____

Employment taxes paid for dependent care providers in 2023 _____

Child or dependent is a qualifying person for the child and dependent care credit Yes No

Child is a nondependent, but may qualify for the child and dependent care credit Yes No

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, 2023 _____

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

 Date this person established residence in state above ► _____

 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Dependent and Nondependent Information Worksheet

2023

Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Personal Information

First name . . . TARA Middle initial . R Last name . . . CHEEDEPUDI
Suffix

Social security no. . . 768-47-7952

Date of birth 02/26/2013 (mm/dd/yyyy) age as of 12-31-2023 10

Did this person pass away in 2023 (deceased)? . . [] Yes [] No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see Relationship in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? [X] Yes [] No

Dependency code * . L - Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled [X]

Check this box if: []

- The taxpayer filing this return is filing as Qualifying Surviving Spouse
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Surviving Spouse filing status except the dependent's gross income was \$4,700 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II - Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? [X] Yes [] No
Is this person a resident of Canada or Mexico? [] Yes [X] No

This person is adopted and you are a U.S. citizen or U.S. national []

TurboTax Web Only:

Was the adoption final as of December 31, 2023? [] Yes [] No

Was the person placed with you for adoption after 2023, or was the adoption final in 2023 or later? [] Yes [] No

The adopted child lived with you all year [] Yes [] No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit [X] Yes [] No

Child is a nondependent, but may qualify for earned income credit [] Yes [] No

You, and no one else, is claiming this nondependent for the earned income credit. [] Yes [] No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E - Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is not valid for employment []

Check if this person is not a qualifying child for the child tax credit []

Check if this person is not a qualifying person for the credit for other dependents []

Dependent has ITIN []

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2023 _____

Unreimbursed medical expenses paid for qualifying person in 2023 _____

Employment taxes paid for dependent care providers in 2023 _____

Child or dependent is a qualifying person for the child and dependent care credit Yes No

Child is a nondependent, but may qualify for the child and dependent care credit Yes No

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, 2023 _____

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

 Date this person established residence in state above ► _____

 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

► Keep for your records

Name(s) Shown on Return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security Number
024-88-7197

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
a	W2 box 1 statutory wages reported on Sch C . . .			
b	W2 box 1 inmate or halfway house wages . . .			
c	All other W2 box 1 wages	107,335.	104,517.	211,852.
d	Foreign wages included in total wages			
e	Unreported tips	0.	0.	0.
2	Total federal tax withheld	14,594.	10,285.	24,879.
3 & 7	Total social security wages/tips	112,311.	104,516.	216,827.
4	Total social security tax withheld	6,963.	6,480.	13,443.
5	Total Medicare wages and tips	112,311.	104,517.	216,828.
6	Total Medicare tax withheld	1,628.	1,516.	3,144.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	17,172.	10,644.	27,816.
b	Elective deferrals to qualified plans	4,977.		4,977.
c	Roth contrib. to 401(k), 403(b), 457(b) plans . .	1,250.		1,250.
d 1	Elective deferrals to government 457 plans . .			
2	Non-elective deferrals to gov't 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	10,945.	10,644.	21,589.
14 a	Total deductible mandatory state tax	184.	971.	1,155.
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	110,535.	108,048.	218,583.
17	Total state tax withheld	8,935.	6,347.	15,282.
19	Total local tax withheld	855.		855.

Name
VANI YENUMULA

Social Security Number
382-35-7565

Spouse's W-2
Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 382-35-7565
b Employer ID number (EIN) . . . 20-4078036
c Employer's name, address, and ZIP code
Premier healthcare services llc
Street 400 interstate N pkwy su
City atlanta
State GA ZIP Code 30339
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation 7,372.80
3 Social security wages 7,372.80
5 Medicare wages and tips 7,372.80
7 Social security tips _____

2 Federal income tax withheld 629.08
4 Social security tax withheld 457.11
6 Medicare tax withheld 106.91
8 Allocated tips _____

▶ Enter unreported tips in Part VII on Page 2 below.

d Control number . 134284 NCN2/HXG

9 _____
11 Nonqualified plans
Distributions from sect. 457 and nonqualified plans (Important, see Help)

10 Dependent care benefits _____

12 Enter box 12 below

Transfer employee information from the Federal Information Worksheet

e Employee's name
First VANI M.I. _____
Last YENUMULA Suff. _____
f Employee's address and ZIP code
Street 1928 Everglades Dr
City Milpitas
State CA ZIP Code 95035-6612
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

11 (cont) Sect. 457 and nonqualified plans State Allocation
For each row, enter state ID in col (a) and amount in col (b).

(a) State ID	(b) Amount of distributions for state
_____	_____
_____	_____

13 Statutory employee
 Retirement plan
 Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Is this an elective deferral? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	F: Enter amount attributable to ROTH SEP . . . _____
_____	_____	S: Enter amount attributable to ROTH SIMPLE . . . _____

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
CA	26330761	7,372.80	150.85
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
SDI	66.36	California SDI tax
_____	_____	_____
_____	_____	_____

Name LEELA SESHU REDDY CHEEDEPUDI Social Security Number 024-88-7197

Spouse's W-2
Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 024-88-7197
b Employer ID number (EIN). . . 82-3158290
c Employer's name, address, and ZIP code
Landing AI US Corp
 Street 195 Page Mill Rd
 City Palo Alto
 State CA ZIP Code 94306
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 19,430.88
3 Social security wages 20,491.63
5 Medicare wages and tips 20,491.63
7 Social security tips _____

2 Federal income tax withheld 1,966.02
4 Social security tax withheld 1,270.48
6 Medicare tax withheld 297.13
8 Allocated tips _____

▶ Enter unreported tips in Part VII on Page 2 below.

d Control number . _____

9 _____
11 Nonqualified plans
 Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

10 Dependent care benefits _____

12 Enter box 12 below

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Leela Seshu Reddy M.I. _____
 Last Cheedepudi Suff. _____
f Employee's address and ZIP code
 Street 1928 Everglades Dr
 City Milpitas
 State CA ZIP Code 95035
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

11 (cont) Sect. 457 and nonqualified plans State Allocation
 For each row, enter state ID in col (a) and amount in col (b).

(a) State ID	(b) Amount of distributions for state
_____	_____
_____	_____

13 Statutory employee
 Retirement plan
 Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
D	1,060.75	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
AA	60.27	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
DD	22.47	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Is this an elective deferral? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	F: Enter amount attributable to ROTH SEP _____
_____	_____	S: Enter amount attributable to ROTH SIMPLE _____

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>CA</u>	<u>087-3537-5</u>	<u>19,430.88</u>	<u>741.22</u>
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
CA SDI	184.43	California SDI tax
_____	_____	_____
_____	_____	_____

Name VANI YENUMULA Social Security Number 382-35-7565

Spouse's W-2
Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

a Employee's social security no. 382-35-7565
b Employer ID number (EIN) 81-4996118
c Employer's name, address, and ZIP code
Accenture Flex LLC
SUITE 100
 Street 500 W. Madison Street
 City Chicago
 State IL ZIP Code 60661
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 97,143.52
3 Social security wages 97,143.52
5 Medicare wages and tips 97,143.52
7 Social security tips _____

2 Federal income tax withheld 9,655.85
4 Social security tax withheld 6,022.90
6 Medicare tax withheld 1,408.58
8 Allocated tips _____

▶ Enter unreported tips in Part VII on Page 2 below.

d Control number _____

9 _____
11 Nonqualified plans
 Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

10 Dependent care benefits _____

12 Enter box 12 below

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Vani M.I. _____
 Last Yenumula Suff. _____
f Employee's address and ZIP code
 Street 1928 Everglades Drive
 City Milpitas
 State CA ZIP Code 95035
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

11 (cont) Sect. 457 and nonqualified plans State Allocation
 For each row, enter state ID in col (a) and amount in col (b).

(a) State ID	(b) Amount of distributions for state
_____	_____

13 Statutory employee
 Retirement plan
 Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>C</u>	<u>64.80</u>	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>W</u>	<u>3,531.25</u>	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>DD</u>	<u>7,047.96</u>	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer _____
_____	_____	Spouse <u>3,531.25</u>
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Is this an elective deferral? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	F: Enter amount attributable to ROTH SEP . . . _____
_____	_____	S: Enter amount attributable to ROTH SIMPLE . . . _____

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>CA</u>	<u>084-3002-7</u>	<u>100,674.77</u>	<u>6,195.68</u>
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
<u>CA SDI</u>	<u>905.49</u>	<u>California SDI tax</u>
_____	_____	_____
_____	_____	_____

Name LEELA SESHU REDDY CHEEDEPUDI Social Security Number 024-88-7197

Spouse's W-2
Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below.

a Employee's social security no. 024-88-7197
b Employer ID number (EIN) 77-0463469
c Employer's name, address, and ZIP code
Sciton, Inc
 Street 925 Commercial St
 City Palo Alto
 State CA ZIP Code 94303
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 87,903.63
3 Social security wages 91,819.29
5 Medicare wages and tips 91,819.29
7 Social security tips _____

2 Federal income tax withheld 12,628.28
4 Social security tax withheld 5,692.80
6 Medicare tax withheld 1,331.43
8 Allocated tips _____

▶ Enter unreported tips in Part VII on Page 2 below.

d Control number 155935-831

9 _____
11 Nonqualified plans
 Distributions from sect. 457 and nonqualified plans (Important, see Help) _____

10 Dependent care benefits _____

12 Enter box 12 below

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Leela Seshu Reddy M.I. _____
 Last Cheedepudi Suff. _____
f Employee's address and ZIP code
 Street 1928 Everglades Dr
 City Milpitas
 State CA ZIP Code 95035
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

11 (cont) Sect. 457 and nonqualified plans State Allocation
 For each row, enter state ID in col (a) and amount in col (b).

(a) State ID	(b) Amount of distributions for state
_____	_____

13 Statutory employee
 Retirement plan
 Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
AA	1,189.80	A: Enter amount attributable to RRTA Tier 2 tax
W	4,946.00	M: Enter amount attributable to RRTA Tier 2 tax
DD	5,976.77	P: Double-click to link to Form 3903, line 4
D	3,915.66	R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer <u>4,946.00</u>
		Spouse
		G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Is this an elective deferral? Yes <input type="checkbox"/> No <input type="checkbox"/>
		F: Enter amount attributable to ROTH SEP
		S: Enter amount attributable to ROTH SIMPLE

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>CA</u>	<u>43357128</u>	<u>91,103.63</u>	<u>8,193.96</u>
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
<u>SDI</u>	<u>95,019.29</u>	<u>855.14</u>	<u>CA</u>
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Form 1099-INT Worksheet
 ▶ Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name NATIONAL FINANCIAL SERVICES LLC

Box 1	Interest income for 2023 (not included in box 3) <u>257.06</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations <u>158.13</u>	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
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I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement.

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
---	---

Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN <u>04-3523567</u> Payer's address and ZIP code Street . <u>499 WASHINGTON BLVD</u> City . . <u>JERSEY CITY</u> State . <u>NJ</u> ZIP Code <u>07310</u> Foreign Country	Recipient's address and ZIP code Transfer address from Federal Information Wks . . <input type="checkbox"/> Street . _____ City . . _____ State . _____ ZIP Code _____ Foreign Country
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Form 1099-INT Worksheet
 ▶ Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name BANK OF AMERICA, N.A.

Box 1	Interest income for 2023 (not included in box 3) <u>12.33</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶ or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
------------------------	---	-------------------------------------	--

I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement.

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

- | | |
|---|---|
| N <input type="checkbox"/> Nominee distribution
O <input type="checkbox"/> Original issue discount (OID)
B <input type="checkbox"/> Amortizable bond premium (ABP)
T <input type="checkbox"/> Bond premium on tax-exempt | A <input type="checkbox"/> Accrued interest
H <input type="checkbox"/> Other
R <input type="checkbox"/> Bond premium on treasury obligations
U <input type="checkbox"/> U.S. savings bond interest previously reported |
|---|---|

Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN <u>94-1687665</u> Payer's address and ZIP code Street . <u>PO BOX 15293</u> City . <u>WILMINGTON</u> State . <u>DE</u> ZIP Code <u>19850-5293</u> Foreign Country	Recipient's address and ZIP code Transfer address from Federal Information Wks . . <input type="checkbox"/> Street . <u>1928 EVERGLADES DR</u> City . <u>MILPITAS</u> State . <u>CA</u> ZIP Code <u>95035-6612</u> Foreign Country
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Form 1099-INT Worksheet
 ▶ Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name loandepot com llc

Box 1	Interest income for 2023 (not included in box 3) <u>100.33</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty _____	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations _____	
Box 4	Federal income tax withheld _____	
Box 5	Investment expenses _____	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) _____ a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 _____ c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest _____	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total _____	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶	_____	_____	_____
Enter each nonresident state on separate row . . . ▶	_____	_____	_____
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.	_____	_____	_____
Total ▶	_____	_____	_____

State ID where exempt interest was earned. If more than 1 state, see Help _____

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR _____ Private activity bond interest percentage of Box 8, if any _____%	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount) _____	
Box 11	Bond premium _____	
Box 12	Bond premium on treasury obligations _____	
Box 13	Bond premium on tax-exempt bond _____	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank) _____	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
_____	_____	_____	

I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution	A <input type="checkbox"/> Accrued interest
O <input type="checkbox"/> Original issue discount (OID)	H <input type="checkbox"/> Other
B <input type="checkbox"/> Amortizable bond premium (ABP)	U <input type="checkbox"/> Bond premium on treasury obligations
T <input type="checkbox"/> Bond premium on tax-exempt	U <input type="checkbox"/> U.S. savings bond interest previously reported

Enter adjustment amount (enter as positive if subtracting / negative if adding) _____

Additional Payer and Recipient Information

Payer's TIN _____	Recipient's address and ZIP code
Payer's address and ZIP code	Transfer address from Federal Information Wks . . . <input type="checkbox"/>
Street _____	Street _____
City _____	City _____
State _____ ZIP Code _____	State _____ ZIP Code _____
Foreign Country _____	Foreign Country _____

Form 1099-INT Worksheet
 ▶ Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name WELLS FARGO BANK, N.A.

Box 1	Interest income for 2023 (not included in box 3) <u>38.48</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
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I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement.

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
---	---

Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN <u>94-1347393</u> Payer's address and ZIP code Street . <u>P.O. BOX 5192</u> City . . <u>SIoux FALLS</u> State . <u>SD</u> ZIP Code <u>57117-5192</u> Foreign Country	Recipient's address and ZIP code Transfer address from Federal Information Wks . . <input type="checkbox"/> Street . <u>1928 EVERGLADES DR</u> City . . <u>MILPITAS</u> State . <u>CA</u> ZIP Code <u>95035-6612</u> Foreign Country
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Form 1099-INT Worksheet
 ▶ Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name NATIONAL FINANCIAL SERVICES LLC

Box 1	Interest income for 2023 (not included in box 3) <u>814.84</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty _____	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations <u>125.88</u>	
Box 4	Federal income tax withheld _____	
Box 5	Investment expenses _____	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) _____ a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 _____ c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest _____	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total _____	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶	_____	_____	_____
Enter each nonresident state on separate row . . . ▶	_____	_____	_____
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.	_____	_____	_____
Total ▶	_____	_____	_____

State ID where exempt interest was earned. If more than 1 state, see Help _____

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR _____ Private activity bond interest percentage of Box 8, if any _____%	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount) _____	
Box 11	Bond premium _____	
Box 12	Bond premium on treasury obligations _____	
Box 13	Bond premium on tax-exempt bond _____	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank) _____	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
_____	_____	_____	

I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement.

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
---	---

Enter adjustment amount (enter as positive if subtracting / negative if adding) _____

Additional Payer and Recipient Information

Payer's TIN <u>04-3523567</u> Payer's address and ZIP code Street . <u>499 WASHINGTON BLVD</u> City . . <u>JERSEY CITY</u> State . <u>NJ</u> ZIP Code <u>07310</u> Foreign Country . . _____	Recipient's address and ZIP code Transfer address from Federal Information Wks . . <input type="checkbox"/> Street . _____ City . . _____ State . _____ ZIP Code _____ Foreign Country . . _____
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Form 1099-INT Worksheet
 ▶ Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
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Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name NATIONAL FINANCIAL SERVICES LLC

Box 1	Interest income for 2023 (not included in box 3) <u>1.85</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
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I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement.

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
---	---

Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN 04-3523567 Payer's address and ZIP code Street . 499 WASHINGTON BLVD City . . . JERSEY CITY State . . NJ ZIP Code 07310 Foreign Country	Recipient's address and ZIP code Transfer address from Federal Information Wks . . <input type="checkbox"/> Street . City . . . State . . . ZIP Code Foreign Country
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Form 1099-INT Worksheet
 ▶ Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
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Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name CHARLES SCHWAB & CO., INC.

Box 1	Interest income for 2023 (not included in box 3) <u>428.21</u> Choose type if special state handling (State Use Only – see Help).	
Box 2	Early withdrawal penalty	
Box 3	Interest on U.S. Savings Bonds and Treasury obligations	
Box 4	Federal income tax withheld	
Box 5	Investment expenses	
Box 6	Foreign tax paid. (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A . . . <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest	
Box 7	Foreign country or U.S. possession (<i>Imported name:</i> _____) Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information <input type="checkbox"/>	
Box 8	Tax-exempt interest – Total	

Tax-exempt Interest State Allocation
 For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state
Enter resident state ID ▶			
Enter each nonresident state on separate row . . . ▶			
or			
Enter XX for all nonresident states (that aren't filed) i.e., you own a fund with no resident state interest.			
Total ▶			

State ID where exempt interest was earned. If more than 1 state, see Help

Box 9	Specified private activity bond included in Box 8 subject to AMT, if any OR Private activity bond interest percentage of Box 8, if any %	
Box 10	Market discount (See tax help for manual entries required if you enter amount for market discount)	
Box 11	Bond premium	
Box 12	Bond premium on treasury obligations <u>0.00</u>	
Box 13	Bond premium on tax-exempt bond	
Box 14	Tax-exempt and tax credit bond CUSIP number (if various, leave blank)	

Box 15 State	Box 16 State identification no.	Box 17 State tax withheld	
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I confirm that the state withholding identification number(s) are accurate

FATCA filing requirement.

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

N <input type="checkbox"/> Nominee distribution O <input type="checkbox"/> Original issue discount (OID) B <input type="checkbox"/> Amortizable bond premium (ABP) T <input type="checkbox"/> Bond premium on tax-exempt	A <input type="checkbox"/> Accrued interest H <input type="checkbox"/> Other R <input type="checkbox"/> Bond premium on treasury obligations U <input type="checkbox"/> U.S. savings bond interest previously reported
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Enter adjustment amount (enter as positive if subtracting / negative if adding)

Additional Payer and Recipient Information

Payer's TIN <u>94-1737782</u> Payer's address and ZIP code Street . <u>3000 Schwab Way</u> City . . <u>Westlake</u> State . <u>TX</u> ZIP Code <u>76262</u> Foreign Country	Recipient's address and ZIP code Transfer address from Federal Information Wks . . <input type="checkbox"/> Street . _____ City . . _____ State . _____ ZIP Code _____ Foreign Country . . _____
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Form 1099-DIV Worksheet

Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
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Ownership: (defaults to taxpayer)

Check if Taxpayer	<input checked="" type="checkbox"/>
Check if Spouse	<input type="checkbox"/>
Check if Joint	<input type="checkbox"/>

Payer's name Betterment Securities

Box 1a	Total ordinary dividends U.S. government interest, if any, included in box 1a	409.90
Box 1b	Qualified dividends Adjusted qualified dividends	294.56
Box 2a	Total capital gain distributions	0.00
Box 2b	Unrecaptured Section 1250 gain	0.00
Box 2c	Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion	
Box 2d	Collectibles (28%) gain	0.00
Box 2e	Section 897 ordinary dividends	
Box 2f	Section 897 capital gain	
Box 3	Nondividend distributions	0.00
Box 4	Federal income tax withheld	0.00
Box 5	Section 199A dividends Adjusted 199A dividends	 10.44
Box 6	Investment expenses	0.00
Box 7	Foreign tax paid (All income is considered passive. See Help) a Check to deduct foreign taxes on Schedule A <input type="checkbox"/> OR <input type="checkbox"/> b DoubleClick to link to a copy of Form 1116 c For Form 1116, select which column: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Total foreign source income	 15.93
Box 8	Foreign country or U.S. possession (<i>Imported name:</i> <u>Various</u>) Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information.	 <u>Various</u> <input type="checkbox"/>
Box 9	Cash liquidation distributions	0.00
Box 10	Noncash (fair market value) liquidation distributions	0.00
Box 11	FATCA filing requirement	<input type="checkbox"/>
Box 12	Exempt-interest dividends	

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest dividends for state	(c) Amount of interest dividends for state
Enter resident state ID ▶	_____	_____	_____
Enter each nonresident state on a separate row ▶	_____	_____	_____
or			
Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends.	_____	_____	_____
Total ▶			
State where the dividends were earned. Postal code (such as "CA" or "NY")			

Box 13

a Specified private activity bond amount included in box 12 above	
OR	
b Percent of private activity bond amount included in	_____ %

Box 14 State	Box 15 State identification no.	Box 16 State tax withheld	
I confirm that the state withholding identification number(s) are accurate	<input type="checkbox"/>		

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

- Nominee distribution
- Other adjustment
- ESOP distribution

Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

Payer's TIN <u>74-3132639</u> Payer's address and ZIP code Street <u>8 West 24th Street</u> City <u>New York</u> State <u>NY</u> ZIP Code <u>10010</u> Foreign Country _____	Recipient's address and ZIP code Transfer address from Federal Information Wks <input type="checkbox"/> Street _____ City _____ State _____ ZIP Code _____ Foreign Country _____
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Form 1099-DIV Worksheet
Keep for your records

2023

Name(s) Shown on Return: LEELA SESHU REDDY CHEEDEPUDI
Social Security Number: 024-88-7197

Ownership: Check if Taxpayer [X], Check if Spouse, Check if Joint

Payer's name: NATIONAL FINANCIAL SERVICES LLC

Box 1a: Total ordinary dividends 258.39
Box 1b: Qualified dividends
Box 2a: Total capital gain distributions
Box 2b: Unrecaptured Section 1250 gain
Box 2c: Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help)
Box 2d: Collectibles (28%) gain
Box 2e: Section 897 ordinary dividends
Box 2f: Section 897 capital gain
Box 3: Nondividend distributions
Box 4: Federal income tax withheld
Box 5: Section 199A dividends
Box 6: Investment expenses
Box 7: Foreign tax paid
Box 8: Foreign country or U.S. possession
Box 9: Cash liquidation distributions
Box 10: Noncash (fair market value) liquidation distributions
Box 11: FATCA filing requirement
Box 12: Exempt-interest dividends

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

Table with 3 columns: (a) State or Territory ID, (b) Percent of total interest dividends for state, (c) Amount of interest dividends for state. Includes fields for resident state ID and nonresident states.

Box 13: Specified private activity bond amount included in box 12 above OR Percent of private activity bond amount included in %

Box 14 State, Box 15 State identification no., Box 16 State tax withheld. I confirm that the state withholding identification number(s) are accurate.

Adjustments to Dividends or ESOP Distribution
Check the box that identifies the type of adjustment being made or if ESOP distribution:
Nominee distribution, Other adjustment, ESOP distribution
Enter nominee or other adjustment amount (enter as positive).

Additional Payer and Recipient Information
Payer's TIN: 04-3523567
Payer's address and ZIP code: 499 WASHINGTON BLVD, JERSEY CITY, NJ, ZIP Code 07310
Recipient's address and ZIP code

Form 1099-DIV Worksheet

Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	--

Ownership: (defaults to taxpayer) Check if Taxpayer
 Check if Spouse
 Check if Joint

Payer's name **NATIONAL FINANCIAL SERVICES LLC**

Box 1a	Total ordinary dividends U.S. government interest, if any, included in box 1a	1,102.30
Box 1b	Qualified dividends Adjusted qualified dividends	1,034.97
Box 2a	Total capital gain distributions	393.33
Box 2b	Unrecaptured Section 1250 gain	
Box 2c	Section 1202 gain eligible for 50% exclusion on QSB stock (See tax help) Section 1202 gain eligible for 60% exclusion Section 1202 gain eligible for 75% exclusion Section 1202 gain eligible for 100% exclusion	
Box 2d	Collectibles (28%) gain	
Box 2e	Section 897 ordinary dividends	
Box 2f	Section 897 capital gain	
Box 3	Nondividend distributions	30.00
Box 4	Federal income tax withheld	
Box 5	Section 199A dividends Adjusted 199A dividends	38.03
Box 6	Investment expenses	
Box 7	Foreign tax paid (All income is considered passive. See Help) <i>a</i> Check to deduct foreign taxes on Schedule A <input type="checkbox"/> OR <input type="checkbox"/> <i>b</i> DoubleClick to link to a copy of Form 1116 <input type="checkbox"/> <i>c</i> For Form 1116, select which column. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> <i>d</i> Total foreign source income	5.02
Box 8	Foreign country or U.S. possession <i>(Imported name: _____)</i> Check this box if foreign tax is from a mutual fund or a regulated investment company. See Tax Help for additional information.	VARIOUS <input type="checkbox"/>
Box 9	Cash liquidation distributions	
Box 10	Noncash (fair market value) liquidation distributions	
Box 11	FATCA filing requirement	<input type="checkbox"/>
Box 12	Exempt-interest dividends	

Tax-exempt Interest Dividends State Allocation

For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(a) State or Territory ID	(b) Percent of total interest dividends for state	(c) Amount of interest dividends for state
Enter resident state ID ▶			
Enter each nonresident state on a separate row . . ▶ or			
Enter XX for all nonresident states (that aren't filed) i.e. you own a fund with no resident state dividends.			
Total ▶			

State where the dividends were earned. Postal code (such as "CA" or "NY")

Box 13
a Specified private activity bond amount included in box 12 above
OR
b Percent of private activity bond amount included in %

Box 14 State	Box 15 State identification no.	Box 16 State tax withheld	
------------------------	---	-------------------------------------	--

I confirm that the state withholding identification number(s) are accurate

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

N Nominee distribution
H Other adjustment
D ESOP distribution
 Enter nominee or other adjustment amount (enter as positive)

Additional Payer and Recipient Information

Payer's TIN 04-3523567	Recipient's address and ZIP code
Payer's address and ZIP code	Transfer address from Federal Information Wks <input type="checkbox"/>
Street 499 WASHINGTON BLVD	Street _____
City JERSEY CITY	City _____
State NJ ZIP Code 07310	State _____ ZIP Code _____
Foreign Country _____	Foreign Country _____

Form 1099-DIV Worksheet
Keep for your records

2023

Name(s) Shown on Return: LEELA SESHU REDDY CHEEDEPUDI
Social Security Number: 024-88-7197

Ownership: Check if Taxpayer [X], Check if Spouse, Check if Joint

Payer's name: CHARLES SCHWAB & CO., INC.

Table with 2 columns: Box number and Description/Amount. Includes boxes 1a through 12 with various financial entries and amounts.

Tax-exempt Interest Dividends State Allocation
For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

Table for tax-exempt interest dividends with columns: (a) State or Territory ID, (b) Percent of total interest dividends for state, (c) Amount of interest dividends for state.

Box 13: a Specified private activity bond amount included in box 12 above: 0.00
b Percent of private activity bond amount included in: %

Box 14 State, Box 15 State identification no., Box 16 State tax withheld. I confirm that the state withholding identification number(s) are accurate.

Adjustments to Dividends or ESOP Distribution
Check the box that identifies the type of adjustment being made or if ESOP distribution:
N [] Nominee distribution
H [] Other adjustment
D [] ESOP distribution
Enter nominee or other adjustment amount (enter as positive):

Additional Payer and Recipient Information
Payer's TIN: 94-1737782
Payer's address and ZIP code: 3000 Schwab Way, Westlake, TX, ZIP Code 76262
Recipient's address and ZIP code: Transfer address from Federal Information Wks

Forms 1099-MISC / 1099-NEC Summary

2023

▶ Keep for your records

Name(s) Shown on Return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security Number

024-88-7197

Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	▶ Schedule C			
	▶ Schedule E			
	▶ Form 4835			
	▶ Other Income			
2	Total Royalties			
	▶ Schedule C			
	▶ Schedule E			
3	Total Other income			
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Tribal Gaming			
	▶ Alaska Permanent Fund			
	▶ Strike Benefit Income			
	▶ Medicaid waiver payments			
	▶ California Middle Class Tax Refund			
	▶ Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	▶ Schedule F			
	▶ Form 4835			
10	Gross proceeds paid to an attorney			
	▶ Taxable amount			
11	Fish purchased for resale			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14			
	Form 1099-NEC Summary			
1	Total Nonemployee compensation	66,406.		66,406.
	▶ Schedule C	66,406.		66,406.
	▶ Schedule F			
	▶ Wages			
	▶ Other Income			
4	Federal tax withheld	0.		0.
5	State tax withheld — total	0.		0.

**Form 1099-NEC
Nonemployee Compensation Worksheet**

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
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Payer's EIN 82-3158290 **or SSN** _____
 Payer's Name LANDING AI US CORP
 Account number (for your records only). 843459421425

Spouse's 1099-NEC **Do not transfer this 1099-NEC to next year**

Box 1 Nonemployee compensation 66,406.17
 Double click to link to: Schedule C . ▶ Software Services and Consulting
 Schedule F . ▶ _____

- Report on line 1 of Form 1040 or Form 1040-NR and Form 8919
 If checked, enter Reason Code for Form 8919 (see Help) . . . ____
 If Reason Code A or C, enter determination date _____
- Other Income
 Medicaid waiver payments excludible from gross income
 Back Wages from Lawsuit. Amount: _____

Box 2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale

Box 4 Federal income tax withheld 0.

Box 5 **First state**
 State tax withheld 0.
Box 6 State . CA Payer's state no.. 823158290
Box 7 State income. 66,406.

Box 5 **Second state**
 State tax withheld _____
Box 6 State . _____ Payer's state no.. _____
Box 7 State income. _____

I confirm that the state withholding identification number(s) are accurate

Additional Payer and Recipient Information

Payer's address and ZIP code	Recipient's address and ZIP code
_____ Street _____	Transfer address from Federal Information Wks . <input type="checkbox"/>
City _____	Street _____
State _____ ZIP Code _____	City _____
Foreign Country _____	State _____ ZIP Code _____
	Foreign Country _____

Form 1099-R Summary

2023

► Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No. 024-88-7197
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Traditional IRA Distributions		Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . . .	
	a	Less: Amounts rolled over	
	b	Less: Inherited and treat as own	
	c	Less: Other inherited IRA amount	
	d	Less: Return of contributions	
	e	Less: Qualified charitable distributions	
	f	Less: HSA funding distributions	
	2	Balance of gross traditional IRA distributions	
	a	Gross distribution transferred to Form 8915F3, 3(a) . . .	
	b	Gross distribution transferred to Form 8915F2, 3(a) . . .	
	c	Gross distribution transferred to Form 8915F1, 3(a) . . .	
	d	Gross distribution transferred to Form 8915E, 3(a) . . .	
	e	Gross distribution transferred to Form 8915E, 3(a) . . .	
	f	Gross distribution transferred to Form 8915D, 3(a) . . .	
	g	Gross distribution transferred to Form 8915C, 3(a) . . .	
	h	Qualified disaster distributions	
	i	Less: Amount rolled over	
	j	Gross distribution transferred to Form 8915F3, 3(b) . . .	
	k	Gross distribution transferred to Form 8915F2, 3(b) . . .	
	l	Gross distribution transferred to Form 8915F1, 3(b) . . .	
	m	Gross distribution transferred to Form 8915E, 3(b) . . .	
	n	Gross distribution transferred to Form 8915E, 3(b) . . .	
	o	Gross distribution transferred to Form 8915D, 3(b) . . .	
	p	Gross distribution transferred to Form 8915C, 3(b) . . .	
	q	Less: Amount rolled over	
	3	Amount of line 2 converted to a Roth IRA	
	4	Net amount of line 2 converted to a Roth IRA	
	5	Amount of line 2 not converted to a Roth IRA	
Taxable	6	Earnings on return of contributions	
	7	Taxable amount of inherited IRAs on line 1c	
	8	Taxable amount not converted to Roth IRA	
	9	Taxable amount of Roth IRA conversions	
	10	Taxable amount included on Form 1040, line 4b	
	11	If checked, taxable amount calculated on Form 8606	

Roth IRA Distributions		Taxpayer	Spouse
Gross	12	Total gross distributions from box 1 of Form 1099-R . . .	
	a	Less: Rollover to another Roth IRA	
	b	Less: Inherited and treat as own	
	c	Less: Other inherited Roth IRA amount	
	d	Less: Return of contributions	
	e	Qualified disaster distribution	
	13	Roth IRA distributions subject to distribution rules	
Qualified	14	Total gross qualified distributions	
	a	Less: Rollover to another Roth IRA	
	b	Less: Inherited and treat as own	
	c	Less: Other inherited Roth IRA amount	
	15	Qualified distributions subject to distribution rules	
Taxable	16	Net nonqualified distributions for Form 8606	
	17	Earnings on return of contributions	
	18	Taxable amount of inherited Roth IRAs on line 12c	
	19	Taxable earnings on nonqualified distributions	
	20	Taxable amount included on Form 1040, line 4b	

IRA Qualified Disaster Distributions from Forms 8915 C, D, E, F		Taxpayer	Spouse
Taxable	20 a	Qualified distributions on Form 1040, line 4b	

Recharacterizations (See Help)		Taxpayer	Spouse
Gross	21 a	2023 form code N (included on Form 1040, line 4a) . . .	

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R	47,027.	
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 4c		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 5a (if partially taxable) or line 5b (if fully taxable)	47,027.	
	a	Less: Amount rolled over	47,027.	
	b	Amount attributable to an in-plan Roth rollover	39,300.	
	c	Gross distribution transferred to Form 8915F3, 2(a)		
	d	Gross distribution transferred to Form 8915F2, 2(a)		
	e	Gross distribution transferred to Form 8915F1, 2(a)		
	f	Gross distribution transferred to Form 8915E, 2(a)		
	g	Gross distribution transferred to Form 8915E, 2(a)		
	h	Gross distribution transferred to Form 8915D, 2(a)		
	i	Gross distribution transferred to Form 8915C, 2(a)		
	j	Qualified disaster distribution		
	k	Less: Amount rolled over		
	l	Gross distribution transferred to Form 8915F3, 2(b)		
	m	Gross distribution transferred to Form 8915F2, 2(b)		
	n	Gross distribution transferred to Form 8915F1, 2(b)		
	o	Gross distribution transferred to Form 8915E, 2(b)		
	p	Gross distribution transferred to Form 8915E, 2(b)		
	q	Gross distribution transferred to Form 8915D, 2(b)		
	r	Gross distribution transferred to Form 8915C, 2(b)		
Taxable	26	Taxable amount in box 2a, Form 1099-R	0.	
	a	Taxable amount rolled over	0.	
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA	7,859.	
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster amount to Forms 8915 C, D, E, F		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 1		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers	0.	
	32 a	Taxable amount of distributions	0.	
	b	Taxable distributions from Canada RRP Wks, line 7b		
	c	Taxable disaster distributions Forms 8915 C, D, E, F		
	d	Taxable amount transferred to Form 1040, line 5b	0.	

Section 1035 Tax-free Exchange

Pensions	33	Total gross distributions from box 1 of Form 1099-R		
IRAs	34	Total gross distributions from box 1 of Form 1099-R		

Distributions on 2023 1099-Rs Not Reported on the 2023 Return

Code P	35	Distribution reported on 2022 tax return		
Code R	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		

Tax Withholding

Box 4	37	Total federal tax withheld	0.	
Box 14	38	Total state tax withheld	0.	
Box 17	39	Total local tax withheld		

Nontaxable Distributions for Sales Tax Deduction

	40	Nontaxable IRA distributions		
	41	Nontaxable pension distributions	0.	

Health Insurance Premiums

	42	Health insurance deductible on Schedule A		
--	-----------	---	--	--

Taxable Distributions included in Net Investment Income

	43	Annuity payments and other distributions that may be subject to the net investment income tax		
--	-----------	---	--	--

Name: LEELA SESHU REDDY CHEEDEPUDI
Social Security Number: 024-88-7197

Source Form: 1099-R
If Spouse's 1099-R, check this box
Corrected

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code.
State Street Retiree Services For
BTC /F/B/O Various Guideline Plans
Overland Park KS 66282-2765

1 Gross distribution \$ 7,726.73
2a Taxable amount (See Help) \$ 0.00
2b Taxable amount not determined Total distribution

Payer's Federal identification number 04-3581074
Recipient's identification number 024-88-7197

3 Capital gain (included in box 2a)
4 Federal income tax withheld \$ 0.00

Check to transfer Recipient's information from Federal Information Worksheet
Recipient's name LEELA SESHU REDDY CHEEDEPUDI
Street address (including apartment number) 1928 Everglades Dr
City Milpitas State CA ZIP code 95035-6612

5 Employee contributions /Designated Roth contributns or insurance premiums \$ 7,859.00
6 Net unrealized appreciation in employer securities
7 Distribn code(s) 1st code H 2nd code
8 Other %
9a Your percentage of total distribution %
9b Total employee contributions \$

Foreign Country

11 1st year of desig. Roth contrib. 2021

10 Amount allocable to IRR within 5 years \$

14 State tax withheld \$ 0.00
15 Payer's State / state no. CA / 81416620
16 State distribution \$

12 FATCA filing requirement
Special use code for first state
Special use code for second state

I confirm that the state withholding identification number(s) are accurate

Account number
13 Date of payment

17 Local tax withheld
18 Name of locality
19 Local distribution

- Check if NOT from a qualified retirement plan or IRA
If box 7 code is J or T, check if a qualified distribution
If box 7 code is J, enter amount used for first time home purchase
If box 7 code is 2 or 5, check if this distribution is from a Roth IRA

- Inherited IRA or type of IRA
Treat as recipient's own
Recipient, but was originally inherited from a spouse
Spouse and not treat as recipient's own
Someone other than a spouse
From a traditional IRA
From a Roth IRA
From a SIMPLE plan
From a SEP IRA
From a Roth SIMPLE Employer contribution
From a Roth SEP Employer contribution
None
Subject to the penalty of early withdrawal
Not subject to the penalty of early withdrawal

Insurance
Amount of insurance premiums deductible on Schedule A
Amount of health savings account (HSA) funding distributions
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution

Qualified Charitable Distribution
Enter IRA distributions made directly by the trustee to a qualified charitable organization

► **RMD** If this is a distribution from a **traditional IRA** or **qualified retirement plan**, and if this is a **Required Minimum Distribution (RMD)** (See Help), Entire gross is RMD . ► or the amount of gross distbn that is the RMD . . . _____

Form **1099-R**

Additional Distribution Information

2023

► Keep for your records

Name LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--------------------------------------	---------------------------------------

Page **2**

Verify Box 7 Distribution Codes (See Help)

- | | | |
|------------|---|--------------------------|
| A 1 | Check box if this is an early distribution subject to the penalty from a qualified retirement plan, traditional IRA, or modified endowment contract but there is no code 1 in box 7. Do not include distributions from Roth IRA or first two years of SIMPLE plans. (See Help) | <input type="checkbox"/> |
| A 2 | Check box if this is an early distribution subject to the penalty from a Roth IRA, but there is no code J in box 7. (See Help) | <input type="checkbox"/> |
| A 3 | Check box if this is an early distribution subject to the penalty from a SIMPLE plan in first two years, but there is no code S in box 7. (See Help) | <input type="checkbox"/> |
| A 4 | Check box if this is the withdrawal before tax return due date of a contribution to a traditional IRA, Roth IRA, or a corrective distribution of an excess deferral, excess contribution, or excess aggregate contribution taxable in 2023, but there is no code 8 in box 7. (See Help). | <input type="checkbox"/> |
| A 5 | Check box if there is a code P or R in box 7 and this is a year 2024 Form 1099-R. (See Help) | <input type="checkbox"/> |

Rollovers, Roth Conversions, Roth Rollovers, and Recharacterizations

- | | | |
|------------|--|-------------------------------------|
| | <p>Rollover: Enter traditional IRA or pension distribution that was rolled over to a pension or traditional IRA. Enter Roth IRA rollover or conversion on lines B5 or B6 below.</p> | |
| B 1 | Check this box if the entire distribution rolled over | <input checked="" type="checkbox"/> |
| B 2 | If only part was rolled over, enter the amount of the partial rollover | _____ |
| B 3 | If box 7 code is B or H , check if the designated Roth distribution was rolled over into a Roth IRA | <input checked="" type="checkbox"/> |
| | Roth IRA Rollover or Roth IRA Conversion: Enter distribution, other than from a designated Roth, that was rolled or converted to a Roth IRA | |
| B 4 | Amount of this distribution that may be rolled or converted to a Roth IRA | _____ |
| B 5 | Check this box if the entire amount on line B4 above was converted to a Roth IRA | <input type="checkbox"/> |
| B 6 | If only part of the amount on line B4 above was rolled or converted to a Roth IRA, enter the amount that was converted to a Roth IRA | _____ |
| B 7 | If box 7 code is G , check if an in-plan Roth rollover (IRR) to a designated Roth plan | <input type="checkbox"/> |
| B 8 | Previously taxed contributions, if different than box 5, for rollover from a qualified retirement plan to Roth IRA or an in-plan Roth rollover (IRR) to a designated Roth plan. | _____ |

Pension and Annuity Distributions Only

- | | | |
|------------|--|--|
| | <p>Lump-Sum Distributions – Special Averaging Election</p> | |
| D 1 | Check if using 10-year averaging or making capital gain election for this distribution | <input type="checkbox"/> |
| D 2 | Enter any federal estate taxes paid on this distribution (see Help) | _____ |
| D 3 | Enter any death benefit exclusion for which you are eligible (see Help) | _____ |
| | <p>Disability Payments – Minimum Retirement Age</p> | |
| E | Recipient was under the minimum retirement age when this distribution was received | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Name: LEELA SESHU REDDY CHEEDEPUDI
Social Security Number: 024-88-7197

Source Form: 1099-R [X] CSA-1099-R [] CSF-1099-R [] RRB-1099-R []
If Spouse's 1099-R, check this box [] Corrected []
Do not transfer this 1099-R to next year []

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code.
State Street Retiree services for
BTC F/B/O various guideline plans
I-833-764-1055, P.O. Box 12765
Overland Park KS 66282-2765
Payer's foreign province Payer's foreign postal code
Payer's country Payer's Phone No.

Payer's Federal identification number: 04-3581074
Recipient's identification number: 024-88-7197

Check to transfer Recipient's information from Federal Information Worksheet [X]
Recipient's name: LEELA SESHU REDDY CHEEDEPUDI
Street address (including apartment number): 1928 Everglades Dr
City: Milpitas State: CA ZIP code: 95035-6612
Foreign Province Foreign Postal Code Foreign Country

10 Amount allocable to IRR within 5 years \$

12 FATCA filing requirement []
Special use code for first state (See Help) []
Special use code for second state (See Help) []

Account number
13 Date of payment . . .

1 Gross distribution \$ 39,299.76

2a Taxable amount (See Help) \$ 0.00

2b Taxable amount not determined [] Total distribution [X]

3 Capital gain (included in box 2a) \$
4 Federal income tax withheld \$ 0.00

5 Employee contributions /Designated Roth contributns or insurance premiums \$
6 Net unrealized appreciation in employer securities \$

7 Distribn code(s) 1st code [G] 2nd code [] IRA/SEP/SIMPLE []
8 Other \$ %

9a Your percentage of total distribution %
9b Total employee contributions \$

11 1st year of desig. Roth contrib. 2021

14 State tax withheld \$ 0.00
15 Payer's State / state no. CA / 81416620
16 State distribution \$

I confirm that the state withholding identification number(s) are accurate []

17 Local tax withheld \$
18 Name of locality
19 Local distribution \$

- Check if NOT from a qualified retirement plan or IRA (see Help) []
If box 7 code is J or T, check if a qualified distribution (see Help) []
If box 7 code is J, enter amount used for first time home purchase []
If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) []

- Inherited IRA or type of IRA
If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Treat as recipient's own (this is treated as a rollover) []
Recipient, but was originally inherited from a spouse (treated as recipient's IRA) []
Spouse and not treat as recipient's own (taxable amount must be in box 2a) []
Someone other than a spouse (taxable amount must be in box 2a) []
From a traditional IRA []
From a Roth IRA []
From a SIMPLE plan (first two years of participation only) []
From a SIMPLE plan (more than two years of participation) []
From a SEP IRA []
From a Roth SIMPLE Employer contribution []
From a Roth SEP Employer contribution []
None []
Subject to the penalty of early withdrawal []
Not subject to the penalty of early withdrawal []

Insurance
Amount of insurance premiums deductible on Schedule A []
Amount of health savings account (HSA) funding distributions []
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution []

Qualified Charitable Distribution
Enter IRA distributions made directly by the trustee to a qualified charitable organization []

► **RMD** If this is a distribution from a **traditional IRA** or **qualified retirement plan**, and if this is a **Required Minimum Distribution (RMD)** (See Help), Entire gross is RMD . ► or the amount of gross distbn that is the RMD . . . _____

Form **1099-R**

Additional Distribution Information

2023

► Keep for your records

Name LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197	Page 2
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Verify Box 7 Distribution Codes (See Help)

A 1	Check box if this is an early distribution subject to the penalty from a qualified retirement plan, traditional IRA, or modified endowment contract but there is no code 1 in box 7. Do not include distributions from Roth IRA or first two years of SIMPLE plans. (See Help)	<input type="checkbox"/>
A 2	Check box if this is an early distribution subject to the penalty from a Roth IRA, but there is no code J in box 7. (See Help)	<input type="checkbox"/>
A 3	Check box if this is an early distribution subject to the penalty from a SIMPLE plan in first two years, but there is no code S in box 7. (See Help)	<input type="checkbox"/>
A 4	Check box if this is the withdrawal before tax return due date of a contribution to a traditional IRA, Roth IRA, or a corrective distribution of an excess deferral, excess contribution, or excess aggregate contribution taxable in 2023, but there is no code 8 in box 7. (See Help).	<input type="checkbox"/>
A 5	Check box if there is a code P or R in box 7 and this is a year 2024 Form 1099-R. (See Help)	<input type="checkbox"/>

Rollovers, Roth Conversions, Roth Rollovers, and Recharacterizations

	Rollover: Enter traditional IRA or pension distribution that was rolled over to a pension or traditional IRA. Enter Roth IRA rollover or conversion on lines B5 or B6 below.	
B 1	Check this box if the entire distribution rolled over	<input type="checkbox"/>
B 2	If only part was rolled over, enter the amount of the partial rollover	_____
B 3	If box 7 code is B or H , check if the designated Roth distribution was rolled over into a Roth IRA	<input type="checkbox"/>
	Roth IRA Rollover or Roth IRA Conversion: Enter distribution, other than from a designated Roth, that was rolled or converted to a Roth IRA	
B 4	Amount of this distribution that may be rolled or converted to a Roth IRA	_____
B 5	Check this box if the entire amount on line B4 above was converted to a Roth IRA	<input type="checkbox"/>
B 6	If only part of the amount on line B4 above was rolled or converted to a Roth IRA, enter the amount that was converted to a Roth IRA	_____
B 7	If box 7 code is G , check if an in-plan Roth rollover (IRR) to a designated Roth plan	<input checked="" type="checkbox"/>
B 8	Previously taxed contributions, if different than box 5, for rollover from a qualified retirement plan to Roth IRA or an in-plan Roth rollover (IRR) to a designated Roth plan.	39,299.76

Pension and Annuity Distributions Only

	Lump-Sum Distributions – Special Averaging Election	
D 1	Check if using 10-year averaging or making capital gain election for this distribution	<input type="checkbox"/>
D 2	Enter any federal estate taxes paid on this distribution (see Help)	_____
D 3	Enter any death benefit exclusion for which you are eligible (see Help)	_____
	Disability Payments – Minimum Retirement Age	
E	Recipient was under the minimum retirement age when this distribution was received	Yes <input type="checkbox"/> No <input type="checkbox"/>

Distributions from an HSA, Archer MSA, or Medicare Advantage MSA

Keep for your records

Name: LEEELA SESHU REDDY CHEEDEPUDI; Social Security Number: 024-88-7197

Check if for spouse [] See below for additional distribution information; Corrected amount []; Void []

Payer's name, street address, city, state, and Zip code: Healthequity Inc., 15 W Scenic Pointe Drive, Suite 100, Draper UT 84020; Payer's phone number:

Payer's TIN: 52-2383166; Recipient's TIN: 024-88-7197; 1 Gross distribution: \$ 414.00; 2 Earnings on excess contributions: \$

Check to transfer Recipient's information from Federal Information Worksheet []; Recipient's Name: LEEELA SESHU REDDY CHEEDEPUDI; Street address: 1928 Everglades Dr, Milpitas CA 95035-6612; Account number: SA1127404; 3 Distribution code: 1; 4 FMV on date of death: \$; 5 HSA [X], Archer MSA [], MA MSA []

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution []

Medical Expenses See Help for important information

B Check this box if the entire amount in box 1 was used to pay qualified medical expenses and can be treated as tax free [X]

C If less than the amount in box 1 was used to pay medical expenses, enter the amount that was used to pay qualified medical expenses and can be treated tax free

Rollover

D Enter the amount in box 1 that was rolled over

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) []

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? [] Yes [] No

- QuickZoom to Form 8853, p1
QuickZoom to Form 8889T
QuickZoom to Form 8889S

Qualified Business Income Component Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
--	--

Aggregate trade or business name	<u>Seshu Reddy's LLC</u>
Aggregate trade or business ID number (EIN)	<u>93-1391218</u>
Social Security Number of owner if no EIN available	_____
Reason for no EIN or SSN if none available	_____

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Seshu Reddy's LLC	93-1391218	47,993.	0.	165,991.

1	Qualified business income (QBI)	47,993.
	If using Simplified Worksheet, stop here.	
2	Taxable Income	_____
3	Threshold Amount. \$364,200 if MFJ, \$182,100 if MFS, otherwise \$182,100	_____
4	Subtract line 3 from line 2. If less than 0, enter 0.	_____
5	Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.	_____
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	_____
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	_____
8	Wages allocable to qualified business income.	_____
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	_____
	Reductions for Specified Service Trades or Businesses	
	Check if Specified Service Trade or Business (SSTB) <input type="checkbox"/>	
11	SSTB reduction to QBI	_____
12	SSTB reduction to allocable wages.	_____
13	SSTB reduction to allocable UBIA	_____
	QBI, wages, and UBIA after applicable SSTB reductions	
14	Qualified business income	_____
15	Allocable wages	_____
16	Allocable UBIA	_____
	Tentative QBI component	
17	Adjustments for QBI losses	_____
18	Loss-adjusted QBI (line 14 plus line 17)	_____
19	Tentative QBI component before limitations (20% of line 18)	_____
	Wages and assets limits	
20	50% of W2 wages	_____
21	25% of W2 wages	_____
22	2.5% of UBIA	_____
23	Sum of 25% of W2 wages and 2.5% of UBIA	_____
24	Wage and Asset Limit. Larger of line 20 or line 23	_____
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)	_____
26	Reduction Amount. Multiply line 6 by line 25.	_____
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	_____
28	Qualified payments from agricultural or horticultural coop	_____
29	Wages allocable to qualified payments from coop	_____
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	_____
	Qualified business income component amount	
31	Subtract line 30 from line 27	_____

Qualified Business Income Component Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
--	--

Aggregate trade or business name	<u>5222 Cherry Orchard LLC</u>
Aggregate trade or business ID number (EIN)	<u>93-1921748</u>
Social Security Number of owner if no EIN available	_____
Reason for no EIN or SSN if none available	_____

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.

Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
5222 Cherry Orchard LLC	93-1921748	-1,427.	0.	0.

- 1 Qualified business income (QBI) -1,427.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income _____
- 3 Threshold Amount. \$364,200 if MFJ, \$182,100 if MFS, otherwise \$182,100 _____
- 4 Subtract line 3 from line 2. If less than 0, enter 0. _____
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000 _____
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. _____
 Otherwise, enter 1.
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 _____
- 8 Wages allocable to qualified business income. _____
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income _____
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB)
- 11 SSTB reduction to QBI _____
- 12 SSTB reduction to allocable wages. _____
- 13 SSTB reduction to allocable UBIA _____
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income _____
- 15 Allocable wages _____
- 16 Allocable UBIA _____
- Tentative QBI component**
- 17 Adjustments for QBI losses _____
- 18 Loss-adjusted QBI (line 14 plus line 17) _____
- 19 Tentative QBI component before limitations (20% of line 18) _____
- Wages and assets limits**
- 20 50% of W2 wages _____
- 21 25% of W2 wages _____
- 22 2.5% of UBIA _____
- 23 Sum of 25% of W2 wages and 2.5% of UBIA _____
- 24 Wage and Asset Limit. Larger of line 20 or line 23 _____
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) *(But not less than 0)* _____
- 26 Reduction Amount. Multiply line 6 by line 25. _____
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) _____
- 28 Qualified payments from agricultural or horticultural coop _____
- 29 Wages allocable to qualified payments from coop _____
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29) _____
- Qualified business income component amount**
- 31 Subtract line 30 from line 27 _____

Qualified Business Income Deduction Summary

2023

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
--	--

QuickZoom to QBI Component Worksheet ▶	
QuickZoom to Form 8995. ▶	
QuickZoom to Form 8995-A ▶	
1 Trade or business name	Net QBI
Seshu Reddy's LLC	47,993.
5222 Cherry Orchard LLC	-1,427.
<hr/>	
2 Net qualified business income (QBI) from qualified trades or businesses	46,566.
3 Loss from previous year	
4 Sum of activities with gains (only positive amounts from table on line 1)	47,993.
5 Sum of activities with losses (only negative amounts from table on line 1)	-1,427.
<hr/>	
6 Check if using Simplified Computation (Form 8995)	<input checked="" type="checkbox"/>
7 QBI component from Form 8995 line 5 or Form 8995A line 16	9,313.
8 QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6	0.
<hr/>	
9 Total REIT dividends	148.
10 PTP Income from non-SSTBs	
11 PTP Income from SSTBs	
12 Allowed PTP Income from SSTBs	
13 Total Allowed PTP income (sum of line 10 and line 12)	
14 Carryover REIT/PTP losses from prior year	
15 Total REIT/PTP income	148.
16 20% of total REIT/PTP income	30.
17 Disallowed REIT/PTP loss	0.
<hr/>	
18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income)	9,343.
<hr/>	
19 Taxable income before qualified business income deduction	235,721.
20 Net capital gains	3,762.
21 Taxable income minus net capital gains. If zero or less, enter -0-	231,959.
22 20% of taxable income minus net capital gains	46,392.
<hr/>	
23 QBI deduction before DPAD	9,343.
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	
<hr/>	
24 Section 199A(g) deduction for domestic production activities	
<hr/>	
25 Total 199A (QBI) deduction (sum of lines 23 and 24)	9,343.

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2023

Line 16

► Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
--	--

1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	<u>226,378.</u>
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u>3,762.</u>
3	Are you filing Schedule D? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u>0.</u>
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	<u>3,762.</u>
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	<u>222,616.</u>
6	Enter: \$44,625 if single or married filing separately, \$89,250 if mfj or qualifying surviving spouse, \$59,750 if head of household.	6	<u>89,250.</u>
7	Enter the smaller of line 1 or line 6	7	<u>89,250.</u>
8	Enter the smaller of line 5 or line 7	8	<u>89,250.</u>
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	<u>0.</u>
10	Enter the smaller of line 1 or line 4	10	<u>3,762.</u>
11	Enter the amount from line 9	11	<u>0.</u>
12	Subtract line 11 from line 10.	12	<u>3,762.</u>
13	Enter: \$492,300 if single, \$276,900 if married filing separately, \$553,850 if mfj or qualifying surviving spouse, \$523,050 if head of household.	13	<u>553,850.</u>
14	Enter the smaller of line 1 or line 13	14	<u>226,378.</u>
15	Add lines 5 and 9	15	<u>222,616.</u>
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	<u>3,762.</u>
17	Enter the smaller of line 12 or line 16	17	<u>3,762.</u>
18	Multiply line 17 by 15% (0.15)	18	<u>564.</u>
19	Add lines 9 and 17	19	<u>3,762.</u>
20	Subtract line 19 from line 10	20	<u>0.</u>
21	Multiply line 20 by 20% (0.20)	21	<u>0.</u>
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.	22	<u>40,228.</u>
23	Add lines 18, 21, and 22	23	<u>40,792.</u>
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	24	<u>41,131.</u>
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.	25	<u>40,792.</u>

Capital Loss Carryover Worksheet

2023

Capital Loss Carryover from 2022 to 2023

► Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
---	---------------------------------------

		Regular Tax	Alternative Minimum Tax
1	Enter the amount from your 2022 Form 1040, line 15. If a loss, enter as a negative amount	248,009.	292,584.
2	Enter the loss from your 2022 Schedule D, line 21, as a positive amount	3,000.	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0-.	251,009.	295,584.
4	Enter the smaller of line 2 or line 3	3,000.	3,000.
	If line 7 of your 2022 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5	Enter the loss from your 2022 Schedule D, line 7, as a positive amount.	14,870.	14,870.
6	Enter any gain from your 2022 Schedule D, line 15. If a loss, enter -0-	0.	0.
7	Add lines 4 and 6	3,000.	3,000.
8	Short-term capital loss carryover for 2023. Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 6, as a negative amount ►	11,870.	11,870.
	If line 15 of your 2022 Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.		
9	Enter the loss from your 2022 Schedule D, line 15, as a positive amount	1,020.	1,016.
10	Enter any gain from your 2022 Schedule D, line 7. If a loss, enter -0-	0.	0.
11	Subtract line 5 from line 4. If zero or less, enter -0-	0.	0.
12	Add lines 10 and 11	0.	0.
13	Long-term capital loss carryover for 2023. Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 14, as a negative amount ►	1,020.	1,016.

Capital Loss Carryforward Worksheet

2024

Capital Loss Carryforward from 2023 to 2024

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
--	--

		Regular Tax	Alternative Minimum Tax
1 Enter the amount from 2023 Form 1040, line 15. If a loss, enter as a negative amount	1	226,378.	254,078.
2 Enter the loss from 2023 Schedule D, line 21, as a positive amount	2	3,000.	3,000.
3 Combine lines 1 and 2. If zero or less, enter -0-	3	229,378.	257,078.
4 Enter the smaller of line 2 or line 3	4	3,000.	3,000.
If line 7 of 2023 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9			
5 Enter the loss from 2023 Schedule D, line 7, as a positive amount.	5	11,968.	11,968.
6 Enter any gain from 2023 Schedule D, line 15. If a loss, enter -0-	6	0.	0.
7 Add lines 4 and 6	7	3,000.	3,000.
8 Short-term capital loss carryforward to 2024. Subtract line 7 from line 5. If zero or less, enter -0- ▶	8	8,968.	8,968.
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.			
9 Enter the loss from 2023 Schedule D, line 15, as a positive amount	9	514.	510.
10 Enter any gain from 2023 Schedule D, line 7. If a loss, enter -0-	10	0.	0.
11 Subtract line 5 from line 4. If zero or less, enter -0-	11	0.	0.
12 Add lines 10 and 11	12	0.	0.
13 Long-term capital loss carryforward to 2024. Subtract line 12 from line 9. If zero or less, enter -0- ▶	13	514.	510.

Exercise of Stock Options Worksheet
Includes Vesting of Restricted Stock Units and
Purchase of ESPP Shares (Buy and Hold)

2023

▶ Keep for your records

Name(s) Shown on Return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security Number
024-88-7197

Part I Company and Employee Information

- 1 a Company name . . . Landing AI US Corp
 b Stock symbol ▶ _____
- 2 Employee is (check one):
 a Taxpayer
 b Spouse

Part II Incentive Stock Option (ISO)

3 Enter stock grant and acquisition information in columns (b) through (i) for incentive stock options exercised and held (not sold) in 2023. (Box numbers refer to Form 3921; see Tax Help.)

		Grant Information			Acquisition Information			
(a) Lot #	(b) Rptd on Form 3921?	(c) Number of Shares (Box 5)	(d) Date Option Granted (Box 1)	(e) Exercise Price Per Share (Box 3)	(f) Date Option Exercised (Box 2)	(g) FMV/Share on Exercise Date (Box 4)	(h) Bargain Element Per Share	(i) Fees Paid (if any)
<u>1</u>	<input checked="" type="checkbox"/>	<u>15683.0000</u>	<u>04/14/21</u>	<u>0.1200</u>	<u>05/02/22</u>	<u>0.9600</u>	<u>0.8400</u>	
<u>2</u>	<input checked="" type="checkbox"/>	<u>9651.0000</u>	<u>04/14/21</u>	<u>0.1200</u>	<u>12/09/22</u>	<u>0.6900</u>	<u>0.5700</u>	

4 **Alternative Minimum Tax (AMT) Summary**

	AMT	Regular Tax	Adjustment
a Exercise of ISO (Form 6251, line 2i)	_____	_____	_____

Part III Non-Qualified Stock Option (NQSO)

5 Enter stock grant and exercise information in columns (b) through (h) for non-qualified stock options exercised and held (not sold) in 2023.

		Grant Information			Acquisition Information		
(a) Lot #	(b) Number of Shares	(c) Date Option Granted	(d) Exercise Price Per Share	(e) Date Option Exercised	(f) FMV/Share on Exercise Date	(g) Bargain Element Per Share	(h) Fees Paid (if any)

6 Total compensation income _____

Form 1099-B Worksheet

► Keep for your records

2023

Name(s) Shown on Return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security No.
024-88-7197

Name of reporting financial institution ► National Financial Services LLC
Acct Number ► X85114553 Reporter's Tax ID ► 04-3523567

Owner of account ►
Transactions were not reported to IRS ►

Form 8949 Reporting Exception Transactions
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Brokerage Statement (Form 1099-B or substitute) Summary Table
Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box D	41.14	163.50	-122.36	0.00	-122.36	
Long term sales with cost basis reported to the IRS						
Totals	41.14	163.50	-122.36	0.00	-122.36	

Form 8949 and Schedule D Totals
Totals gains/losses as they will appear on Form 8949 and Schedule D.
Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A					
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	41.00	163.00			-122.00
Form 8949, Box E					
Form 8949, Box F					

Total Federal Backup Withholding _____

State ID

State Backup Withholding _____

Total State Backup Withholding _____

Total Collectible Gain _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ►			
Maximum 60% exclusion gain ►			
Maximum 75% exclusion gain ►			
Maximum 100% exclusion gain ►			

PDF Attachment
Taxpayer must mail in a statement with more details? Yes No
If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Form 1099-B Worksheet

Keep for your records

2023

Name(s) Shown on Return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security No.
024-88-7197

Name of reporting financial institution CHARLES SCHWAB & CO., INC.
Acct Number 83261678 Reporter's Tax ID 94-1737782

Owner of account
Transactions were not reported to IRS

Form 8949 Reporting Exception Transactions
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.
Table with columns: Proceeds, Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)
Box D transactions to report directly on Sch D, Line 8a (long term)
(Do not duplicate any transactions summarized above when making entries in the table below.)

Brokerage Statement (Form 1099-B or substitute) Summary Table
Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.
Table with columns: 8949 Box, Proceeds, Cost Basis, Gain/(Loss), Adjustment Amt, Adj Gain/(Loss), Code(s)
Rows for Box A (Short term sales with cost basis reported to the IRS) and Box D (Long term sales with cost basis reported to the IRS)
Totals row: 1,565.38, 1,284.99, 280.39

Form 8949 and Schedule D Totals
Totals gains/losses as they will appear on Form 8949 and Schedule D.
Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)
Table with columns: Location on tax return, Proceeds, Cost Basis, Adjustment Amt, Code(s), Adj Gain/(Loss)
Rows for Sch D, Line 1a, Form 8949, Box A, Form 8949, Box B, Form 8949, Box C, Sch D, Line 8a, Form 8949, Box D, Form 8949, Box E, Form 8949, Box F

Total Federal Backup Withholding
State Backup Withholding
Total State Backup Withholding

Total Collectible Gain
Qualified Small Business (QSB) gain (Sec 1202)
Table with columns: Total Gain, Excluded Gain, Net Gain
Maximum 50% exclusion gain
Maximum 60% exclusion gain
Maximum 75% exclusion gain
Maximum 100% exclusion gain

PDF Attachment
Taxpayer must mail in a statement with more details? Yes No
If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

Form footer area with checkboxes and lines for additional information.

Form 1099-B Worksheet

► Keep for your records

2023

Name(s) Shown on Return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security No.
024-88-7197

Name of reporting financial institution ► Betterment Securities
Acct Number ► 268011247017696 Reporter's Tax ID ► _____

Owner of account ► _____
Transactions were not reported to IRS ►

Form 8949 Reporting Exception Transactions
Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.

	Proceeds	Cost Basis
Box A transactions to report directly on Sch D, Line 1a (short term)		
Box D transactions to report directly on Sch D, Line 8a (long term)		

(Do not duplicate any transactions summarized above when making entries in the table below.)

Brokerage Statement (Form 1099-B or substitute) Summary Table
Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,606.89	1,750.28	-143.39	0.98	-142.41	W
Short term sales with cost basis reported to the IRS						
Box D	9.74	11.39	-1.65	1.70	0.05	W
Long term sales with cost basis reported to the IRS						
Totals	1,616.63	1,761.67	-145.04	2.68	-142.36	

Form 8949 and Schedule D Totals
Totals gains/losses as they will appear on Form 8949 and Schedule D. Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)

Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	1,607.00	1,750.00	0.00	W	-143.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	10.00	12.00	2.00	W	0.00
Form 8949, Box E					
Form 8949, Box F					

Total Federal Backup Withholding _____
State Backup Withholding _____
State ID _____

Total State Backup Withholding _____

Total Collectible Gain _____

Qualified Small Business (QSB) gain (Sec 1202)	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain ►			
Maximum 60% exclusion gain ►			
Maximum 75% exclusion gain ►			
Maximum 100% exclusion gain ►			

PDF Attachment
Taxpayer must mail in a statement with more details? Yes No
If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.

_____ _____

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No. 024-88-7197
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Brokerage Statement (Form 1099-B or substitute) Summary Table						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box D	41.14	163.50	-122.36	0.00	-122.36	
Long term sales with cost basis reported to the IRS						
Totals	41.14	163.50	-122.36	0.00	-122.36	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A					
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	41.00	163.00			-122.00
Form 8949, Box E					
Form 8949, Box F					

PDF Attachment

Taxpayer must mail in a statement with more details? Yes No

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No. 024-88-7197
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Brokerage Statement (Form 1099-B or substitute) Summary Table						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	338.07	292.90	45.17		45.17	
Short term sales with cost basis reported to the IRS						
Box D	1,227.31	992.09	235.22		235.22	
Long term sales with cost basis reported to the IRS						
Totals	1,565.38	1,284.99	280.39		280.39	

Form 8949 and Schedule D Totals					
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>					
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>					
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)
Sch D, Line 1a					
Form 8949, Box A	338.00	293.00			45.00
Form 8949, Box B					
Form 8949, Box C					
Sch D, Line 8a					
Form 8949, Box D	1,227.00	992.00			235.00
Form 8949, Box E					
Form 8949, Box F					

PDF Attachment

Taxpayer must mail in a statement with more details? Yes No

Name(s) Shown on Return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security No.
024-88-7197

Name of reporting financial institution ▶ Betterment Securities
Acct Number ▶ 268011247017696 Reporter's Tax ID . . . ▶

Owner of account ▶
Transactions were not reported to IRS ▶

Quick Entry Table											
If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)											
Sale#	Property Description		Date Sold	Date Acquired	Sales Price (Proceeds)	Cost or Other Basis	Disallowed Wash Sale				
Adjustment Amount	Adjustment Code(s)	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?						
Additional fields for use by Step-by-Step and Import only (See help)											
<input type="checkbox"/>	1	0.014081 sh. Vanguard FTSE Emerging Markets Class 0	Check here if this summarizes multiple sales. . . . ▶								
D		07/31/23	08/24/21	0.61	0.76	0.15					
		L		Yes	X	No	Yes	X	No		
Check to use worksheet (see help) ▶											
<input checked="" type="checkbox"/>	2	0.030456 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	Check here if this summarizes multiple sales. . . . ▶								
D		12/29/23	09/02/21	1.30	1.82	0.52					
		L		Yes	X	No	Yes	X	No		
Check to use worksheet (see help) ▶											
<input checked="" type="checkbox"/>	3	0.051665 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	Check here if this summarizes multiple sales. . . . ▶								
D		12/29/23	11/16/21	2.20	3.23	1.03					
		L		Yes	X	No	Yes	X	No		
Check to use worksheet (see help) ▶											
<input checked="" type="checkbox"/>	4	0.025647 sh. iShares Russell 2000 Value ETF Class 0	Check here if this summarizes multiple sales. . . . ▶								
A		05/31/23	06/13/22	3.36	3.60						
		S		Yes	X	No	Yes	X	No		
Check to use worksheet (see help) ▶											
<input checked="" type="checkbox"/>		See QUICK	Check here if this summarizes multiple sales. . . . ▶								
				Yes		No	Yes		No		
Check to use worksheet (see help) ▶											
Sale(s) missing info?											

Sale Results								
#	8949 Box	Description	Sale Proceeds	Cost Basis	Adj. Code(s)	Adjustment Amount	Gain or (Loss)	S/L
1	D	0.014081 sh. Vanguard FTSE Emerging Markets Class 0	0.61	0.76	W	0.15	0.00	L
2	D	0.030456 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	1.30	1.82	W	0.52	0.00	L
3	D	0.051665 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	2.20	3.23	W	1.03	0.00	L
4	A	0.025647 sh. iShares Russell 2000 Value ETF Class 0	3.36	3.60			-0.24	S
5	D	0.00846 sh. iShares Russell 2000 Value ETF Class 0	2.92	2.91			0.01	L
6	A	0.00007 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	1.32	1.42	W	0.10	0.00	S
7	A	0.04243 sh. iShares Core MSCI EAFE ETF Class 0	3.72	3.22			0.50	S
8	A	0.04270 sh. iShares Core MSCI EAFE ETF Class 0	2.83	2.51			0.32	S
9	A	0.00009 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	2.16	2.28	W	0.12	0.00	S
10	A	0.00072 sh. Vanguard REIT Index ETF Class 0	1.93	2.11			-0.18	S
11	A	0.97356 sh. Vanguard REIT Index ETF Class 0	536.56	594.86			-58.30	S
12	A	0.31474 sh. Vanguard REIT Index ETF Class 0	947.50	1,026.68			-79.18	S
13	A	0.08761 sh. Vanguard REIT Index ETF Class 0	6.74	7.19			-0.45	S
14	A	0.06026 sh. Vanguard REIT Index ETF Class 0	5.24	5.51			-0.27	S
15	D	0.03321 sh. Vanguard REIT Index ETF Class 0	2.71	2.67			0.04	L
16	A	0.00109 sh. Vanguard REIT Index ETF Class 0	77.08	81.78			-4.70	S
17	A	0.00011 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	3.08	3.30	W	0.22	0.00	S
18	A	0.00011 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	2.93	3.36	W	0.43	0.00	S
19	A	0.00001 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	0.39	0.44	W	0.05	0.00	S
		See QUICK						

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No. 024-88-7197
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Brokerage Statement (Form 1099-B or substitute) Summary Table						
<i>Gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with a brokerage statement.</i>						
8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box A	1,606.89	1,750.28	-143.39	0.98	-142.41	W
Short term sales with cost basis reported to the IRS						
Box D	9.74	11.39	-1.65	1.70	0.05	W
Long term sales with cost basis reported to the IRS						
Totals	1,616.63	1,761.67	-145.04	2.68	-142.36	

Form 8949 and Schedule D Totals						
<i>Totals gains/losses as they will appear on Form 8949 and Schedule D.</i>						
<i>Note that these totals may differ from your statement to comply with IRS rounding instructions. (See help)</i>						
Location on tax return	Proceeds	Cost Basis	Adjustment Amt	Code(s)	Adj Gain/(Loss)	
Sch D, Line 1a						
Form 8949, Box A	1,607.00	1,750.00	0.00	W	-143.00	
Form 8949, Box B						
Form 8949, Box C						
Sch D, Line 8a						
Form 8949, Box D	10.00	12.00	2.00	W	0.00	
Form 8949, Box E						
Form 8949, Box F						

PDF Attachment

Taxpayer must mail in a statement with more details? Yes No

Tax Payments Worksheet

2023

Keep for your records

Name(s) Shown on Return: LEEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA
Social Security Number: 024-88-7197

Estimated Tax Payments for 2023 (If more than 4 payments for any state or locality, see Tax Help)

Table with 8 columns: Federal (Date, Amount), State (Date, Amount, ID), Local (Date, Amount, ID). Rows 1-5 for payments and a Totals row.

Table for Tax Payments Other Than Withholding. Columns: Federal, State, ID, Local, ID. Rows 6-9 including Totals and 2023 extensions.

Table for Taxes Withheld From. Columns: Federal, State, Local. Rows 10-20 including various withholding forms and Total Tax Payments for 2023.

Table for Prior Year Taxes Paid In 2023. Columns: State, ID, Local, ID. Rows 21-24 including tax paid with extensions, estimated tax, and balance due.

Earned Income Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	50,106.		50,106.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	50,106.		50,106.
d One-half of self-employment tax	3,540.		3,540.
e Subtract line 1d from line 1c	46,566.		46,566.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	46,566.		46,566.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	46,566.		46,566.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	107,335.	104,517.	211,852.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	153,901.	104,517.	258,418.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	153,901.	104,517.	258,418.
11 Scholarship or fellowship income not on W-2 plus wages while incarcerated			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	153,901.	104,517.	258,418.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	46,566.		46,566.
16 a Wages, salaries, tips, etc	107,335.	104,517.	211,852.
b2 Amount of In. b1 for graduate/postgrad studies			
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	153,901.	104,517.	258,418.

Part IV – Schedule 8812 and Credit Limit Worksheet B Computations

23 Self-employed, church and statutory employees	46,566.		46,566.
24 Wages, salaries, tips, etc	107,335.	104,517.	211,852.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 18a & Credit Limit Wks B, line 3	153,901.	104,517.	258,418.

Partner's Name LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
--	---------------------------------------

Part I Information About the Partnership

A Partnership's Employer Identification Number 93-1921748

B Partnership's Name 5222 Cherry Orchard LLC
Address 1928 Everglades Dr
City, State, and ZIP Code Milpitas CA 95035

C IRS Center where partnership filed return

D Check if this is a publicly traded partnership (PTP)
 Check if foreign partnership

Part II Information About the Partner

Partner is Taxpayer Spouse Joint

E Partner's SSN or TIN (Do not use TIN of a disregarded entity) 024-88-7197

F Partner's Name LEELA SESHU REDDY CHEEDEPUDI
Address 1928 Everglades Dr
City, State, and ZIP code Milpitas CA 95035-6612

G General Partner or LLC manager Limited Partner or other LLC member

H 1 Domestic Partner Foreign Partner

2 If the partner is a disregarded entity (DE), enter the partner's:
TIN Name

I 1 What type of entity is this partner? Individual

2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.) check here

J Partner's Share of Profit, Loss, Capital:

	Beginning	Ending
Profit	50.000000 %	50.000000 %
Loss	50.000000 %	50.000000 %
Capital	50.000000 %	50.000000 %

K Partner's Share of Liabilities:

	Beginning	Ending
Nonrecourse		
Qualified nonrecourse financing		
Recourse		

All investment in partnership is at-risk
Some investment in partnership is not at-risk

L Partner's Capital Account Analysis:

Beginning capital account	
Capital contributed during the year	328,648.
Current Year net income (loss)	-335.
Other increase (decrease)	
Withdrawals & distributions	
Ending capital account	328,313.

Final / Amended Final K-1 and Amended K-1 Checkboxes

Final K-1
Check applicable box(es):
 Partnership was discontinued during 2023
 Partner sold or otherwise disposed of entire interest in the partnership in 2023
 Partner sold a portion of interest in partnership in 2023
 Amended K-1

Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items

Check Type of Activity Reported on this Schedule K-1:

Business
Rental Real Estate
Other Rental Activities
Other (investment club, etc.)
Multiple types of activities

1 Ordinary business income (loss) -341.
Check if "materially" participated in the business activities
Check if "working interest" in oil or gas well

2 Net rental real estate income (loss)
Check if "materially" participated in rental real estate activities
Check if "actively" participated in rental real estate activities
Check if rental of property is a type subject to recharacterization rules
Check if rental real estate activity is a trade or business

3 Other net rental income (loss)
Check if rental of property is a type subject to recharacterization rules
Check if rental activity is a trade or business

4 a Guaranteed payments for services
b Guaranteed payments for capital
c Total guaranteed payments

5 Interest income
Interest income from U.S. obligations included in box 5

6 a Ordinary dividends
b Qualified dividends
c Dividend equivalents
Interest income from U.S. obligations included in box 6

7 Royalties
Double-click to link royalties to Schedule E Worksheet ▶

Part III Partner's Share of Current Year Income, Deductions, Credits, Other Items (continued)

8	Net short-term capital gain (loss)	_____
9 a	Net long-term capital gain (loss)	_____
9 b	Collectibles (28%) gain (loss)	_____
9 c	Unrecaptured section 1250 gain	_____
10	Net section 1231 gain (loss)	_____
11	Other income (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
12	Section 179 deduction	_____
13	Other deductions	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
14	Self-employment earnings (loss)	
	Code Description	Amount
A	Net earnings (loss) from self-employment	-341.
	_____	_____
	_____	_____
	_____	_____
15	Credits & credit recapture	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
16	Foreign transactions	
	Schedule K-3 is attached if checked	<input type="checkbox"/>
17	Alternative minimum tax (AMT) items	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
18	Tax-exempt income and nondeductible expenses	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
19	Distributions	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
20	Other information	
	Code Description	Amount
A	Investment income	2.
Z	Section 199A information	
	_____	_____
	_____	_____
	_____	_____
21	Foreign taxes paid or accrued	_____

Section D1 Qualified Business Income Deduction - Statement A Information

Enter information below from "Statement A - QBI Pass Through Entity Reporting"

IMPORTANT: If the statement reports information from more than one trade or business, please enter each activity on a separate K-1 entry worksheet.

Trade or Business:	<u>5222 Cherry Orchard LLC</u>
EIN:	<u>93-1921748</u>
<input type="checkbox"/> PTP	
<input type="checkbox"/> Aggregated	
<input type="checkbox"/> SSTB	
Shareholder's share of QBI or qualified PTP items subject to shareholder-specific determinations:	
Ordinary business income (loss)	-341.
Rental income (loss)	_____
Royalty income (loss)	_____
Section 1231 gain (loss)	_____
Other income (loss)	_____
Total Ordinary 4797 gain (loss) included in amount(s) above _____	_____
Section 179 deduction	_____
Other deductions	_____
W-2 wages	_____
UBIA of qualified property	_____
Section 199A dividends	_____

Section D2 Qualified Business Income Deduction Info

A Does this K-1 include a Section 199A business? **Yes** **No**
 QBI worksheet to report (double click to link) 5222 Cherry Orchard LLC

B Trade or Business Name 5222 Cherry Orchard LLC

C Trade or Business ID Number 93-1921748
 If no ID number available, select reason _____

D 1 Is this a Specified Service Trade or Business (SSTB)? Yes No
2 If No, is income attributable to a SSTB? (see help) Yes No
3 QBI worksheet for SSTB income (this will auto-populate if Yes) _____
4 Percentage of qualified income attributable to SSTB _____ %

E 1 Starting business income	-341.
2 Adjustments	
a Section 179 expenses	_____
b Reduced Sec 179 expenses, if deduction is limited	_____
c RESERVED	
d Total unreimbursed partnership expenses (UPE)	1,086.
e UPE related to qualified business income	1,086.
f Other adjustments to business income	_____
g Total allowable QBI sec 179 expenses and other adjustments	-1,086.
3 Qualified business income	-1,427.
4 a Calculated QBI allowed after passive/at-risk limits	-1,427.
b Adjustments to allowed QBI	_____
c Allowable QBI after loss limits	-1,427.
5 Self employed deductions connected to this business	
a Self employed earnings from QBI	0.
b RESERVED	
c Total deduction for 1/2 self employment tax	3,540.
d Deduction for 1/2 S.E. tax connected to this business	0.
e Total deduction for S.E. retirement contributions	_____
f S.E. retirement deduction connected to this business	0.
f Total self employed deductions connected to this business	0.
6 Partnership profit (loss) after S.E. deductions	-1,427.
7 Additional deductions related to this business reported on separate schedules	_____
8 Net profit (loss) after adjustments, limitations, and deductions	-1,427.
9 Allowable QBI allocated to SSTB	0.
10 Allowable QBI from this business	-1,427.
F 1 Short term gain (loss) from qualified business assets (not included in Row E)	_____

Partnership Name 5222 Cherry Orchard LLC

2	Adjustments to short term gain (loss)	_____	_____
3	Adjusted qualified short term gain (loss)	_____	_____
4 a	Calculated QBI allowed after passive/at-risk limits	_____	_____
b	Adjustments to allowed QBI	_____	_____
c	Allowable short term qualified gain (loss) after passive/at-risk limits	_____	_____
5	Allowable short term gain (loss) allocated to SSTB	_____	0 .
6	Allowable short term gain (loss) from this business	_____	0 .
G 1	Section 1231 gain (loss) from qualified business assets	_____	_____
2	Adjustments to section 1231 gain (loss)	_____	_____
3	Adjusted section 1231 gain (loss)	_____	_____
4 a	Calculated QBI allowed after passive/at-risk limits	_____	_____
b	Adjustments to allowed QBI	_____	_____
c	Allowable ordinary 1231 qualified gain (loss)	_____	_____
5	Allowable ordinary 1231 gain (loss) allocated to SSTB	_____	0 .
6	Allowable ordinary 1231 gain (loss) from this business	_____	0 .
H 1	Allowable qualified business income (line E10 plus F6 plus G6)	_____	-1,427 .
2	Qualified business income allocated to SSTB	_____	0 .
3 a	Previously disallowed losses freed up in current year	_____	_____
b	Adjustments to previously disallowed losses	_____	_____
c	Previously disallowed QBI losses to be reported as separate business	_____	0 .
d	QBI wksht for previously disallowed losses, if present	_____	_____
4 a	Previously disallowed PTP losses freed up in current year	_____	_____
b	Adjustments to previously disallowed losses	_____	_____
c	Previously disallowed PTP losses	_____	_____
5	PTP income (line E10 plus F6 plus G6 plus H4)	_____	_____
I 1	Tentative wages	_____	_____
2	Adjustments	_____	_____
3	Qualified wages	_____	0 .
4	Qualified wages allocated to SSTB	_____	0 .
J 1	Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	_____	0 .
2	Adjustments	_____	_____
3	Qualified UBIA	_____	0 .
4	Qualified UBIA allocated to SSTB	_____	0 .
K 1	Net income allocable to qualified payments from agricultural or horticultural coop	_____	_____
2	Wages allocable to qualified payments from coop	_____	_____
3	Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting before 1/1/2018	_____	_____
4	Form 1099PATR line 6 (DPAD) from coop(s) with tax year starting after 12/31/2017	_____	_____
L 1	Tentative REIT dividends	_____	_____
2	Adjustments	_____	_____
3	Net REIT dividends	_____	_____

Qualified Business Income Carryovers

	Carryovers to 2023	Carryforward to 2024
A	QBI suspended loss - at-risk	_____
B	QBI suspended loss - passive	_____
C	Form 4797 short term suspended loss - at-risk	_____
D	Form 4797 short term suspended loss - passive	_____
E	Form 4797 long term (sec 1231) suspended loss - at-risk	_____
F	Form 4797 long term (sec 1231) suspended loss - passive	_____

Carryovers to 2023 Additional Info for Section 199A Deduction Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.				
Percentage of SSTB income (by category) Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)				
	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018				
2019				
2020				
2021				
2022				

		Regular Tax	QBI
Disallowed Section 179 Deduction by Year			
Before 2018	A Section 179 carryover		
2018	B Section 179 carryover		
2019	C Section 179 carryover		
2020	D Section 179 carryover		
2021	E Section 179 carryover		
2022	F Section 179 carryover		
Disallowed At-Risk Losses by Year and Type			
Before 2018	A Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	P Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		
Disallowed Passive Losses by Year and Type			
Before 2018	A Operating loss		0.
	B Form 4797 ordinary loss		0.
	C Form 4797 long-term loss		0.
2018	D Operating loss		
	E Form 4797 ordinary loss		
	F Form 4797 long-term loss		
2019	G Operating loss		
	H Form 4797 ordinary loss		
	I Form 4797 long-term loss		
2020	J Operating loss		
	K Form 4797 ordinary loss		
	L Form 4797 long-term loss		
2021	M Operating loss		
	N Form 4797 ordinary loss		
	O Form 4797 long-term loss		
2022	P Operating loss		
	Q Form 4797 ordinary loss		
	R Form 4797 long-term loss		

Your Name LEELA SESHU REDDY CHEEDEPUDI	Social Security Number 024-88-7197
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Partnership
5222 Cherry Orchard LLC

Expenses

1	Vehicle expenses	1	996.
2	Vehicle rentals	2	0.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals	3	
4	Business gifts	4	
5	Education	5	
6	Office supplies and expenses	6	40.
7	Telephone, fax, pager, etc	7	
8	Trade publications	8	
9	Depreciation and amortization	9	
10	Other (enter meals on line 12): CA State Fee, July 17th	10	25.
	_____		
	_____		
11	Total expenses other than meals. Add lines 1 through 10	11	1,061.
12	Meal expenses	12	49.

Reimbursements & Deductible Expenses

13	Reimbursements for other than meals	13	
14	Reimbursements for meals	14	
15	Deductible exp other than meals. Subtract line 13 from line 11	15	1,061.
16	Net meal expenses. Subtract line 14 from 12	16	49.
17	Deductible meal expenses. Enter 50% of line 16	17	25.
18	Total expenses. Add line 15 and line 17	18	1,086.

Self-Employed Income Reconciliation

19	Net earnings (loss) from self-employment from Sch K-1 Wks, Part III, line 14	19	-341.
20	Expenses from line 18	20	1,086.
21	Allowed section 179 expense from Schedule K-1 Additional Info 1, Box 12, line 2 (if applicable)	21	
22	Net self-employment income. Subtract lines 20 and 21 from line 19	22	-1,427.

Schedule SE Adjustments Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AQ		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	51,533.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1	-1,427.	
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 1h		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2	50,106.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Federal Carryover Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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2022 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CA			19,270.		3,758.	
Totals . .			19,270.		3,758.	

2022 State Extension Information

(a) State	(b) Paid With Extension

2022 Locality Extension Information

(a) Locality	(b) Paid With Extension

2022 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2022 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2022 State Taxes Due Information

(a) State	(e) Paid With Return

2022 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2022 State Refund Applied Information

(a) State	(g) Applied Amount

2022 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2022 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
CA	19,270.	3,758.

2022 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2022	2023
1	Filing status	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4).		
3	Itemized deductions	24,852.	19,760.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	273,941.	263,421.
6	Tax liability for Form 2210 or Form 2210-F	38,771.	43,890.
7	Alternative minimum tax.	0.	
8	Federal overpayment applied to next year estimated tax.		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2022	2023
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		727.
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2022	2023
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss.	11,870.	8,968.
b	AMT Short-term capital loss	11,870.	8,968.
13 a	Long-term capital loss	1,020.	514.
b	AMT Long-term capital loss.	1,016.	510.
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2023.
		b	2022.
		c	2021.
		d	2020.
		e	2019.
		f	2018.
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2023.
		b	2022.
		c	2021.
		d	2020.
		e	2019.
		f	2018.

Credit Carryovers		2022	2023
18	General business credit		
19	Adoption credit from:	a	2023
		b	2022
		c	2021
		d	2020
		e	2019
		f	2018
20	Mortgage interest credit from:	a	2023
		b	2022
		c	2021
		d	2020
21	Credit for prior year minimum tax.		
22	District of Columbia first-time homebuyer credit.		
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit		

Other Carryovers				2022	2023
24	Section 179 expense deduction disallowed			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2022 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2022					0.
b	2021					
c	2020					
d	2019					
e	2018					

27	2023 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2023					0.
b	2022					
c	2021					
d	2020					
e	2019					

28 Amount overpaid less earned income credit 2,345.

Qualified Business Income Deduction (Section 199A) carryovers				2022	2023	
29	Qualified business loss carryforward			29		
30	Qualified PTP loss carryforward			30		
31	Applicable percentage	2018	31 a			
		2019		b		
		2020		c		
		2021		d	100.00	
		2022		e	100.00	

2022 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2023.		
3	Basis carryover as of 12/31/2023		
Excess Contributions			
4	Excess contributions as of 12/31/2022		
5	Carryover of excess contributions to 2024		

Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions	7,859.	
7	Basis in Roth IRA conversions.		
8	Contribution basis carryover as of 12/31/2023	7,859.	
9	Conversion basis carryover as of 12/31/2023		
Excess Contributions			
10	Excess contributions as of 12/31/2022		
11	Carryover of excess contributions to 2024		

Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2022 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited.		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs.		

Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2023 (<i>See Help</i>)		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2023. qualified charitable distributions (QCD) made in Jan. 2024 to be treated as made in December 2023 (<i>See Help</i>).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2023		
21	Check this box if you converted all of the traditional IRAs you had in 2023 to Roth IRAs in 2023.	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

▶ Keep for your records

2023

Page 2

Name(s) Shown on Return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Social Security Number
024-88-7197

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2019	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2022 Balances (Basis - Before 2023 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2019 conversions - taxable and nontaxable		
25	2019 conversion contributions taxable at conversion		
26	2019 conversion contributions not taxable at conversion		
27	2020 conversion contributions taxable at conversion		
28	2020 conversion contributions not taxable at conversion		
29	2021 conversion contributions taxable at conversion		
30	2021 conversion contributions not taxable at conversion		
31	2022 conversion contributions taxable at conversion		
32	2022 conversion contributions not taxable at conversion		
2023 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)	7,859.	
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2023 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2019 conversions		
40	Distributions from 2019 conversions taxable at conversion		
41	Distribs. from 2019 conversions not taxable at conversion		
42	Distributions from 2020 conversions taxable at conversion		
43	Distribs. from 2020 conversions not taxable at conversion		
44	Distributions from 2021 conversions taxable at conversion		
45	Distribs. from 2021 conversions not taxable at conversion		
46	Distributions from 2022 conversions taxable at conversion		
47	Distribs. from 2022 conversions not taxable at conversion		
48	Distributions from 2023 conversions taxable at conversion		
49	Distribs. from 2023 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2023?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2024 (Basis - After 2023 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	7,859.	
52	Cumulative pre 2020 conversions - taxable and nontaxable		
53	2020 conversion contributions taxable at conversion		
54	2020 conversion contributions not taxable at conversion		
55	2021 conversion contributions taxable at conversion		
56	2021 conversion contributions not taxable at conversion		
57	2022 conversion contributions taxable at conversion		
58	2022 conversion contributions not taxable at conversion		
59	2023 conversion contributions taxable at conversion		
60	2023 conversion contributions not taxable at conversion		

IRA Information Worksheet

2023

▶ Keep for your records

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Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number 024-88-7197
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	Part VI Roth IRA Basis Adjustments	Taxpayer	Spouse
	Received From Former Spouse due to Divorce or Inheritance		
61	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
62	Cumulative pre 2019 conversions - taxable and nontaxable	_____	_____
63	2019 conversion contributions taxable at conversion	_____	_____
64	2019 conversion contributions not taxable at conversion	_____	_____
65	2020 conversion contributions taxable at conversion	_____	_____
66	2020 conversion contributions not taxable at conversion	_____	_____
67	2021 conversion contributions taxable at conversion	_____	_____
68	2021 conversion contributions not taxable at conversion	_____	_____
69	2022 conversion contributions taxable at conversion	_____	_____
70	2022 conversion contributions not taxable at conversion	_____	_____
71	2023 conversion contributions taxable at conversion	_____	_____
72	2023 conversion contributions not taxable at conversion	_____	_____
	Transferred To Former Spouse due to Divorce		
73	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
74	Cumulative pre 2019 conversions - taxable and nontaxable	_____	_____
75	2019 conversion contributions taxable at conversion	_____	_____
76	2019 conversion contributions not taxable at conversion	_____	_____
77	2020 conversion contributions taxable at conversion	_____	_____
78	2020 conversion contributions not taxable at conversion	_____	_____
79	2021 conversion contributions taxable at conversion	_____	_____
80	2021 conversion contributions not taxable at conversion	_____	_____
81	2022 conversion contributions taxable at conversion	_____	_____
82	2022 conversion contributions not taxable at conversion	_____	_____
83	2023 conversion contributions taxable at conversion	_____	_____
84	2023 conversion contributions not taxable at conversion	_____	_____

Name(s) of Proprietor(s) LEELA SESHU REDDY CHEEDEPUDI	Your SSN 024-88-7197
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Business name Software Services and Consulting
1928 Everglades Dr - Office Room

Part I – Calculation of Line 7

Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:

1	Area used exclusively for daycare	1	_____
2	Total area of home.	2	_____
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2	3	_____ %
4	Area used only partly for daycare	4	_____
5	Divide line 4 by line 2	5	_____ %
6	Multiply days used for daycare during year by hours used per day	6	_____ hr
7	Total hours available for use during the year (365 x 24 hours).	7	_____ hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E	8	_____
9	Business % for area used only partly for daycare. Multiply line 8 by line 5	9	_____ %
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7	10	_____ %

Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A

Calculation of business income limit when part of gross income is from a place of business other than this home office:

1	Gross income from Schedule C, line 7.	1	<u>66,406.</u>
2	Percent of gross income from business use of home reported on Schedule C.	2	<u>95.00</u> %
3	Gross income from business use of home. Multiply line 1 by line 2	3	<u>63,086.</u>
4	Gain from business use of your home shown on Schedule D or Form 4797	4	_____
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4	5	<u>63,086.</u>
6	Total expenses from Schedule C, line 28.	6	<u>3,927.</u>
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. Enter the expenses as a positive number	7	_____
8	Any losses from this business shown on Schedule D or Form 4797. Enter the losses as a positive number	8	_____
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8 or Simple Wks, ln A	9	<u>59,159.</u>

Part III – Calculation of Line 42

1	Depreciation attributable to business use of home	1	<u>3,323.</u>
2	Depreciation for additions and improvements attributable to business use of home	2	_____
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 42.	3	<u>3,323.</u>

Car and Truck Expenses Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return <u>LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA</u>	Social Security Number <u>024-88-7197</u>
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Activity: Sch C Software Services and Consulting

Part I – Vehicle Information

1	Make and model of vehicle	<u>Toyota Camry XLE 2005</u>	Example: Ford Taurus
2	Date vehicle acquired	<u>11/01/2007</u>	If converted from personal use
3	Date placed in service	<u>03/01/2023</u>	Example: 06/15/2023
4	Type of vehicle	<u>A1 - Auto</u>	
5 a	Ending mileage reading	_____	Enter mileage readings, or
b	Beginning mileage reading	_____	enter total miles on line 5c
c	Total miles vehicle was driven during 2023	<u>7,296</u>	Line 5a less line 5b
6	Number of business miles for the year	<u>3,307</u>	
7	Number of miles driven for commuting	_____	Travel between home and work
8	Number of miles driven for personal purposes	<u>3,989</u>	Line 5c less line 6 and 7
9	Percent of business use	<u>37.77 %</u>	Line 6, divided by 5c
10 a	Have record of personal mileage for full year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Months for special allocation	<u>10</u>	See Tax Help
11	Do you have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12	Was the vehicle available for personal use during off duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13	Was the vehicle used primarily by a more than 5% owner of the business or related person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14 a	Do you have evidence to support the business use claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If Yes , is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II – Standard Mileage Rate

15	Did you own this vehicle, lease this vehicle, or was it not your vehicle?	<input checked="" type="checkbox"/>	Own	<input type="checkbox"/>	Lease	
		<input type="checkbox"/>	Not my vehicle			
16	Did you use this vehicle for hire?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Example: taxicab
17	Did you use less than 5 vehicles for business at a time?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
18	If you owned this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you leased this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Only applies to vehicles placed in service in prior years
If you answered Own or Lease to line 15, and Yes to lines 17 and 18 you can take standard mileage for this vehicle (note: Line 16, vehicle for hire, is now allowed):						
19	Standard mileage deduction	<u>2,166.</u>				

Part III – Actual Expenses

20 a	Gasoline	<u>827.</u>	h Vehicle lease or rental fees:
b	Oil	<u>80.</u>	1 30 days or more
c	Tires	<u>1,200.</u>	2 29 days or less
d	Repairs	_____	3 Total vehicle lease/rental fees
e	Vehicle insurance	<u>500.</u>	i Leased vehicle inclusion amount:
f	Vehicle registration, license (excluding property tax)	<u>127.</u>	1 Year lease began
g	Garage rent	_____	2 FMV of leased vehicle
			3 Number of lease days in year
			4 Inclusion amount
			j Other
21	Expenses subtotal	<u>2,734.</u>	Sum of lines 20a thru 20j
22	Expenses applicable to business	<u>1,033.</u>	Line 21 times line 9
23	Vehicle depreciation and Section 179	<u>227.</u>	From Part VI

Vehicle: Toyota Camry XLE 2005
 Activity: Sch C Software Services and Consulting

Part IV – Standard Mileage versus Actual Expenses

- 25** Standard mileage 2,166. The program automatically chooses the method
26 Actual expenses 1,260. that gives you the largest deduction. Check the
 other method if you want to use it instead.

Part V – Total Car and Truck Expenses

- 27** Line 25 or line 26 2,166.
28 Additional expenses:
a Parking fees _____
b Tolls _____
c Local transportation _____
d Property taxes (include property tax
 portion of registration) _____
e Less: personal portion of property taxes (_____)
f Interest on vehicle _____
g Less: personal portion of vehicle interest (_____)
29 Total expenses 2,166. Sum of lines 27 & 28a thru 28g.
30 Less: business portion of lease or rental fees Line 20h - 20i times line 9.
 less inclusion amount (if using actual expenses) (_____) Reported separately.
31 Less: depreciation and Section 179 (if using From line 23.
 actual expenses) (_____) Reported separately.
32 **Total car and truck expenses** 2,166.

Part VI – Vehicle Depreciation Information

- 33** For vehicle converted from personal use, complete lines a and b
 For vehicle acquired by trade-in, complete line c only
a Total cost when acquired 15,500. include sales tax
b FMV when placed in service 6,000.
c Vehicle basis 6,000.
34 Enter the amount of Section 179 expense elected _____ Cannot be greater than
 limit shown below.
35 Depreciation and Section 179 limit for luxury cars 4,608. See Tax Help for computation.
36 a **Economic Stimulus - Qualified Property** Yes No
1 If yes, and if placed in service after 9/27/17, was this property
 acquired after 9/27/17? Yes No N/A
2 For post 9/27/17, elect 50% in place of 100% Special Depreciation
 Allowance Yes No N/A
b **Qualified Disaster Area - Qualified Property** Yes No
c **Kansas Disaster Zone - Qualified Property** Yes No
d **Gulf Opportunity Zone - Qualified Property** Reg Ext No
e Percentage for Special Depreciation Allowance 100% & 50% 30% N/A
f Elect OUT of Special Depreciation Allowance Yes No
g Elect 30% in place of 50% Special Depreciation Allowance Yes No
h **QuickZoom** to view the Election statements ▶
i Special Depreciation Allowance _____
j AMT Special Depr Allowance _____

- If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.
37 Prior depreciation _____
38 **Depreciation deduction** ▶ 227. Limited to luxury car maximum.
 If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.
39 AMT prior depreciation _____
40 AMT depreciation deduction 227. Limited to luxury car maximum.
41 AMT adjustment/preference 0. See Tax Help for computation.

Vehicle: Toyota Camry XLE 2005
 Activity: Sch C Software Services and Consulting

Part VII – Disposition of Vehicle – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2023.

- 43 Date vehicle sold, given away or abandoned _____ Example: 5/01/2023
- 44 Sales price _____ Enter business portion only
- 45 Expense of sale _____ Enter business portion only
- 46 Sec 179 deduction allowed _____
- 47 Double click to link sale to Form 6252 ▶ _____
- 48 Reserved _____
- 49 Gain/loss basis, if different from line 33c. _____ Enter 100% of basis
- 50 AMT gain/loss basis, if different from line 72 _____ Enter 100% of basis
- 51 Depreciation allowed or allowable _____
- 52 AMT depreciation allowed or allowable _____
- 53 Gain or loss _____
- 54 AMT gain or loss _____
- 55 Part of Form 4797 to which gain/loss carries _____

Part VIII – Detail Vehicle Depreciation Information – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- | | | | | | | |
|----|--|-------------------------------------|-----|-------------------------------------|----|--------------------------------------|
| 66 | Subject to automobile limitations? . . | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 67 | Truck or van? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 68 | Electric passenger vehicle? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 69 | Heavy SUV? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 70 | Listed property? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | See Tax Help. |
| 71 | Eligible Section 179 property? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | Applies to current year assets only. |
| 72 | Use IRS tables for MACRS property? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 73 | Indian reservation property? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 74 | Used Property? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Regular Depreciation

- 64 Depreciation type MACRS
- 65 Asset class 5
- 66 Depreciation method ALT
- 67 MACRS convention HY
- 68 QuickZoom to set 2023 convention ▶
- 69 Recovery period 5.00
- 70 Year of depreciation 1
- 71 Depreciable basis 2,266.

Alternative Minimum Tax Depreciation

- 72 AMT basis, if different from line 33c _____
- 73 AMT depreciation method. SL
- 74 AMT recovery period 5.00
- 75 AMT depreciable basis 2,266.

Vehicle: Toyota Camry XLE 2005
 Activity: Sch C Software Services and Consulting

MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion

- 76 Elect OUT of regs under Sec 1.168(i)-6(i) Yes N/A Only election out supported
- 77 If asset represents entire basis of replacement property, enter excess basis _____ Only excess basis is eligible for Section 179
 Pre-02/28/04 transactions only (See Tax Help):
- 78 Asset ID (Enter same ID on all related assets) _____
- 79 Does asset represent exchanged basis of replacement property Yes No "Yes" if exchanged basis, "No" if excess basis
- 80 Total basis of all related parts _____ Only required if line 56 is "Yes"

State Depreciation

- 81 **QuickZoom** to select or delete states ►
- 82 a State (CA info must be entered in CA state return, do not enter here) _____
- b Asset status _____
- c State cost or basis _____
- d State Section 179 deduction _____
- e State Section 179 deduction allowed (enter for dispositions only) _____
- f State Special Depreciation Allowance _____
- g State asset class _____
- h State depreciation method _____
- i State MACRS convention _____
- j State recovery period _____
- k State depreciable basis _____
- l State prior depreciation _____
- m **State depreciation deduction** ►
- n If this asset represents entire basis of replacement property, enter excess basis _____
- o Form 8824: If luxury auto, enter depreciation at 100% business use _____
- p State gain/loss basis, if different from state cost _____
- q Include vehicle in state return Yes No

Section 199A (QBI Deduction) attributes

If this asset belongs to a qualified business under Section 199A, the following attributes will be used to calculate the deduction for the qualified business.

Unadjusted Basis Immediately after Acquisition (UBIA) for this asset	2,266.
This asset is ineligible for UBIA	
Gains/(losses) from disposition of asset	
Short term gain/(loss)	0.
Ordinary income from depreciation recapture	0.
Long term gain/(loss)	0.
Gain/(loss) is not eligible for 199A deduction	

Car and Truck Expenses Worksheet

2023

▶ Keep for your records

Name(s) Shown on Return <u>LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA</u>	Social Security Number <u>024-88-7197</u>
--	--

Activity: K1 Partnership SBE 5222 Cherry Orchard LLC

Part I – Vehicle Information

1 Make and model of vehicle Toyoya Rav 4 XLE Example: Ford Taurus

2 Date vehicle acquired _____ If converted from personal use

3 Date placed in service 04/01/2023 Example: 06/15/2023

4 Type of vehicle A2 - Lt truck/van/SUV

5 a Ending mileage reading _____ Enter mileage readings, or
 b Beginning mileage reading _____ enter total miles on line 5c
 c **Total miles** vehicle was driven during 2023. 7,728 Line 5a less line 5b

6 Number of business miles for the year 1,520

7 Number of miles driven for commuting _____ Travel between home and work

8 Number of miles driven for personal purposes 6,208 Line 5c less line 6 and 7

9 Percent of business use 14.75 % Line 6, divided by 5c

10 a Have record of personal mileage for full year? Yes No
 b Months for special allocation 9 See Tax Help

11 Do you have another vehicle available for personal use? Yes No

12 Was the vehicle available for personal use during off duty hours? Yes No

13 Was the vehicle used primarily by a more than 5% owner of the business or related person? Yes No

14 a Do you have evidence to support the business use claimed? Yes No
 b If **Yes**, is the evidence written? Yes No

Part II – Standard Mileage Rate

15 Did you own this vehicle, lease this vehicle, or was it not your vehicle? Own Lease
 Not my vehicle

16 Did you use this vehicle for hire? Yes No Example: taxicab

17 Did you use less than 5 vehicles for business at a time? Yes No

18 If you **owned** this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you **leased** this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997? Yes No Only applies to vehicles placed in service in prior years

If you answered Own or Lease to line 15, and Yes to lines 17 and 18 you can take standard mileage for this vehicle (note: Line 16, vehicle for hire, is now allowed):

19 **Standard mileage deduction** 996.

Part III – Actual Expenses

<p>20 a Gasoline _____</p> <p>b Oil _____</p> <p>c Tires. _____</p> <p>d Repairs _____</p> <p>e Vehicle insurance _____</p> <p>f Vehicle registration, license (excluding property tax) _____</p> <p>g Garage rent. _____</p>	<p>h Vehicle lease or rental fees:</p> <p>1 30 days or more _____</p> <p>2 29 days or less _____</p> <p>3 Total vehicle lease/rental fees. _____</p> <p>i Leased vehicle inclusion amount:</p> <p>1 Year lease began. _____</p> <p>2 FMV of leased vehicle _____</p> <p>3 Number of lease days in year _____</p> <p>4 Inclusion amount _____</p> <p>j Other _____</p>
<p>21 Expenses subtotal _____ Sum of lines 20a thru 20j</p> <p>22 Expenses applicable to business _____ Line 21 times line 9</p> <p>23 Vehicle depreciation and Section 179 _____ From Part VI</p>	

Vehicle: Toyota Rav 4 XLE
Activity: K1 Partnership SBE 5222 Cherry Orchard LLC

Part IV - Standard Mileage versus Actual Expenses

- 25 [X] Standard mileage 996. The program automatically chooses the method
26 [] Actual expenses that gives you the largest deduction. Check the
other method if you want to use it instead.

Part V - Total Car and Truck Expenses

- 27 Line 25 or line 26 996.
28 Additional expenses:
a Parking fees
b Tolls
c Local transportation
d Property taxes (include property tax
portion of registration)
e Less: personal portion of property taxes ()
f Interest on vehicle
g Less: personal portion of vehicle interest ()
29 Total expenses 996. Sum of lines 27 & 28a thru 28g.
30 Less: business portion of lease or rental fees Line 20h - 20i times line 9.
less inclusion amount (if using actual expenses) () Reported separately.
31 Less: depreciation and Section 179 (if using From line 23.
actual expenses) () Reported separately.
32 Total car and truck expenses 996.

Part VI - Vehicle Depreciation Information

- 33 For vehicle converted from personal use, complete lines a and b
For vehicle acquired by trade-in, complete line c only
a Total cost when acquired include sales tax
b FMV when placed in service
c Vehicle basis
34 Enter the amount of Section 179 expense elected Cannot be greater than
limit shown below.
35 Depreciation and Section 179 limit for luxury cars See Tax Help for computation.
36 a Economic Stimulus - Qualified Property [] Yes [] No
1 If yes, and if placed in service after 9/27/17, was this property
acquired after 9/27/17? [] Yes [] No [] N/A
2 For post 9/27/17, elect 50% in place of 100% Special Depreciation
Allowance [] Yes [] No [] N/A
b Qualified Disaster Area - Qualified Property [] Yes [X] No
c Kansas Disaster Zone - Qualified Property [] Yes [] No
d Gulf Opportunity Zone - Qualified Property [] Reg [] Ext [] No
e Percentage for Special Depreciation Allowance [] 100% & 50% [] 30% [] N/A
f Elect OUT of Special Depreciation Allowance [] Yes [] No
g Elect 30% in place of 50% Special Depreciation Allowance [] Yes [] No
h QuickZoom to view the Election statements
i Special Depreciation Allowance
j AMT Special Depr Allowance

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 37 Prior depreciation
38 Depreciation deduction [] Limited to luxury car maximum.
If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.
39 AMT prior depreciation
40 AMT depreciation deduction [] Limited to luxury car maximum.
41 AMT adjustment/preference See Tax Help for computation.

Vehicle: Toyota Rav 4 XLE
 Activity: K1 Partnership SBE 5222 Cherry Orchard LLC

Part VII – Disposition of Vehicle – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2023.

- 43 Date vehicle sold, given away or abandoned _____ Example: 5/01/2023
- 44 Sales price _____ Enter business portion only
- 45 Expense of sale _____ Enter business portion only
- 46 Sec 179 deduction allowed _____
- 47 Double click to link sale to Form 6252 ▶ _____
- 48 Reserved _____
- 49 Gain/loss basis, if different from line 33c. _____ Enter 100% of basis
- 50 AMT gain/loss basis, if different from line 72 _____ Enter 100% of basis
- 51 Depreciation allowed or allowable _____
- 52 AMT depreciation allowed or allowable _____
- 53 Gain or loss _____
- 54 AMT gain or loss _____
- 55 Part of Form 4797 to which gain/loss carries _____

Part VIII – Detail Vehicle Depreciation Information – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- | | | | | | | |
|----|--|-------------------------------------|-----|--------------------------|----|--------------------------------------|
| 56 | Subject to automobile limitations? . . | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 57 | Truck or van? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 58 | Electric passenger vehicle? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 59 | Heavy SUV? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 60 | Listed property? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | See Tax Help. |
| 61 | Eligible Section 179 property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Applies to current year assets only. |
| 62 | Use IRS tables for MACRS property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 63 | Indian reservation property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 64 | Used Property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Regular Depreciation

- 64 Depreciation type _____
- 65 Asset class _____
- 66 Depreciation method _____
- 67 MACRS convention _____
- 68 **QuickZoom** to set 2023 convention ▶ _____
- 69 Recovery period _____
- 70 Year of depreciation _____
- 71 Depreciable basis _____

Alternative Minimum Tax Depreciation

- 72 AMT basis, if different from line 33c _____
- 73 AMT depreciation method _____
- 74 AMT recovery period _____
- 75 AMT depreciable basis _____

Depreciation and Amortization Report

Tax Year 2023
Keep for your records

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA
Sch C - Software Services and Consulting

024-88-7197

Table with 12 columns: Asset Description, *Code, Date In Service, Cost (Net of Land), Land, Bus Use %, Section 179, Special Depreciation Allowance, Depreciable Basis, Life, Method/Convention, Prior Depreciation, Current Depreciation. Includes rows for 1928 Everglades Drive, Milpitas and Toyota Camry XLE 2005.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Tax Year 2023

► Keep for your records

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

K1 Partnership SBE - 5222 Cherry Orchard LLC

024-88-7197

Asset Description	*Code	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation	Adjustments Preferences
DEPRECIATION													
Toyoya Rav 4 XLE	L	04/01/23			14.75								
SUBTOTAL CURRENT YEAR			0	0		0	0	0			0	0	0.
TOTALS			0	0		0	0	0			0	0	0.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Two-Year Comparison

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security Number
---	------------------------

Income	2022	2023	Difference	%
Wages, salaries, tips, etc	268,854.	211,852.	-57,002.	-21.20
Interest and dividend income	4,287.	7,276.	2,989.	69.72
State tax refund	0.	0.	0.	
Business income (loss)		51,533.	51,533.	
Capital and other gains (losses)	-3,000.	-3,000.	0.	0.00
IRA distributions				
Pensions and annuities		0.	0.	
Rents and royalties				
Partnerships, S Corps, etc		-1,427.	-1,427.	
Farm income (loss)				
Social security benefits				
Income other than the above	3,800.	727.	-3,073.	-80.87
Total Income	273,941.	266,961.	-6,980.	-2.55
Adjustments to Income		3,540.	3,540.	
Adjusted Gross Income	273,941.	263,421.	-10,520.	-3.84
Itemized Deductions				
Medical and dental				
Income or sales tax	21,957.	17,292.	-4,665.	-21.25
Real estate taxes	9,989.	7,882.	-2,107.	-21.09
Personal property and other taxes	166.	149.	-17.	-10.24
Interest paid	14,153.	8,954.	-5,199.	-36.73
Gifts to charity	699.	806.	107.	15.31
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	24,852.	19,760.	-5,092.	-20.49
Standard or Itemized Deduction	25,900.	27,700.	1,800.	6.95
Qualified Business Income Deduction	32.	9,343.	9,311.	999.00
Taxable Income	248,009.	226,378.	-21,631.	-8.72
Income tax	46,895.	40,792.	-6,103.	-13.01
Additional income taxes				
Alternative minimum tax	0.		0.	
Total Income Taxes	46,895.	40,792.	-6,103.	-13.01
Nonbusiness credits	8,477.	4,262.	-4,215.	-49.72
Business credits				
Total Credits	8,477.	4,262.	-4,215.	-49.72
Self-employment tax		7,080.	7,080.	
Other taxes	353.	324.	-29.	-8.22
Total Tax After Credits	38,771.	43,934.	5,163.	13.32
Withholding	41,116.	24,879.	-16,237.	-39.49
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	41,116.	24,879.	-16,237.	-39.49
Form 2210 penalty		752.	752.	
Applied to next year's estimated tax				
Refund	2,345.		-2,345.	-100.00
Balance Due		19,807.	19,807.	

Current year effective tax rate 13.87 %

Tax History Report

2023

▶ Keep for your records

Name(s) Shown on Return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Five Year Tax History:					
	2019	2020	2021	2022	2023
Filing status		MFJ	MFJ	MFJ	MFJ
Total income		447,644.	348,709.	273,941.	266,961.
Adjustments to income		2,100.			3,540.
Adjusted gross income		445,544.	348,709.	273,941.	263,421.
Tax expense		10,084.	10,165.	10,000.	10,000.
Interest expense . . .		15,490.	13,643.	14,153.	8,954.
Contributions		1,227.	225.	699.	806.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .		26,801.	25,325.	25,900.	27,700.
QBI deduction		17.	21.	32.	9,343.
Taxable income		418,726.	323,363.	248,009.	226,378.
Tax		95,868.	65,375.	46,895.	40,792.
Alternative min tax . .					
Total credits		1,700.		8,477.	4,262.
Other taxes		1,910.	1,149.	353.	7,404.
Payments		80,692.	73,874.	41,116.	24,879.
Form 2210 penalty . .		101.			752.
Amount owed		15,487.			19,807.
Applied to next year's estimated tax .					
Refund			7,350.	2,345.	
Effective tax rate % . .		21.14	17.60	14.02	13.87
**Tax bracket %		35.0	24.0	24.0	24.0

**Tax bracket % is based on Taxable income.

Tax Summary
▶ Keep for your records

2023

Name (s)

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Total income	266,961.
Adjustments to income	3,540.
Adjusted gross income	263,421.
Itemized/standard deduction	27,700.
Qualified business income deduction	9,343.
Taxable income	226,378.
Tentative tax	40,792.
Additional taxes	
Alternative minimum tax	
Total credits	4,262.
Other taxes	7,404.
Total tax	43,934.
Total payments	24,879.
Estimated tax penalty	752.
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	19,807.

Compare to U. S. Averages

▶ Keep for your records

2023

Name(s) Shown on Return LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social Security No 024-88-7197
--	--

Your 2023 adjusted gross income (AGI) 263,421.
 National adjusted gross income range used below from 250,000. to 999,999,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	<u>211,852.</u>	<u>448,049.</u>
Taxable interest	<u>1,937.</u>	<u>14,472.</u>
Tax-exempt interest	<u>145.</u>	<u>22,043.</u>
Dividends	<u>5,339.</u>	<u>55,918.</u>
Business net income less loss	<u>51,533.</u>	<u>97,073.</u>
Net capital gain	<u> .</u>	<u>406,842.</u>
Net capital loss	<u>-3,000.</u>	<u>2,681.</u>
Taxable IRAs	<u> .</u>	<u>92,230.</u>
Taxable pensions and annuities	<u>0.</u>	<u>76,001.</u>
Rent and royalty net income less loss	<u> .</u>	<u>30,877.</u>
Partnership and S corporation net income less loss	<u>-1,427.</u>	<u>387,003.</u>
Taxable social security benefits	<u> .</u>	<u>36,069.</u>
Medical and dental expenses deduction	<u> .</u>	<u>50,343.</u>
Taxes paid deduction	<u>10,000.</u>	<u>10,265.</u>
Interest paid deduction	<u>8,954.</u>	<u>26,404.</u>
Charitable contributions deduction	<u>806.</u>	<u>72,080.</u>
Total itemized deductions	<u>19,760.</u>	<u>106,992.</u>
Child care credit	<u> .</u>	<u>1,356.</u>
Education tax credits	<u> .</u>	<u>0.</u>
Child tax credit	<u>4,000.</u>	<u>0.</u>
Retirement savings contributions credit	<u> .</u>	<u>0.</u>
Earned income credit	<u> .</u>	<u>0.</u>
Other Information	Actual Per Return	National Average
Adjusted gross income	<u>263,421.</u>	<u>886,538.</u>
Taxable income	<u>226,378.</u>	<u>802,475.</u>
Income tax	<u>40,792.</u>	<u>206,281.</u>
Alternative minimum tax	<u> .</u>	<u>29,892.</u>
Total tax liability	<u>43,934.</u>	<u>212,316.</u>

Name(s) shown on return
LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number
024-88-7197

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

QuickZoom to Form(s) 8949, Short-Term Gain (Loss) Transactions ▶
QuickZoom to Schedule D, Short-Term Gain (Loss) Regular Tax Totals ▶

Short-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
1 a 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				
b Short-term totals from all Forms 8949 with box A checked	1,945.	2,043.	0.	-98.
2 Short-term totals from all Forms 8949 with box B checked				
3 Short-term totals from all Forms 8949 with box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824: A Form(s) 6252, Installment Sale Income B Form(s) 4684, Casualties and Thefts C Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles D Form(s) 8824, Like-Kind Exchanges E Sale of Incentive Stock Option stock (not entered elsewhere) F Other Total			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet			6	-11,870.
7 Net short-term capital gain or (loss). Combine lines 1 thru 6 in column (f) . . ▶			7	-11,968.

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

QuickZoom to Form(s) 8949, Long-Term Gain (Loss) Transactions ▶
QuickZoom to Schedule D, Long-Term Gain (Loss) Regular Tax Totals ▶

Long-Term Totals:	Sales Price	Adjstd Basis	Gn(Ls) Adjstmt	Gain (Loss)
8 a 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				
b Long-term totals from all Forms 8949 with box D checked	1,278.	1,167.	2.	113.
9 Long-term totals from all Forms 8949 with box E checked				
10 Long-term totals from all Forms 8949 with box F checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824: A Form 4797, Sales of Business Property (Gain from Pt I) B Form(s) 6252, Installment Sale Income C Form(s) 4684, Casualties and Thefts D Form(s) 6781, Gains and Losses from Section 1256 Contracts and Straddles E Form(s) 8824, Like-Kind Exchanges F Form(s) 2439, Notice to Shareholder of Undistributed Long-Term Capital Gains G Sale of Incentive Stock Option stock (not entered elsewhere) H Other Total		
		11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13	Capital gain distributions	13	393.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet	14	-1,016.
15	Net long-term capital gain or (loss). Combine lines 8 thru 14 in column (f) . . ▶	15	-510.

Part III Summary

16	Combine lines 7 and 15 and enter the result If line 16 is: • A gain , enter the amount on line 22 below. Then go to line 17 below. • A loss , skip lines 17 through 20 below. Then go to line 21. • Zero , skip lines 17 through 21 below and enter -0- on line 22 below.	16	-12,478.
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet	18	0.
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. <input type="checkbox"/> No.		
21	If line 16 is a loss, enter here and on line 22 below, the smaller of: • The loss on line 16, or • (\$3,000), or, if married filing separately, (\$1,500)] Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	-3,000.
22	Do you have qualified dividends on Form 1040, line 9b? <input type="checkbox"/> Yes. <input type="checkbox"/> No.		
	Capital gain (loss) as refigured for the Alternative Minimum Tax. If line 16 is a gain or zero, enter line 16. If line 16 is a loss, enter line 21. ▶		-3,000.

- QuickZoom to the **Qualified Dividends and Capital Gain Tax Worksheet** ▶
- QuickZoom to the **Schedule D Tax Worksheet** ▶
- QuickZoom to the **Unrecaptured Section 1250 Gain Worksheet** ▶
- QuickZoom to the **28% Rate Gain Worksheet** ▶
- QuickZoom to the **Capital Loss Carryover Worksheet** ▶
- QuickZoom to **Form 6251, Alternative Minimum Tax** ▶

Estimated Tax Payment Options

Name:	<u>LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA</u>
SSN:	<u>024-88-7197</u>

Prepare My 2024 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2024 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2024 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2024 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2023 taxes (prior-year exception) Note: If your 2023 taxes were less than \$1000, see Tax Help	48,279.

Amount of Estimated Taxes to Pay in 2024	
Taxes based on method above	48,279.
Expected withholding for 2024 . . . (.2023 actual withholding)	24,879.
Taxes due after withholding	23,400.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	23,400.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2024	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due 04/15/2024	5,850.
<input type="checkbox"/> Payment number 2, due 06/17/2024	5,850.
<input type="checkbox"/> Payment number 3, due 09/16/2024	5,850.
<input type="checkbox"/> Payment number 4, due 01/15/2025	5,850.

Total estimated tax payments for 2024	23,400.
---	---------

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Primary SSN: 024-88-7197

Federal Return Submitted: April 15, 2024 12:58 AM PST

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 04/15/2024

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2024. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 15, 2024, your Intuit electronic postmark will indicate April 15, 2024, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2024, and a corrected return is submitted and accepted before April 20, 2024. If your return is submitted after April 20, 2024, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2024. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2024, and the corrected return is submitted and accepted by October 20, 2024.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Business Address Information Smart Worksheet

Business street address. . . 1928 Everglades Dr

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Milpitas CA 95035-6612

Or, foreign country information:

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet	
<i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>	
A QBI worksheet to report (double-click to link)	Seshu Reddy's LLC
B Trade or Business Name	Seshu Reddy's LLC
C Trade or Business ID Number	93-1391218
D 1 Is this a Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 If No, is income attributable to a SSTB? (see Help)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)	_____
4 Percentage of qualified income attributable to SSTB	_____%
E 1 Tentative Sch C profit (loss) from this business	51,533.
2 a Former Employer Expenses	_____
b Former Employer Income	_____
c Net Gain Former Employer	_____
d Foreign Expenses	_____
e Foreign Income	_____
f Foreign Net Gain	_____
Total adjustments to qualified business income	_____
3 Tentative Sch C profit (loss) from qualified business	51,533.
4 a Calculated QBI allowed after passive/at-risk limits	51,533.
b Adjustments to allowed QBI	_____
c Allowable QBI after loss limits	51,533.
5 Self employed deductions connected to this business	_____
a Self employed health insurance for this business	_____
b Total deduction for 1/2 self employment tax	3,540.
c Deduction for 1/2 S.E. tax connected to this business	3,540.
d Total deduction for S.E. retirement contributions	_____
e S.E. retirement deduction connected to this business	_____
Total self employed deductions connected to this business	3,540.
6 Sch C profit (loss) after S.E. deductions	47,993.
7 Additional deductions related to this business reported on separate schedules	_____
8 Net profit (loss) after adjustments, limitations, and deductions	47,993.
9 Allowable Sch C profit (loss) allocated to SSTB	0.
10 Allowable Sch C profit (loss) from this business	47,993.
F 1 Ordinary gain (loss) from business assets	0.
2 Ordinary gain (loss) adjustments	_____
3 Qualified ordinary gain (loss)	0.
4 a Calculated QBI allowed after passive/at-risk limits	0.
b Adjustments to allowed QBI	_____
c Allowable short-term qualified gain (loss) after passive/at-risk limits	0.
5 Allowable ordinary gain (loss) allocated to SSTB	0.
6 Allowable ordinary gain (loss)/recapture from this business	0.
G 1 Section 1231 gain (loss) from business assets	0.
2 Section 1231 gain (loss) adjustments	_____
3 Section 1231 gain (loss) from qualified business	0.
4 a Calculated QBI allowed after passive/at-risk limits	0.
b Adjustments to allowed QBI	_____
c Allowable ordinary 1231 qualified gain (loss)	0.
5 Allowable ordinary 1231 gain (loss) allocated to SSTB	0.
6 Allowable ordinary 1231 gain (loss) from this business	0.

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	47,993.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	_____
b Adjustments to previously disallowed losses	_____
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wsht for previously disallowed losses, if present	_____
I 1 Tentative wages	0.
2 Adjustments	_____
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	165,991.
2 Adjustments	_____
3 Qualified UBIA	165,991.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	_____
2 Wages allocable to qualified payments from coop	_____
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	_____
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	_____

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	51,533.	51,533.	51,533.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	51,533.	51,533.	51,533.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
At-risk loss carryforwards to 2024		
Before 2018	A Operating loss	0 .
	B Form 4797 ordinary loss	0 .
	C Form 4797 long-term loss	0 .
2018	D Operating loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	
2021	M Operating loss	
	N Form 4797 ordinary loss	
	O Form 4797 long-term loss	
2022	P Operating loss	
	Q Form 4797 ordinary loss	
	R Form 4797 long-term loss	
2023	S Operating loss	
	T Form 4797 ordinary loss	
	U Form 4797 long-term loss	

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
Passive losses		
Passive loss carryforwards to 2024		
Before 2018	A Operating Loss	0 .
	B Form 4797 ordinary loss	0 .
	C Form 4797 long-term loss	0 .
2018	D Operating Loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	
2021	M Operating loss	
	N Form 4797 ordinary loss	
	O Form 4797 long-term loss	
2022	P Operating loss	
	Q Form 4797 ordinary loss	
	R Form 4797 long-term loss	
2023	S Operating loss	
	T Form 4797 ordinary loss	
	U Form 4797 long-term loss	

Form 5329: Additional Tax on Retirement Distributions (Taxpayer) -- Smart Worksheet

HSA Value Smart Worksheet	
A The value of your HSAs on December 31, 2023. Include any contributions made after December 31, 2023 that were for 2023	3,531.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 2 Smart Worksheet	
A Total amount of HSA contributions you made for 2023	0.
B Excess HSA contributions carried over from 2022 that still in HSA	_____
C Excess HSA contributions withdrawn before April 15, 2024	0.
D Net amount of HSA contributions for 2023 after withdrawals, enter on line 2	0.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 3 Smart Worksheet									
A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.									
1	January	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
2	February	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
3	March	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
4	April	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
5	May	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
6	June	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
7	July	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
8	August	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
9	September	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
10	October	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
11	November	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
12	December	▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
B Maximum allowable contribution.									7,750.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>									

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 6 Smart Worksheet	
A Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	7,750.
B Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	7,750.
C Portion of Line B amount to be carried to Line 6 of spouse's form	3,531.
QuickZoom to Form 8889S ▶	
D Remainder to be carried to Line 6 (Line 5 minus Line C)..	4,219.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 9 Employer Contribution Smart Worksheet		
A	Enter the employer contributions reported in Box 12 of Form W-2 (code W)	4,946.
B	Enter employer contributions made in 2023 for the tax year 2022	
C	Subtract line B from line A	4,946.
D	Enter employer contributions made in 2024 for the tax year 2023	
E	Other employer contributions for 2023 not reported above	
F	Employer contributions for 2023. Add lines C, D and E. Enter on line 9	4,946.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Excess Employer Contributions and/or HSA Funding Distributions Smart Wksht		
A	Gross Excess Employer Contributions and/or Excess HSA Funding Distributions (Line 11 minus Line 8)	727.
B	Excess withdrawn after the end of the year	0.
C	Net excess subject to additional tax	727.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 14 Smart Worksheet		
A	Gross distributions	414.
B	Rollovers	
C	Return of excess contributions	
D	Subtract lines B and C from line A.	414.
E	Taxable earnings on excess contributions	
Non-surviving spouse beneficiaries who received no distribution this year use lines F & G		
F	FMV of inherited HSA assets if no distribution received.	
G	Qualified medical expenses	

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 18 Smart Worksheet						
Check here if failure to maintain HDHP coverage in 2023 was due to death or disability						<input type="checkbox"/>
A	1	Total HSA contribution in 2022				0.
	2	Excess contribution in 2022				
	3	Net HSA contribution in 2022				0.
B	Check the box below to indicate the type of coverage you had for each month of 2022. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.					
	1	January ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	2	February ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	3	March ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	4	April ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	5	May ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	6	June ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	7	July ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	8	August ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	9	September ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	10	October ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	11	November ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family	
	12	December ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family	
C	1	Total maximum allowable contribution for 2022				
	2	Amount allocated to spouse in 2022				0.
	3	Net maximum allowable contribution for 2022				

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 2 Smart Worksheet		
A	Total amount of HSA contributions you made for 2023	0.
B	Excess HSA contributions carried over from 2022 that still in HSA	
C	Excess HSA contributions withdrawn before April 15, 2024	0.
D	Net amount of HSA contributions for 2023 after withdrawals, enter on line 2	0.

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 3 Smart Worksheet								
A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.								
1	January	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
2	February	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
3	March	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
4	April	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
5	May	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
6	June	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
7	July	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
8	August	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
9	September	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
10	October	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
11	November	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
12	December	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
B Maximum allowable contribution								7,750.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>								

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 6 Smart Worksheet	
A Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	7,750.
B Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	7,750.
C Portion of Line B amount to be carried to Line 6 of spouse's form	4,219.
QuickZoom to Form 8889T ▶	
D Remainder to be carried to Line 6 (Line 5 minus Line C)..	3,531.

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	3,531.
B Enter employer contributions made in 2023 for the tax year 2022	
C Subtract line B from line A	3,531.
D Enter employer contributions made in 2024 for the tax year 2023	
E Other employer contributions for 2023 not reported above	
F Employer contributions for 2023. Add lines C, D and E. Enter on line 9	3,531.

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 18 Smart Worksheet					
Check here if failure to maintain HDHP coverage in 2023 was due to death or disability					<input type="checkbox"/>
A	1	Total HSA contribution in 2022		0 .	
	2	Excess contribution in 2022			
	3	Net HSA contribution in 2022		0 .	
B	Check the box below to indicate the type of coverage you had for each month of 2022. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.				
	1	January ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	2	February ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	3	March ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	4	April ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	5	May ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	6	June ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	7	July ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	8	August ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	9	September ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	10	October ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	11	November ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
	12	December ▶	<input type="checkbox"/> None	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
C	1	Total maximum allowable contribution for 2022			
	2	Amount allocated to spouse in 2022			
	3	Net maximum allowable contribution for 2022			

Form 8995: QB Income Deduction Simplified Computation -- Smart Worksheet

Qualified REIT dividend and PTP income Smart Worksheet	
Qualified REIT dividends	148 .
Qualified PTP income	_____

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Simplified Method Smart Worksheet	
Simplified method election for Home Office expenses:	
Do you elect to use the simplified method in 2023 ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Did you elect to use the simplified method in 2022 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A	Gross income limitation _____
B	Enter the square footage of your office _____
C	The lesser of the square footage of your office or 300 _____
D	Number of months in 2023 this home office was used at least 15 days during the month 10
E	Business percentage for daycare facilities (if applicable, or 100.00 if not) _____ %
F	Line C times line D divided by 12 times \$5.00 times line E _____
G	Allowable Simple Method deduction. Enter the lesser of line A or line F _____

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Line 8 Calculation Smart Worksheet

A Enter the date you began using this home office for this business. 03/01/2023

B Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home 95.00 %

C 1 Calculated gain from business use of this home on Schedule D or Form 4797. _____

2 Adjustments to calculated gain _____

3 Net gain _____

D 1 Calculated loss from this business not derived from business use of home and shown on Schedule D or Form 4797 _____

2 Adjustments to calculated loss (enter additional losses as a negative number) _____

3 Net loss _____

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Interest and Taxes Smart Worksheet

If you already entered this home's deductible mortgage interest, qualified mortgage insurance, and real estate taxes as Indirect expenses on any other Form 8829, check this box

NOTE: Do **not** check this box on the first form where you enter these amounts.

	Direct Expense	Indirect Expense
A Qualified mortgage insurance paid or accrued in 2023 on contracts issued after 2006 for acquisition indebtedness		None
A Total mortgage interest and points		
B Double-click to link to Mortgage 1		Loandepot com llc
copies of the Home Mortgage 2		
Mortgage Interest Wks Mortgage 3		
Mortgage 4		
Mortgage 5		
Mortgage 6		
Mortgage 7		
Mortgage 8		
Mortgage 9		
Mortgage 10.		

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Important: This form calculates a "temporary" tax provision. This credit will be calculated for eligible payees prior to the expiration date shown below. If the expiration date shows "Expired", this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.

Temporary tax provision	Expiration Date
Mortgage Insurance Premium Deduction (sec. 163(h)(3))	Expired

Form 4868: Application for Automatic Extension -- Smart Worksheet

Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0045

Federal Information Worksheet -- Smart Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . .	<input type="checkbox"/>
Marital Status	_____
Filing Status Selected	_____

Dependent Information Worksheet (PRATEEK) -- Smart Worksheet

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person? (Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse [X]
Taxpayer []
Spouse []

C Did this person provide more than 1/2 of their own support? [] Yes [X] No

D Was this person married on December 31, 2023 and filing a joint return for the year (You may answer no if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? [] Yes [X] No

Detailed answers for this question. This dependent:

- Was married on December 31, 2023 [] Yes [] No
- If married, filed a joint return for the year [] Yes [] No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. [] Yes [] No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately [] Yes [] No

E Is this person a Full time student? [] Yes [] No

F Is this person's gross income less than \$4,700? [] Yes [] No

1 Did you provide over 1/2 the support for this person? or Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? [] Yes [] No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? [] Yes [] No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only: Is the other parent claiming this dependent per the custody agreement? [] Yes [] No Has the other parent waived their legal right so you can claim this dependent on your tax return? [] Yes [] No

H Who will be claiming this person as a dependent as a result of: - an agreement between the parents - the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person? Taxpayer (includes spouse if married filing joint) in this return? [X] Other parent in different return? [] Someone else in different return? []

Dependent Information Worksheet (PRATEEK) -- Smart Worksheet

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

- * They received gross income greater than \$4,700 or more or
- * They filed a joint return

Dependent Information Worksheet (TARA) -- Smart Worksheet

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?

(Used to determine if additional questions are necessary for children of divorced parents.)

- Both Taxpayer and spouse
- Taxpayer
- Spouse

C Did this person provide more than 1/2 of their own support? Yes No

D Was this person married on December 31, 2023 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? Yes No

Detailed answers for this question. This dependent:

- Was married on December 31, 2023 Yes No
- If married, filed a joint return for the year Yes No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. Yes No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately Yes No

E Is this person a Full time student? Yes No

F Is this person's gross income less than \$4,700? Yes No

1 Did you provide over 1/2 the support for this person?
or

Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return?

Yes No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? Yes No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? Yes No

Has the other parent waived their legal right so you can claim this dependent on your tax return? Yes No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return?

Other parent in different return?

Someone else in different return?

Dependent Information Worksheet (TARA) -- Smart Worksheet

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

- * They received gross income greater than \$4,700 or more or
- * They filed a joint return

Forms W-2 & W-2G Summary -- Smart Worksheet

Line 14a Total Deductible Mandatory State Tax Summary

Description	Taxpayer	Spouse
Premier healthcare services llc, California SDI tax		66.
Landing AI US Corp, California SDI tax	184.	
Accenture Flex LLC, California SDI tax		905.
Totals . .	184.	971.

Form W-2 (Premier healthcare services llc): Wage & Tax Statement -- Smart Worksheet

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E **QuickZoom** to completed Form 4852 for reference ▶ _____

Form W-2 (Landing AI US Corp): Wage & Tax Statement -- Smart Worksheet

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E QuickZoom to completed Form 4852 for reference ▶ _____

Form W-2 (Accenture Flex LLC): Wage & Tax Statement -- Smart Worksheet

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E QuickZoom to completed Form 4852 for reference ▶ _____

Form W-2 (Sciton, Inc): Wage & Tax Statement -- Smart Worksheet

Substitute Form W-2 Smart Worksheet

A Treat as a substitute W-2 and generate a form 4852

B Linked substitute W-2 Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E QuickZoom to completed Form 4852 for reference ▶ _____

Form 1099-R (State Street Retiree Services For): Pension/IRA Distributions -- Smart Worksheet

Qualified Disaster Distribution Smart Worksheet

A If this is a Qualified Disaster distribution, indicate which year the distribution qualifies under

2018 Disaster Distribution	▶	<input type="checkbox"/>
2019 Disaster Distribution	▶	<input type="checkbox"/>
2020 Disaster Distribution	▶	<input type="checkbox"/>
2020 Coronavirus-related Distribution	▶	<input type="checkbox"/>
2021 Disaster Distribution	▶	<input type="checkbox"/>
2022 Disaster Distribution	▶	<input type="checkbox"/>
2023 Disaster Distribution	▶	<input type="checkbox"/>

B Amount of Qualified Disaster distribution Entire distribution is qualified
 or amount that is qualified _____

C Indicate amount, if any, of this Qualified Disaster distribution that was repaid before filing the 2023 tax return
 Entire distribution repaid
 or amount of partial repayment _____

D If this Qualified Disaster distribution was received for the purchase or construction of a new home and the new home was not purchased or constructed due to a qualified disaster enter any amount repaid
 Entire distribution repaid
 or amount of partial repayment _____

Form 1099-R (State Street Retiree Services For): Pension/IRA Distributions -- Smart Worksheet

Nonstandard or Substitute Form 1099-R Smart Worksheet

A Treat as substitute 1099-R and generate a form 4852

B If substitute Form 1099-R needed, double-click to link to Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E **QuickZoom** to complete Form 4852 ▶

F Check box if this 1099-R is "non-standard" (handwritten, typewritten, or altered in any way)

Form 1099-R (State Street Retiree Services For): Pension/IRA Distributions -- Smart Worksheet

Explanation Statement Smart Worksheet

If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the Help to see the required information. Then QuickZoom to the appropriate explanation statement.	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Return of IRA contribution before due date of tax return ▶		
<input type="checkbox"/> Return of prior year excess traditional IRA contributions ▶		

Form 1099-R (State Street Retiree Services For): Pension/IRA Distributions -- Smart Worksheet

Simplified Method Smart Worksheet

A If the annuity starting date is **after** December 31, 1997, is the annuity payable based on the life of **more than** one individual? Yes No

B If line A is 'No', enter the age of the annuitant at the annuity starting date. If line A is 'Yes', enter the age of the primary annuitant at the annuity starting date. (If there is no primary annuitant, enter the age of the **oldest** survivor annuitant) _____

C If line A is "Yes", enter the age of the **youngest** survivor annuitant at the annuity starting date _____

Note: If the annuity starting date is **before** January 1, 1998, enter the age of the recipient at the annuity starting date on line B above.

Form 1099-R (State Street Retiree services for): Pension/IRA Distributions -- Smart Worksheet

Qualified Disaster Distribution Smart Worksheet

A If this is a Qualified Disaster distribution, indicate which year the distribution qualifies under

2018 Disaster Distribution	▶	<input type="checkbox"/>
2019 Disaster Distribution	▶	<input type="checkbox"/>
2020 Disaster Distribution	▶	<input type="checkbox"/>
2020 Coronavirus-related Distribution	▶	<input type="checkbox"/>
2021 Disaster Distribution	▶	<input type="checkbox"/>
2022 Disaster Distribution	▶	<input type="checkbox"/>
2023 Disaster Distribution	▶	<input type="checkbox"/>

B Amount of Qualified Disaster distribution Entire distribution is qualified
 or amount that is qualified _____

C Indicate amount, if any, of this Qualified Disaster distribution that was repaid before filing the 2023 tax return

Entire distribution repaid	▶	<input type="checkbox"/>
or amount of partial repayment		_____

D If this Qualified Disaster distribution was received for the purchase or construction of a new home and the new home was not purchased or constructed due to a qualified disaster enter any amount repaid

Entire distribution repaid	▶	<input type="checkbox"/>
or amount of partial repayment		_____

Form 1099-R (State Street Retiree services for): Pension/IRA Distributions -- Smart Worksheet

Nonstandard or Substitute Form 1099-R Smart Worksheet	
A	Treat as substitute 1099-R and generate a form 4852 <input type="checkbox"/>
B	If substitute Form 1099-R needed, double-click to link to Form 4852 <input type="checkbox"/>
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to complete Form 4852 <input type="checkbox"/>
F	Check box if this 1099-R is "non-standard" (handwritten, typewritten, or altered in any way) . . . <input type="checkbox"/>

Form 1099-R (State Street Retiree services for): Pension/IRA Distributions -- Smart Worksheet

Explanation Statement Smart Worksheet		
If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the Help to see the required information. Then QuickZoom to the appropriate explanation statement.	Taxpayer	Spouse
	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Return of IRA contribution before due date of tax return ▶		
<input type="checkbox"/> Return of prior year excess traditional IRA contributions ▶		

Form 1099-R (State Street Retiree services for): Pension/IRA Distributions -- Smart Worksheet

Simplified Method Smart Worksheet	
A	If the annuity starting date is after December 31, 1997, is the annuity payable based on the life of more than one individual? Yes <input type="checkbox"/> No <input type="checkbox"/>
B	If line A is 'No', enter the age of the annuitant at the annuity starting date. If line A is 'Yes', enter the age of the primary annuitant at the annuity starting date. (If there is no primary annuitant, enter the age of the oldest survivor annuitant) _____
C	If line A is "Yes", enter the age of the youngest survivor annuitant at the annuity starting date _____
<p>Note: If the annuity starting date is before January 1, 1998, enter the age of the recipient at the annuity starting date on line B above.</p>	

Capital Loss Carryover Worksheet -- Smart Worksheet

2022 Capital Loss Information Smart Worksheet		
	Regular Tax	Alternative Minimum Tax
A Net short-term capital gain or (loss). (2022 Schedule D, line 7) . . .	-14,870.	-14,870.
B Net long-term capital gain or (loss). (2022 Schedule D, line 15) . . .	-1,020.	-1,016.
C Allowable net capital (loss). (2022 Schedule D, line 21)	-3,000.	-3,000.
D Taxable income. (2022 Form 1040, line 15 or Form 1040NR, line 15)	248,009.	
E Alternative minimum taxable income before exemptions. (2022 Form 6251, line 4)		292,584.
F Ownership: <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		

Capital Loss Carryover Worksheet -- Smart Worksheet

TY21 -> TY22 conversion AMT capital loss carryover adjustment smart worksheet

Is this return impacted by inaccurate TY21->TY22 conversion? (see help) Yes No

Value from **2021** Schedule D for AMT, line 7 0 .

Value from **2021** Schedule D for AMT, line 15 0 .

Value from **2021** Schedule D for AMT, line 21 0 .

Value from **2021** Form 6251, line 4, alternative minimum taxable income 0 .

2021 Schedule D for AMT, line 7, **per 2022 Capital Loss Carryover Wksht** 0 .

2021 Schedule D for AMT, line 15, **per 2022 Capital Loss Carryover Wksht** 0 .

	Original TY21	Corrected TY21
2022 Capital Loss Carryover Worksheet Line 1	_____	_____
2022 Capital Loss Carryover Worksheet Line 2	_____	_____
2022 Capital Loss Carryover Worksheet Line 3	_____	_____
2022 Capital Loss Carryover Worksheet Line 4	_____	_____
2022 Capital Loss Carryover Worksheet Line 5	_____	_____
2022 Capital Loss Carryover Worksheet Line 6	_____	_____
2022 Capital Loss Carryover Worksheet Line 7	_____	_____
2022 Capital Loss Carryover Worksheet Line 8	_____	_____
2022 Capital Loss Carryover Worksheet Line 9	_____	_____
2022 Capital Loss Carryover Worksheet Line 10	_____	_____
2022 Capital Loss Carryover Worksheet Line 11	_____	_____
2022 Capital Loss Carryover Worksheet Line 12	_____	_____
2022 Capital Loss Carryover Worksheet Line 13	_____	_____
Corrected 2022 Sch D for AMT, line 7	_____	_____
Corrected 2022 Sch D for AMT, line 15	_____	_____
Corrected 2022 Sch D for AMT, line 21	_____	_____
Corrected 2022 AMTI, Form 6251, line 4	_____	_____

	Original TY22	Corrected TY22
2023 Capital Loss Carryover Worksheet Line 1	_____	_____
2023 Capital Loss Carryover Worksheet Line 2	_____	_____
2023 Capital Loss Carryover Worksheet Line 3	_____	_____
2023 Capital Loss Carryover Worksheet Line 4	_____	_____
2023 Capital Loss Carryover Worksheet Line 5	_____	_____
2023 Capital Loss Carryover Worksheet Line 6	_____	_____
2023 Capital Loss Carryover Worksheet Line 7	_____	_____
2023 Capital Loss Carryover Worksheet Line 8	_____	_____
2023 Capital Loss Carryover Worksheet Line 9	_____	_____
2023 Capital Loss Carryover Worksheet Line 10	_____	_____
2023 Capital Loss Carryover Worksheet Line 11	_____	_____
2023 Capital Loss Carryover Worksheet Line 12	_____	_____
2023 Capital Loss Carryover Worksheet Line 13	_____	_____

Form 1099-B Worksheet (National Financial Services LLC) -- Smart Worksheet

- QuickZoom** to another copy of **Form 1099-B Worksheet** ▶ _____
- For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. ▶ _____
- QuickZoom** to **Form 1099-K** reporting sale(s) of investment assets ▶ _____

Form 1099-K reconciliation	
<input type="checkbox"/>	If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported on the Capital Asset Sales Worksheet(s) must match the amount shown below.
Payment(s) amount from linked Form 1099-K ▶	

Form 1099-B Worksheet (CHARLES SCHWAB & CO., INC.) -- Smart Worksheet

- QuickZoom** to another copy of **Form 1099-B Worksheet** ▶ _____
- For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. ▶ _____
- QuickZoom** to **Form 1099-K** reporting sale(s) of investment assets ▶ _____

Form 1099-K reconciliation	
<input type="checkbox"/>	If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported on the Capital Asset Sales Worksheet(s) must match the amount shown below.
Payment(s) amount from linked Form 1099-K ▶	

Form 1099-B Worksheet (Betterment Securities) -- Smart Worksheet

- QuickZoom** to another copy of **Form 1099-B Worksheet** ▶ _____
- For sale of a primary residence eligible for gain exclusion, use the **Home Sale Worksheet**. ▶ _____
- QuickZoom** to **Form 1099-K** reporting sale(s) of investment assets ▶ _____

Form 1099-K reconciliation	
<input type="checkbox"/>	If checked, a copy of Form 1099-K with the payer and payment amount shown below has been linked to this worksheet. Total sales proceeds reported on the Capital Asset Sales Worksheet(s) must match the amount shown below.
Payment(s) amount from linked Form 1099-K ▶	

Earned Income Worksheet -- Smart Worksheet

Medicaid Waiver Payments for the Earned Income Credit and Additional Child Tax Credit Smart Worksheet	
A Check box if any wages are Medicaid Waiver Payments that you choose to include in earned income	
Taxpayer	<input type="checkbox"/>
Spouse	<input type="checkbox"/>

Sch K-1 Wks-Partnerships (5222 Cherry Orchard LLC) -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
At-risk loss carryforwards to 2024		
Before 2018	A Operating loss	0 .
	B Form 4797 ordinary loss	0 .
	C Form 4797 long-term loss	0 .
2018	D Operating loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	
2021	M Operating loss	
	N Form 4797 ordinary loss	
	O Form 4797 long-term loss	
2022	P Operating loss	
	Q Form 4797 ordinary loss	
	R Form 4797 long-term loss	
2023	S Operating loss	
	T Form 4797 ordinary loss	
	U Form 4797 long-term loss	

Sch K-1 Wks-Partnerships (5222 Cherry Orchard LLC) -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
Passive losses		
Passive loss carryforwards to 2024		
Before 2018	A Operating Loss	0 .
	B Form 4797 ordinary loss	0 .
	C Form 4797 long-term loss	0 .
2018	D Operating Loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	
2021	M Operating loss	
	N Form 4797 ordinary loss	
	O Form 4797 long-term loss	
2022	P Operating loss	
	Q Form 4797 ordinary loss	
	R Form 4797 long-term loss	
2023	S Operating loss	
	T Form 4797 ordinary loss	
	U Form 4797 long-term loss	

Depreciation Information Smart Worksheet

A Enter Section 179 carryover from prior year 0.

B QuickZoom to the Asset Entry Worksheet ▶

C QuickZoom to the Car and Truck Expenses Worksheet ▶

D To view a calculated report of all depreciation information for Schedule K-1
QuickZoom to the Depreciation Reports ▶

E QuickZoom to Form 4562 for Schedule K-1 ▶

F Treat all MACRS assets for activity as qualified Indian reservation property? . . . Yes No

G Treat all assets acquired after Aug 27, 2005 as
 qualified GO Zone property? Regular Extension No

H Treat all assets acquired after May 4, 2007 as
 qualified Kansas Disaster Zone property? Yes No

I Was this activity located in a Qualified Disaster Area? Yes No

Schedule D AMT: Capital Gains & Losses AMT -- Smart Worksheet

(a) Description of Short-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
7.00 ISHARES CORE MSCI 10/24/22	EMERGING ETF 03/29/23	A 338.	293.		45.
0.025647 sh. iShares Russell 2000 Value ETF Class O 06/13/22	05/31/23	A 3.	4.		-1.
0.031037 sh. Vanguard Global ex-U.S. Real Estate ETF Class O 08/16/22	07/31/23	A 1.	1.	0.	0.
0.054243 sh. iShares Core MSCI EAFE ETF Class O 08/30/22	04/28/23	A 4.	3.		1.
See Short-term Capital Gains and Losses					
		1,599.	1,742.	0.	-143.

Schedule D AMT: Capital Gains & Losses AMT -- Smart Worksheet

(a) Description of Long-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
GE HEALTHCARE TECHNOLOGIES INC C 0.275 07/17/19	01/06/23	D 16.	16.		0.
GE HEALTHCARE TECHNOLOGIES INC C 0.078 03/16/20	01/06/23	D 5.	3.		2.
GE HEALTHCARE TECHNOLOGIES INC C 0.235 03/18/20	01/06/23	D 14.	8.		6.
GE HEALTHCARE TECHNOLOGIES INC C 0.079 06/29/20	01/06/23	D 5.	3.		2.
See Long-term Capital Gains and Losses					
		1,238.	1,137.	2.	103.

Estimated Tax Payment Options -- Smart Worksheet

For Residents of Guam or the U.S. Virgin Islands Only	
<input type="checkbox"/>	Permanent resident of Guam or U.S. Virgin Islands
<input type="checkbox"/>	Nonpermanent resident of Guam or U.S. Virgin Islands

Additional Information From 2023 Federal Tax Return

Schedule B: Interest and Dividend Income -- Smart Worksheet

Additional Interest Income

Continuation Statement

	Interest Income	Typ Int	Early Withdraw Penalty	US Savings Bond/Treas. Obligations	Tax-exempt Interest	ST ID*	Private Activity Bond
NATIONAL FINANCIAL SERVICES LLC							
	1.85						
CHARLES SCHWAB & CO., INC.							
	428.21						
Total	430.06						

Charitable Organization (Goodwill)

Detail of Item Donations - Continued

Continuation Statement

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	05/15/2023	1	Women's Sweater: Pullover	11.80	2	8.26	0	23.60
1	05/15/2023	1	Women's Undergarments: Thermal Pants	6.77	3	4.74	0	20.31
1	05/15/2023	1	Women's Undergarments: Thermal Shirt	7.26	3	5.08	0	21.78
1	05/15/2023	1	Women's Undergarments: Socks	2.67	2	1.87	0	5.34
1	05/15/2023	1	American Girl: Full-Size AG Doll	16.30	1	11.41	0	16.30
1	05/15/2023	1	Baby Doll	8.33	1	5.83	0	8.33
1	05/15/2023	1	Groovy Girls: Full-Size Doll	9.25	2	6.47	0	18.50
1	05/15/2023	1	Lamp: Floor	23.66	2	16.56	0	47.32
1	05/15/2023	1	Night Light	5.66	2	3.96	0	11.32
1	05/15/2023	1	Bed Spread: Set: Full	25.72	1	18.00	0	25.72
1	05/15/2023	1	Bed Spread: Set: Queen	26.66	1	18.66	0	26.66
Total								225.18

Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1) -- Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

5	ATHENEX INC COM NEW *EXPIRED POS 0.033	Check here if this summarizes multiple sales . . . ▶									
D	05/16/23	02/11/21	0.01	6.81	0.00						
		L	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ 0											
0.00											
X											
6	ATHENEX INC COM NEW *EXPIRED POS 0.133	Check here if this summarizes multiple sales . . . ▶									
D	05/16/23	02/11/21	0.06	27.20	0.00						
		L	Yes	X	No	Yes	X	No			
Check to use worksheet (see help) ▶ 0											
0.00											
X											

Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1) -- Form 1099-B Worksheet (National Financial Services LLC) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

7	ATHENEX INC COM NEW *EXPIRED POS 0.033	Check here if this summarizes multiple sales . . . ▶				
D	05/16/23	03/19/21	0.01	2.38	0.00	
		L	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶		O				
0.00						
<input checked="" type="checkbox"/>						
8	ATHENEX INC COM NEW *EXPIRED POS 0.2	Check here if this summarizes multiple sales . . . ▶				
D	05/16/23	03/19/21	0.08	14.28	0.00	
		L	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶		O				
0.00						
<input checked="" type="checkbox"/>						
9	ATHENEX INC COM NEW *EXPIRED POS 0.601	Check here if this summarizes multiple sales . . . ▶				
D	05/16/23	05/06/21	0.26	36.00	0.00	
		L	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶		O				
0.00						
<input checked="" type="checkbox"/>						
10	BIOCEPT INC COM NEW 0.2	Check here if this summarizes multiple sales . . . ▶				
D	05/18/23	03/02/20	1.11	33.00	0.00	
		L	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶		O				
0.00						
<input checked="" type="checkbox"/>						
11	BIOCEPT INC COM NEW 0.067	Check here if this summarizes multiple sales . . . ▶				
D	05/18/23	07/14/21	0.37	7.74	0.00	
		L	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶		O				
0.00						
<input checked="" type="checkbox"/>						
12	BIOCEPT INC COM NEW 0.066	Check here if this summarizes multiple sales . . . ▶				
D	05/18/23	01/18/22	0.37	6.46	0.00	
		L	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶		O				
0.00						
<input checked="" type="checkbox"/>						

Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1) -- Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

5	0.020686 sh. iShares Russell 2000 Value ETF Class O	Check here if this summarizes multiple sales . . . ▶				
D	06/30/23	06/13/22	2.92	2.91		
		L	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶						
<input checked="" type="checkbox"/>						
6	0.031037 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	Check here if this summarizes multiple sales . . . ▶				
A	07/31/23	08/16/22	1.32	1.42	0.10	
		S	Yes X	No	Yes X	No
Check to use worksheet (see help) ▶						
<input checked="" type="checkbox"/>						

Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1) -- Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

<input checked="" type="checkbox"/>	7	0.054243 sh. iShares Core MSCI EAFE ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		04/28/23	08/30/22	3.72	3.22
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>	8	0.042270 sh. iShares Core MSCI EAFE ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		03/31/23	08/30/22	2.83	2.51
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>	9	0.053058 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		08/31/23	09/02/22	2.16	2.28 0.12
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>	10	0.025072 sh. Vanguard REIT Index ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		03/24/23	09/22/22	1.93	2.11
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>	11	6.973756 sh. Vanguard REIT Index ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		03/24/23	09/22/22	536.56	594.86
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>	12	12.314742 sh. Vanguard REIT Index ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		03/24/23	09/23/22	947.50	1,026.68
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>	13	0.087619 sh. Vanguard REIT Index ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		03/24/23	09/26/22	6.74	7.19
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>	14	0.068126 sh. Vanguard REIT Index ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		03/24/23	09/28/22	5.24	5.51
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					

Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1) -- Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

<input type="checkbox"/>	15	0.033321 sh. Vanguard REIT Index ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
D		11/30/23	09/30/22	2.71	2.67
			L	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>	16	1.001879 sh. Vanguard REIT Index ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		03/24/23	10/03/22	77.08	81.78
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>	17	0.078511 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		09/29/23	12/02/22	3.08	3.30
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>	18	0.078511 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		10/31/23	12/02/22	2.93	3.36
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>	19	0.010402 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		10/31/23	12/02/22	0.39	0.44
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>	20	0.004545 sh. Vanguard Mid-Cap Value ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		11/30/23	12/02/22	0.62	0.64
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>	21	0.019827 sh. Vanguard Total Stock Market ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		02/03/23	12/02/22	4.14	4.02
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					
<input type="checkbox"/>	22	0.018542 sh. Vanguard Total Stock Market ETF Class 0	Check here if this summarizes multiple sales . . . ▶		
A		02/28/23	12/02/22	3.71	3.76
			S	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Check to use worksheet (see help) ▶					
<input checked="" type="checkbox"/>					

Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1) -- Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1)

TQUICK

Continuation Statement

23	0.029412 sh. Vanguard FTSE Emerging Markets Class 0	Check here if this summarizes multiple sales . . . ▶					
A	03/31/23	12/02/22	1.19	1.19			
		S	Yes X	No	Yes X	No	
Check to use worksheet (see help) ▶							
<input checked="" type="checkbox"/>							
24	0.032401 sh. Vanguard FTSE Emerging Markets Class 0	Check here if this summarizes multiple sales . . . ▶					
A	08/31/23	06/16/23	1.32	1.36	0.04		
		S	Yes X	No	Yes X	No	
Check to use worksheet (see help) ▶							
<input checked="" type="checkbox"/>							
25	0.025016 sh. Vanguard FTSE Emerging Markets Class 0	Check here if this summarizes multiple sales . . . ▶					
A	07/31/23	06/16/23	1.07	1.05			
		S	Yes X	No	Yes X	No	
Check to use worksheet (see help) ▶							
<input checked="" type="checkbox"/>							

Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1) -- Form 1099-B Worksheet (Betterment Securities) -- Capital Asset Sales Wksht (1)

RQUICK

Continuation Statement

20A	.004945 sh. Vanguard Mid-Cap Value ETF Class 0	0.62	0.64	W	0.02	0.00	S
21A	.010907 sh. Vanguard Total Stock Market ETF Class 0	4.14	4.02			0.12	S
22A	.010940 sh. Vanguard Total Stock Market ETF Class 0	3.71	3.76			-0.05	S
23A	.010910 sh. Vanguard FTSE Emerging Markets Class 0	1.19	1.19			0.00	S
24A	.010910 sh. Vanguard FTSE Emerging Markets Class 0	1.32	1.36	W	0.04	0.00	S
25A	.010916 sh. Vanguard FTSE Emerging Markets Class 0	1.07	1.05			0.02	S

Schedule D AMT: Capital Gains & Losses AMT -- Smart Worksheet

Short-term Capital Gains and Losses

Continuation Statement

(a) Description of Short-Term Property Transaction		(b) Related Box on Form 8949	(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
0.042270 sh. iShares Core MSCI EAFE ETF Class 0		A	08/30/22	03/31/23	3.	3.		0.
0.053058 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0		A	09/02/22	08/31/23	2.	2.	0.	0.
0.025072 sh. Vanguard REIT Index ETF Class 0		A	09/22/22	03/24/23	2.	2.		0.
6.973756 sh. Vanguard REIT Index ETF Class 0		A	09/22/22	03/24/23	537.	595.		-58.
12.314742 sh. Vanguard REIT Index ETF Class 0		A	09/23/22	03/24/23	948.	1,027.		-79.
0.087619 sh. Vanguard REIT Index ETF Class 0		A	09/26/22	03/24/23	7.	7.		0.

Schedule D AMT: Capital Gains & Losses AMT -- Smart Worksheet
Short-term Capital Gains and Losses

Continuation Statement

(a) Description of Short-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
0.068126 sh. Vanguard REIT Index ETF Class 0		<u>A</u>			
09/28/22	03/24/23	5.	6.		-1.
1.001879 sh. Vanguard REIT Index ETF Class 0		<u>A</u>			
10/03/22	03/24/23	77.	82.		-5.
0.078511 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0		<u>A</u>			
12/02/22	09/29/23	3.	3.	0.	0.
0.078511 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0		<u>A</u>			
12/02/22	10/31/23	3.	3.	0.	0.
0.010402 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0		<u>A</u>			
12/02/22	10/31/23	0.	0.	0.	0.
0.004545 sh. Vanguard Mid-Cap Value ETF Class 0		<u>A</u>			
12/02/22	11/30/23	1.	1.	0.	0.
0.019827 sh. Vanguard Total Stock Market ETF Class 0		<u>A</u>			
12/02/22	02/03/23	4.	4.		0.
0.018542 sh. Vanguard Total Stock Market ETF Class 0		<u>A</u>			
12/02/22	02/28/23	4.	4.		0.
0.029412 sh. Vanguard FTSE Emerging Markets Class 0		<u>A</u>			
12/02/22	03/31/23	1.	1.		0.
0.032401 sh. Vanguard FTSE Emerging Markets Class 0		<u>A</u>			
06/16/23	08/31/23	1.	1.	0.	0.
0.025016 sh. Vanguard FTSE Emerging Markets Class 0		<u>A</u>			
06/16/23	07/31/23	1.	1.		0.
Total		1,599.	1,742.	0.	-143.

Schedule D AMT: Capital Gains & Losses AMT -- Smart Worksheet
Long-term Capital Gains and Losses

Continuation Statement

(a) Description of Long-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
ATHENEX INC COM NEW *EXPIRED POS 0.033		<u>D</u>			
02/11/21	05/16/23	0.	7.		-7.
ATHENEX INC COM NEW *EXPIRED POS 0.133		<u>D</u>			
02/11/21	05/16/23	0.	27.		-27.
ATHENEX INC COM NEW *EXPIRED POS 0.033		<u>D</u>			
03/19/21	05/16/23	0.	2.		-2.
ATHENEX INC COM NEW *EXPIRED POS 0.2		<u>D</u>			
03/19/21	05/16/23	0.	14.		-14.
ATHENEX INC COM NEW *EXPIRED POS 0.601		<u>D</u>			
05/06/21	05/16/23	0.	36.		-36.

Schedule D AMT: Capital Gains & Losses AMT -- Smart Worksheet
Long-term Capital Gains and Losses

Continuation Statement

(a) Description of Long-Term Property Transaction		(b) Related Box on Form 8949			
(c) Date Acquired	(d) Date Sold	(e) Sales Price	(f) Cost or Other basis	(g) Gain or Loss Adjustment	(h) Gain or (Loss)
BIOCEPT INC COM NEW 0.2 03/02/20	05/18/23	D 1.	33.		-32.
BIOCEPT INC COM NEW 0.067 07/14/21	05/18/23	D 0.	8.		-8.
BIOCEPT INC COM NEW 0.066 01/18/22	05/18/23	D 0.	6.		-6.
3.00 SCHWAB US SMALL CAP ETF 09/02/20	03/29/23	D 122.	108.		14.
6.00 VANGUARD SMALL CAP ETF IV VARIOUS	03/29/23	D 1,105.	884.		221.
0.014081 sh. Vanguard FTSE Emerging Markets Class 0 08/24/21	07/31/23	D 1.	1.	0.	0.
0.030456 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0 09/02/21	12/29/23	D 1.	2.	1.	0.
0.051665 sh. Vanguard Global ex-U.S. Real Estate ETF Class 0 11/16/21	12/29/23	D 2.	3.	1.	0.
0.020686 sh. iShares Russell 2000 Value ETF Class 0 06/13/22	06/30/23	D 3.	3.		0.
0.033321 sh. Vanguard REIT Index ETF Class 0 09/30/22	11/30/23	D 3.	3.		0.
Total		1,238.	1,137.	2.	103.

Electronic Filing Instructions for your 2023 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



L CHEEDEPUDI & V YENUMULA
1928 Everglades Dr
Milpitas, CA 95035-6612

Balance Due/Refund	<p>Your California state tax return (Form 540) shows a balance due of \$382.00.</p> <p>Your return shows you have elected to pay your balance due of \$382.00 by Direct Debit using the following information:</p> <ul style="list-style-type: none">- Amount Withdrawn: \$382.00- Account Number: 39900000728284297- Routing Transit Number: 101205681- Date of Withdrawal: 04/15/2024 <p>To inquire about the status of your Direct Debit call the Franchise Tax Board directly at 1-916-845-0353.</p>															
What You Need to Sign	<p>Sign and date Form 8453-OL within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.</p>															
Do Not Mail	<p>Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.</p>															
What You Need to Keep	<p>Your Electronic Filing Instructions (this form)</p> <ul style="list-style-type: none">- Form 8453-OL and attachment(s) <p>A copy of your state and federal returns</p>															
2023 California Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>253,096.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>15,664.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>15,282.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>382.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>5.78%</td></tr></table>	Taxable Income	\$	253,096.00	Total Tax	\$	15,664.00	Total Payments/Credits	\$	15,282.00	Payment Due	\$	382.00	Effective Tax Rate		5.78%
Taxable Income	\$	253,096.00														
Total Tax	\$	15,664.00														
Total Payments/Credits	\$	15,282.00														
Payment Due	\$	382.00														
Effective Tax Rate		5.78%														

TAXABLE YEAR **2023** **California Online e-file Return Authorization** for Individuals FORM **8453-OL**

Your first name and initial Last name Suffix Your SSN or ITIN
LEELA SESHU REDDY CHEEDEPUDI 024-88-7197
If filing jointly, spouse's/RDP's first name and initial Last name Suffix Spouse's/RDP's SSN or ITIN
VANI YENUMULA 382-35-7565
Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox Daytime telephone number
1928 EVERGLADES DR (408) 657-3748
City State ZIP code
MILPITAS CA 95035-6612
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions 1 270887
2 Refund or no amount due. See instructions 2
3 Amount you owe. See instructions 3 382

Part II Settle Your Account Electronically for Taxable Year 2023 (Pay by 4/15/2024)

4 Direct deposit of refund
5 Electronic funds withdrawal 5a Amount 382 5b Withdrawal date (mm/dd/yyyy) 04/15/2024

Part III Make Estimated Tax Payments for Taxable Year 2024 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2024	Second Payment 6/17/2024	Third Payment 9/16/2024	Fourth Payment 1/15/2025
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____
9 Routing number 101205681
10 Account number 39900000728284297
11 Type of account: Checking Savings
12 The remaining amount of my refund for direct deposit _____
13 Routing number _____
14 Account number _____
15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2023 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Your signature _____ Date _____
Spouse's/RDP's signature. If filing jointly, both must sign. _____ Date _____
It is unlawful to forge a spouse's/RDP's signature.

2023 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

024-88-7197 CHEE 382-35-7565
LEELASESHUR CHEEDEPUDI
VANI YENUMULA

23 PBA 541510

1928 EVERGLADES DR
MILPITAS CA 95035-6612

12-11-1978 10-22-1982

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

If your address above is the same as your principal/physical residence address at the time of filing, check this box

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. 6

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$144 = \$ 288

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$144 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$144 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
Exemptions			
First Name	<input type="radio"/> PRATEEK R	<input type="radio"/> TARA R	<input type="radio"/>
Last Name	<input type="radio"/> CHEEDEPUDI	<input type="radio"/> CHEEDEPUDI	<input type="radio"/>
SSN. See instructions.	<input type="radio"/> 380355303	<input type="radio"/> 768477952	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> SON	<input type="radio"/> DAUGHTER	<input type="radio"/>

Total dependent exemptions ● 10 X \$446 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

Taxable Income			
12	State wages from your federal Form(s) W-2, box 16 ● 12	<input type="text" value="218583"/>	<input type="text" value=".00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13	<input type="text" value="263421"/>	<input type="text" value=".00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14	<input type="text" value="1011"/>	<input type="text" value=".00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	<input type="text" value="262410"/>	<input type="text" value=".00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16	<input type="text" value="8477"/>	<input type="text" value=".00"/>
17	California adjusted gross income. Combine line 15 and line 16 ● 17	<input type="text" value="270887"/>	<input type="text" value=".00"/>
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: <ul style="list-style-type: none"> • Single or Married/RDP filing separately. \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions. . . ● 18	<input type="text" value="17791"/>	<input type="text" value=".00"/>
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19	<input type="text" value="253096"/>	<input type="text" value=".00"/>

Tax			
31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31	<input type="text" value="16844"/>	<input type="text" value=".00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ● 32	<input type="text" value="1180"/>	<input type="text" value=".00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0- ● 33	<input type="text" value="15664"/>	<input type="text" value=".00"/>
34	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A . . ● 34	<input type="text" value=""/>	<input type="text" value=".00"/>
35	Add line 33 and line 34 ● 35	<input type="text" value="15664"/>	<input type="text" value=".00"/>

Special Credits			
40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40	<input type="text" value=""/>	<input type="text" value=".00"/>
43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43	<input type="text" value=""/>	<input type="text" value=".00"/>
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text" value=""/>	<input type="text" value=".00"/>

REV 03/05/24 TTW

Your name: Your SSN or ITIN:

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	<input type="radio"/>	45	<input type="text"/>	<input type="text" value=".00"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text" value=".00"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	<input type="text" value=".00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="15664"/>	<input type="text" value=".00"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text" value=".00"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text" value=".00"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text" value=".00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	<input type="radio"/>	64	<input type="text" value="15664"/>	<input type="text" value=".00"/>

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="15282"/>	<input type="text" value=".00"/>
	72	2023 California estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text" value="0"/>	<input type="text" value=".00"/>
	73	Withholding (Form 592-B and/or Form 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value=".00"/>
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text" value=".00"/>
	75	Earned Income Tax Credit (EITC). See instructions	<input type="radio"/>	75	<input type="text"/>	<input type="text" value=".00"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text" value=".00"/>
	77	Foster Youth Tax Credit (FYTC). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text" value=".00"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="15282"/>	<input type="text" value=".00"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value=".00"/>
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	<input type="radio"/>	<input checked="" type="checkbox"/>		
	If you did not check the box, see instructions.					
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text" value=".00"/>

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="15282"/>	<input type="text" value=".00"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text" value=".00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text" value="15282"/>	<input type="text" value=".00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text" value=".00"/>
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	<input checked="" type="radio"/>	97	<input type="text"/>	<input type="text" value=".00"/>

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2024 estimated tax ● 98 <input type="text" value=""/>	.00
	99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 <input type="text" value=""/>	.00
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 <input type="text" value="382"/>	.00

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions ●	400	<input type="text" value=""/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text" value=""/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text" value=""/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text" value=""/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text" value=""/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text" value=""/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text" value=""/>	.00
	California Sea Otter Voluntary Tax Contribution Fund ●	410	<input type="text" value=""/>	.00
	California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text" value=""/>	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund ●	422	<input type="text" value=""/>	.00
	State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text" value=""/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text" value=""/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund ●	425	<input type="text" value=""/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text" value=""/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ●	439	<input type="text" value=""/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund ●	440	<input type="text" value=""/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund ●	444	<input type="text" value=""/>	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text" value=""/>	.00
	110 Add amounts in code 400 through code 445. This is your total contribution ● 110 <input type="text" value=""/>			.00

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Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Checking ● Account number ● 116 Direct deposit amount .00
 Savings
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Type
● Routing number ● Checking ● Account number ● 117 Direct deposit amount .00
 Savings

Voter Info.
For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● Yes No

Sign your tax return on Side 6

Your name: Your SSN or ITIN:

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: Date: Spouse's/RDP's signature (if a joint tax return, both must sign):

Your email address. Enter only one email address.
 Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge):

Firm's name (or yours, if self-employed): PTIN

Firm's address: Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name: Telephone Number:

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2023 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return L CHEEDEPUDI & V YENUMULA	SSN or ITIN 024887197
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Part I Income Adjustment Schedule	A Federal Amounts <small>(taxable amounts from your federal tax return)</small>	B Subtractions <small>See instructions</small>	C Additions <small>See instructions</small>
Section A – Income from federal Form 1040 or 1040-SR			
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	211852		8477
b Household employee wages not reported on federal Form(s) W-2 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 1f			
g Wages from federal Form 8919, line 6. 1g			
h Other earned income. See instructions 1h	0		
i Nontaxable combat pay election. See instructions. 1i			
z Add line 1a through line 1i. 1z	211852		8477
2 Taxable interest. a 145 2b	1937	284	
3 Ordinary dividends. See instructions. a 3762 3b	5339		
4 IRA distributions. See instructions. a 4b			
5 Pensions and annuities. See instructions. a 47027 5b	0		
6 Social security benefits. a 6b			
7 Capital gain or (loss). See instructions 7	-3000		
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes 1	0	0	
2 a Alimony received. See instructions. 2a			
3 Business income or (loss). See instructions. . . . 3	51533		
4 Other gains or (losses) 4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	-1427		
6 Farm income or (loss) 6			
7 Unemployment compensation 7			



Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	<input type="radio"/> ()		<input type="radio"/>
b Gambling 8b	<input type="radio"/>	<input type="radio"/>	
c Cancellation of debt 8c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/> ()		<input type="radio"/>
e Income from federal Form 8853 8e	<input type="radio"/>		<input type="radio"/>
f Income from federal Form 8889 8f	<input type="radio"/> 727	<input type="radio"/> 727	
g Alaska Permanent Fund dividends 8g	<input type="radio"/>		
h Jury duty pay 8h	<input type="radio"/>		
i Prizes and awards 8i	<input type="radio"/>		
j Activity not engaged in for profit income 8j	<input type="radio"/>		
k Stock options 8k	<input type="radio"/>		<input type="radio"/>
l 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 . . 8l	<input type="radio"/>		
m Olympic and Paralympic medals and USOC prize money 8m	<input type="radio"/>		
n IRC Section 951(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 951A(a) inclusion 8o	<input type="radio"/>	<input type="radio"/>	
p IRC Section 461(l) excess business loss adjustment 8p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q Taxable distributions from an ABLE account . . 8q	<input type="radio"/>		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	<input type="radio"/>		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . 8s	<input type="radio"/> ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	<input type="radio"/>		
u Wages earned while incarcerated 8u	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. . 9a	727	727	
b1 Disaster loss deduction from form FTB 3805V. . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3			
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	266961	1011	8477

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions. 15	3540		
16 Self-employed SEP, SIMPLE, and qualified plans. . 16			
17 Self-employed health insurance deduction. See instructions. 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid. 19a			
b Recipient's: SSN <input type="radio"/> _____			
Last Name <input type="radio"/> _____			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction. 23			

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24	Other adjustments:			
a	Jury duty pay 24a	<input type="radio"/>		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input type="radio"/>	<input type="radio"/>	
d	Reforestation amortization and expenses. 24d	<input type="radio"/>	<input type="radio"/>	
e	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input type="radio"/>		
f	Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input type="radio"/>		
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	<input type="radio"/>	<input type="radio"/>	
j	Housing deduction from federal Form 2555 24j	<input type="radio"/>	<input type="radio"/>	
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input type="radio"/>		
z	Other adjustments. List type and amount. <input type="radio"/> _____ 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Total other adjustments. Add line 24a through line 24z 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input type="radio"/>	3540	<input type="radio"/>
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input type="radio"/>	263421	<input type="radio"/>
			1011	<input type="radio"/>
				8477

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> <u>263421</u> 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> <u>19757</u> 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/> 4			<input checked="" type="radio"/> 0
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a <input checked="" type="radio"/> <u>17292</u> <input checked="" type="radio"/> 17292			
b State and local real estate taxes5b <input checked="" type="radio"/> <u>7882</u>			
c State and local personal property taxes5c <input checked="" type="radio"/> <u>149</u>			
d Add line 5a through line 5c.5d <input checked="" type="radio"/> <u>25323</u>			
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e <input checked="" type="radio"/> <u>10000</u> <input checked="" type="radio"/> 17292 <input checked="" type="radio"/> 15323			
6 Other taxes. List type <input checked="" type="radio"/> _____ 6			
7 Add line 5e and line 6. 7 <input checked="" type="radio"/> <u>10000</u> <input checked="" type="radio"/> 17292 <input checked="" type="radio"/> 15323			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a <input checked="" type="radio"/> <u>8954</u>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 10988b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. .8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Reserved for future use8d			
e Add line 8a through line 8c.8e <input checked="" type="radio"/> <u>8954</u> <input checked="" type="radio"/>			<input checked="" type="radio"/>
9 Investment interest. 9 <input checked="" type="radio"/>			<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/> <u>8954</u> <input checked="" type="radio"/>			<input checked="" type="radio"/>

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. 11	391		
12 Other than by cash or check. 12	415		
13 Carryover from prior year. 13			
14 Add line 11 through line 13 14	806		
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15			
Other Itemized Deductions			
16 Other—from list in federal instructions. 16			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17	19760	17292	15323
18 Total. Combine line 17 column A less column B plus column C 18			17791
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions 19			
20 Tax preparation fees 20			
21 Other expenses: investment, safe deposit box, etc. List type. 21		0	
22 Add line 19 through line 21 22		0	
23 Enter amount from federal Form 1040 or 1040-SR, line 11 23	263421		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24		5268	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. 25			0
26 Total Itemized Deductions. Add line 18 and line 25 26			17791
27 Other adjustments. See instructions. Specify. 27			
28 Combine line 26 and line 27. 28			17791
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately		\$237,035	
Head of household		\$355,558	
Married/RDP filing jointly or qualifying surviving spouse/RDP.		\$474,075	
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. 29			
			17791
30 Enter the larger of the amount on line 29 or your standard deduction shown below:			
Single or married/RDP filing separately. See instructions		\$5,363	
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP		\$10,726	
Transfer the amount on line 30 to Form 540, line 18. 30			17791

California Capital Gain or Loss Adjustment

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

L CHEEDEPUDI & V YENUMULA

SSN or ITIN

024887197

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	<input checked="" type="radio"/> 7.00 ISHARES CORE MSCI EMERGING ETF	<input checked="" type="radio"/> 338	<input checked="" type="radio"/> 293	<input checked="" type="radio"/>	<input checked="" type="radio"/> 45
b	<input checked="" type="radio"/> 0.025647 SH. ISHARES RUSSELL 2000 VALUE ETF CLASS 0	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 1	<input checked="" type="radio"/>
c	<input checked="" type="radio"/> 0.031037 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS 0	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 1	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
d	<input checked="" type="radio"/> 0.054243 SH. ISHARES CORE MSCI EAFE ETF CLASS 0	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 3	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1
e	<input checked="" type="radio"/> 0.042270 SH. ISHARES CORE MSCI EAFE ETF CLASS 0	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 3	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
f	<input checked="" type="radio"/> 0.053058 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS 0	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 2	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
g	<input checked="" type="radio"/> 0.025072 SH. VANGUARD REIT INDEX ETF CLASS 0	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 2	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
h	<input checked="" type="radio"/> 6.973756 SH. VANGUARD REIT INDEX ETF CLASS 0	<input checked="" type="radio"/> 537	<input checked="" type="radio"/> 595	<input checked="" type="radio"/> 58	<input checked="" type="radio"/>
i	<input checked="" type="radio"/> 12.314742 SH. VANGUARD REIT INDEX ETF CLASS 0	<input checked="" type="radio"/> 948	<input checked="" type="radio"/> 1027	<input checked="" type="radio"/> 79	<input checked="" type="radio"/>
j	<input checked="" type="radio"/> 0.087619 SH. VANGUARD REIT INDEX ETF CLASS 0	<input checked="" type="radio"/> 7	<input checked="" type="radio"/> 7	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
k	<input checked="" type="radio"/> 0.068126 SH. VANGUARD REIT INDEX ETF CLASS 0	<input checked="" type="radio"/> 5	<input checked="" type="radio"/> 6	<input checked="" type="radio"/> 1	<input checked="" type="radio"/>
l	<input checked="" type="radio"/> 1.001879 SH. VANGUARD REIT INDEX ETF CLASS 0	<input checked="" type="radio"/> 77	<input checked="" type="radio"/> 82	<input checked="" type="radio"/> 5	<input checked="" type="radio"/>
m	<input checked="" type="radio"/> 0.078511 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS 0	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 3	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
n	<input checked="" type="radio"/> 0.078511 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS 0	<input checked="" type="radio"/> 3	<input checked="" type="radio"/> 3	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
o	<input checked="" type="radio"/> 0.010402 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS 0	<input checked="" type="radio"/> 0	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
p	<input checked="" type="radio"/> 0.004545 SH. VANGUARD MID-CAP VALUE ETF CLASS 0	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 1	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
q	<input checked="" type="radio"/> 0.019827 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS 0	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 4	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
r	<input checked="" type="radio"/> 0.018542 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS 0	<input checked="" type="radio"/> 4	<input checked="" type="radio"/> 4	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
s	<input checked="" type="radio"/> 0.029412 SH. VANGUARD FTSE EMERGING MARKETS CLASS 0	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 1	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
t	<input checked="" type="radio"/> 0.032401 SH. VANGUARD FTSE EMERGING MARKETS CLASS 0	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 1	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
u	<input checked="" type="radio"/> 0.025016 SH. VANGUARD FTSE EMERGING MARKETS CLASS 0	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 1	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0
v	<input checked="" type="radio"/> SEE LINE 1A STATEMENT	<input checked="" type="radio"/> 1278	<input checked="" type="radio"/> 1165	<input checked="" type="radio"/> 132	<input checked="" type="radio"/> 245
2	Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568).....		2	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Capital gain distributions (federal Form 1099-DIV, box 2a)		<input checked="" type="radio"/> 3		393
4	Total 2023 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3		<input checked="" type="radio"/> 4		684
5	2023 loss. Add column (d) amounts of line 1 and line 2.		<input checked="" type="radio"/> 5	(276)	
6	California capital loss carryover from 2022, if any. See instructions.		<input checked="" type="radio"/> 6	(12890)	
7	Total 2023 loss. Add line 5 and line 6		<input checked="" type="radio"/> 7	(13166)	

REV 03/05/24 TTW



8 Net gain or (loss). Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10 8 -12482

9 If line 8 is a loss, enter the smaller of: a the loss on line 8.

b \$3,000 (\$1,500 if married/RDP filing separate). See instructions 9 (-3000)

10 Enter the gain or (loss) from federal Form 1040 or 1040-SR, line 7..... 10 -3000

11 Enter the California gain from line 8 or (loss) from line 9..... 11 -3000

12 a If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A, line 7, column B 12a _____

b If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, Section A, line 7, column C 12b 0

REV 03/05/24 TTW

Additional Information From Schedule D (540): California Capital Gain or Loss Adjustment**Schedule D (540): California Capital Gain or Loss Adjustment
Gain/Loss Adjustment****Continuation Statement**

Property Description	Sales Price	Cost or Other Basis	Loss	Gain
GE HEALTHCARE TECHNOLOGIES INC C 0.275	16	16		0
GE HEALTHCARE TECHNOLOGIES INC C 0.078	5	3		2
GE HEALTHCARE TECHNOLOGIES INC C 0.235	14	8		6
GE HEALTHCARE TECHNOLOGIES INC C 0.079	5	3		2
ATHENEX INC COM NEW *EXPIRED POS 0.033	0	7	7	
ATHENEX INC COM NEW *EXPIRED POS 0.133	0	27	27	
ATHENEX INC COM NEW *EXPIRED POS 0.033	0	2	2	
ATHENEX INC COM NEW *EXPIRED POS 0.2	0	14	14	
ATHENEX INC COM NEW *EXPIRED POS 0.601	0	36	36	
BIOCEPT INC COM NEW 0.2	1	33	32	
BIOCEPT INC COM NEW 0.067	0	8	8	
BIOCEPT INC COM NEW 0.066	0	6	6	
3.00 SCHWAB US SMALL CAP ETF	122	108		14
6.00 VANGUARD SMALL CAP ETF IV	1105	884		221
0.014081 SH. VANGUARD FTSE EMERGING MARKETS CLASS O	1	1		0
0.030456 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS O	1	1		0
0.051665 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS O	2	2		0
0.020686 SH. ISHARES RUSSELL 2000 VALUE ETF CLASS O	3	3		0
0.033321 SH. VANGUARD REIT INDEX ETF CLASS O	3	3		0
Total	1278	1165	132	245

Name as Shown on Return L CHEEDEPUDI & V YENUMULA	Social Security No. 024-88-7197
--	------------------------------------

Line 1a – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 HSA employer contributions		8477
4 Paid Family Leave Insurance (PFL) benefits I confirm that the PFL amount above is accurate <input type="checkbox"/>		
5 Excess moving reimbursements		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1a		8477

Line 1h – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
2 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
3 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
4 Ridesharing fringe benefit differences		
5 Employer-provided adoption benefits income exclusions.		
6 Native American income (Form 3504)		
7 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value.		
b Enter the amount spent on qual. housing expenses _____		
8 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1h		

Line 4 – IRA, Pensions, and Annuities

	(B) Subtractions	(C) Additions
IRA's		
1 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		
Pensions and Annuities		
1 Form 1099-R, Railroad Retirement Benefits Check here to confirm the Tier 2 RRB above is correct <input type="checkbox"/>		
2 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 5.		

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

L CHEEDEPUDI & V YENUMULA

Your social security number

024-88-7197

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)		1	
2	Enter amount from Form 1040 or 1040-SR, line 11	263421	2	
3	Multiply line 2 by 7.5% (0.075)	19757	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	0

Taxes You Paid

5	State and local taxes.			
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 <input type="checkbox"/>	17292	5a	
b	State and local real estate taxes (see instructions)	7882	5b	
c	State and local personal property taxes	149	5c	
d	Add lines 5a through 5c	25323	5d	
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	10000	5e	
6	Other taxes. List type and amount: _____		6	
7	Add lines 5e and 6	10000	7	10000

Interest You Paid

Caution: Your mortgage interest deduction may be limited. See instructions.

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8954	8a	
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 rules		8c	
d	Reserved for future use		8d	
e	Add lines 8a through 8c	8954	8e	
9	Investment interest. Attach Form 4952 if required. See instructions		9	
10	Add lines 8e and 9	8954	10	8954

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	391	11	
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	415	12	
13	Carryover from prior year		13	
14	Add lines 11 through 13	806	14	806

Casualty and Theft Losses

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	
-----------	--	--	-----------	--

Other Itemized Deductions

16	Other—from list in instructions. List type and amount: _____		16	
-----------	--	--	-----------	--

Total Itemized Deductions

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	19760	17	19760
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		18	

Form **8829**

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to www.irs.gov/Form8829 for instructions and the latest information.

2023
Attachment
Sequence No. **176**

Department of the Treasury
Internal Revenue Service

Name(s) of proprietor(s)

LEELA SESHU REDDY CHEEDEPUDI

Your social security number

024-88-7197

Part I Part of Your Home Used for Business

SOFTWARE SERVICES AND CONSULTING

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	275
2	Total area of home	2	1,260
3	Divide line 1 by line 2. Enter the result as a percentage	3	21.83 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	21.83 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	59159
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	11454
11	Real estate taxes (see instructions)	11	10083
12	Add lines 9, 10, and 11	12	21537
13	Multiply line 12, column (b), by line 7	13	4702
14	Add line 12, column (a), and line 13	14	4702
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	54457
16	Excess mortgage interest (see instructions)	16	0
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	920
19	Rent	19	
20	Repairs and maintenance	20	10804
21	Utilities	21	1657
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	13381
24	Multiply line 23, column (b), by line 7	24	2921
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	2921
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	2921
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	51536
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	3323
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	3323
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	3323
34	Add lines 14, 27, and 33	34	10946
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	10946

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	880000
38	Value of land included on line 37	38	130000
39	Basis of building. Subtract line 38 from line 37	39	750000
40	Business basis of building. Multiply line 39 by line 7	40	163725
41	Depreciation percentage (see instructions)	41	2.0299 %
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	3323

Part IV Carryover of Unallowed Expenses to 2024

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0

**California
Supplemental Business Expenses
Worksheet**

2023

Your Name
L CHEEDEPUDI & V YENUMULA

Social Security Number
024-88-7197

Partnership
5222 Cherry Orchard LLC

Expenses

1	Vehicle expenses	1	996
2	Vehicle rentals	2	0
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment.	3	
4	Business gifts	4	
5	Education	5	
6	Office supplies and expenses	6	40
7	Telephone, fax, pager, etc.	7	
8	Trade publications	8	
9	Depreciation and amortization	9	
10	Other (enter meals and entertainment on line 12): CA State Fee, July 17th	10	25
11	Total expenses other than meals and entertainment. Add lines 1 through 10 . .	11	1061
12 a	Meal expenses	12 a	49
12 b	Entertainment expenses	12 b	

Reimbursements & Deductible Expenses

13	Reimbursements for other than meals and entertainment	13	
14	Reimbursements for meals and entertainment	14	
15	Deductible expenses other than meals and entertainment. Subtract line 13 from line 11	15	1061
16	Subtract line 14 from line 12a and 12b.	16	49
17	Deductible meals and entertainment expenses. Enter 50% of line 16.	17	25
18	Total expenses. Add line 15 and line 17	18	1086

Healthcare Entry Sheet

2023

▶ Keep for your records

The forms associated with healthcare (3853 and this Healthcare Entry Sheet) both interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The FTB is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 3853

a. Name of covered individual(s)		Covered all														
b. SSN	c. DOB	12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1	LEELA SESHU REDDY CHEEDEPUDI	*Oct 2022				*Nov 2022			*Dec 2022							
	024-88-7197 12/11/78	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2	VANI YENUMULA	*Oct 2022				*Nov 2022			*Dec 2022							
	382-35-7565 10/22/82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S
3	PRATEEK R CHEEDEPUDI	*Oct 2022				*Nov 2022			*Dec 2022							
	380-35-5303 08/23/08	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
4	TARA R CHEEDEPUDI	*Oct 2022				*Nov 2022			*Dec 2022							
	768-47-7952 02/26/13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
5	_____	*Oct 2022				*Nov 2022			*Dec 2022							
6	_____	*Oct 2022				*Nov 2022			*Dec 2022							

*Coverage for October, November or December of 2022 may be needed in order to calculate the short gap coverage exemption if there was no coverage or exemptions in January or February of 2023. If an individual had an exemption in October, November or December of 2022, count that as coverage for that month above. (Note this is only for October, November or December of 2022.)

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 3853. ▶ _____

Completion checkbox:
 Check this box once you are finished with all the healthcare related entries.

California Information Worksheet

2023

Keep for your records

Part I - Personal Information

Taxpayer:

First Name LEELA SESHU REDDY
Middle Initial Suffix
Last Name CHEEDEPUDI
Social Security No. 024-88-7197
Date of Birth 12/11/1978 (mm/dd/yyyy)
or age as of 1-1-2024 45
Date of Death (mm/dd/yyyy)
Legally blind
Daytime Phone (408) 657-3748 Ext
Home phone

Spouse/RDP:

First Name VANI
Middle Initial Suffix
Last Name YENUMULA
Social Security No. 382-35-7565
Date of Birth 10/22/1982 (mm/dd/yyyy)
or age as of 1-1-2024 41
Date of Death (mm/dd/yyyy)
Legally blind
Daytime Phone Ext

Your email address to print on Form 540, 540NR or 540X (optional)
Check to print phone number on Form 540. [X] Taxpayer daytime [] Spouse/RDP day [] Home

c/o Address
Street Address 1928 Everglades Dr
Unit Description Unit Number Private Mailbox (PMB)
City Milpitas State CA ZIP Code 95035-6612
Foreign province/county Foreign postal code
Foreign country

Principal Residence (California Resident filers only):

County in California Santa Clara
Is your address above the same as your principal/physical residence address? Yes [X] No []
If not, enter your principal/physical residence address below:
Street address (number and street) or PO box
Apartment number or suite number
City State ZIP code
Foreign country

Military Filers:

[] APO [] FPO
For Military Extension:
Military indicator Taxpayer Spouse/RDP

Part II - Main Form

[X] Form 540: Resident Income Tax Return
[] Form 540NR: Nonresident or Part-Year Resident Income Tax Return
Enter your state of residence as of December 31, 2023 CA
[X] Resident entire year
[] Resident part of year
Date you established residence in state above
In which state (or foreign country) did you reside before this change?
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR)

Part III - Filing Status

[] Single
[X] Married/RDP filing joint return
[] Married/RDP filing separate return
[] You did not live with spouse at any time during the year
Yes No
[] [] If filing electronically, is spouse a CA Nonresident?
[] [] If filing electronically, is spouse Active Duty Military?
[] Head of household (with qualifying person) Stop. See instructions.
If the 'qualifying person' is your child but not your dependent:
Child's name
Child's social security number
[] Qualifying Surviving Spouse
Year spouse/RDP died [] 2021 [] 2022
If the 'qualifying person' is your child but not your dependent:
Child's First name Last Name
[] Check the box if your California filing status is different from your federal filing status.

Part IV – Dependent Information

Table with 9 columns: First Name, I, Last Name, *, **, Social Security No., Relationship, DOB, DOD. Rows include PRATEEK CHEEDEPUDI (Son, DOB 08/23/08) and TARA CHEEDEPUDI (Daughter, DOB 02/26/13).

* Check this box if this dependent was ineligible for an SSN or ITIN and was a resident of Canada or Mexico (see Form 3568)
** Select resident of either Mexico or Canada if ineligible for SSN or ITIN

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
You are married filing separately and your spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If you filed your 2022 return under a different last name, enter the last name only from the 2022 return Taxpayer . Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of your 2022 or 2023 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2024

Mandatory Electronic Payments

- You are required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Surviving Spouse Indicator Check this box instead of entering the Spouse/RDP name above
Executor type (if filing electronically) .

Third Party Designee:

Yes No
Do you want to allow another person to discuss your return with the Franchise Tax Board?
If yes, enter the person's name Telephone . .
First . Middle init . Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

You were living or traveling outside the United States on April 15, 2024

Special Condition Text (prints at the top of Form 540 or 540NR)

Voter Registration:

Register to vote if you meet the requirements (see tax help)

Healthcare Coverage:

Yes No
Do you want information on no-cost or low-cost health care coverage?

Part VII – Direct Deposit Information or Direct Debit Information

Yes No
[] [] Do you want to elect direct deposit of state tax refund?
[X] [] Do you want direct debit of state tax payment? (EF Only)
[] [] Do you want direct debit of state tax payment for the amended return? (EF Only)

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) UMB Bank n.a
Account type Checking [X] Savings []
Routing number 101205681
Account number 39900000728284297

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to debit the account above 04/15/2024
State balance-due amount from this return 382.

Direct debit of balance due with amended return information:

Payment date to debit the account above.
State balance-due amount paid with this amended return.

Qualified Disaster

Do you qualify for extended filing and payment because of a Qualified Disaster? [] Yes [X] No
Enter the new due date for the Qualified Disaster

International ACH Transactions

Yes No
[] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – California Contributions

Table with 3 columns: Contribution Number, Contribution Name, and Amount. Rows include California Seniors Special Fund, Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund, etc.

Part IX – Extension Status

Yes **No**
 Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?
 If Yes, enter the extended due date _____
QuickZoom to Form 3519: Payment voucher for automatic extension ▶ _____

Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Beginning Military Date	_____	_____
Ending Military Date	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

Part X – Amended Return

Are you filing a California amended return?
 Enter the tax year you are amending _____
 Previous California payment made _____
 Previous California refund received _____
QuickZoom here to Schedule X ▶ _____

QuickZoom to Form 540 ▶ _____
QuickZoom to Form 540NR. ▶ _____

Part XI – Mortgage Interest Adjustment

Reviewed Mortgage and Interest Adjustments

Interest and Dividend Adjustments Worksheet

2023

Name as Shown on Return L CHEEDEPUDI & V YENUMULA	Social Security Number 024-88-7197
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Interest Income Adjustments	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories*	284.	
2 Loans made in an enterprise zone		
3 Interest on obligations of District of Columbia issued after December 27, 1973		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California		
5 California interest adjustments from K-1's		
6 Interest earned from Health Savings Account		
7 Interest from Ottoman Turkish Empire Settlement Payments		
8 Other interest income subtraction		
9 Tax exempt interest from other states or that do not meet 50% rule		
10 a Canadian RRSP undistributed interest income from Form 8891		
b RRSP total interest income for the year		
11 Interest from Build America Bond		
12 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 2.	284.	

Dividend Income Adjustments	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends		
14 Regulated investment company (RIC) capital gains		
15 Distributions of pre-1987 earnings from S Corporations		
16 U.S. obligations dividends adjustment		
17 California dividend adjustments from K-1's		
18 a Canadian RRSP undistributed dividend income from Form 8891		
b RRSP total interest dividend for the year		
19 Other adjustments (itemize):		
a -----		
b -----		
c -----		
d -----		
e Dividend earned from Health Savings Account		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 3.		

* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

Tax Payments Worksheet

2023

▶ Keep for your records

Name L CHEEDEPUDI & V YENUMULA	Social Security Number 024-88-7197
-----------------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	0.
8	Total tax payments	8	0.

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	15,282.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	0.
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	15,282.
15	Date return will be filed and balance paid	15	

California Carryover Worksheet

2023

*Use this worksheet to enter information from your 2022 tax return
which will be used on your 2023 tax return*

▶ Keep for your records

Name as Shown on Return L CHEEDEPUDI & V YENUMULA	Social Security Number 024-88-7197
--	---------------------------------------

2022 Tax and Income Information

1	Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Surviving Spouse		
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73)	2	15,512.
3	Tax on lump-sum distributions (Schedule G-1)	3	
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83).	4	19,270.
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84).	5	
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	6	273,941.
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7	3,758.
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124)	8	

Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a Capital loss carryover	9 a	12,890.	12,890.
b Capital loss carryover (nonresidents)	b		
10 Schedule D-1 - Nonrecaptured net section 1231 losses from:			
a 2022	10 a		
b 2021	b		
c 2020	c		
d 2019	d		
e 2018	e		

Other Carryovers

11 Disallowed investment interest expense carryforward (Form 3526, line 7)	11	
12 Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7)	12	
13 Net operating loss carryforward from Form 3805V	13	
14 Disaster loss carryforward from Form 3805V	14	

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

15 Form 3510 information - 2022 Resident filers

- a Schedule P, Part I, line 15 through line 18
- b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other
exclusions on a line other than those listed
- c Schedule P, Part II, line 25
- d Schedule P, Part II, line 26
- e Schedule P, Part III, Section C, lines 22 and 23, column b

15 a
b
c
d
e

16 Form 3510 information - 2022 Nonresident or Part-year residents

- a Schedule P(NR), Part I, line 15 through line 18
- b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other
exclusions on a line other than those listed
- c Schedule P(NR), Part II, line 35
- d Schedule P(NR), Part II, line 28
- e Schedule P(NR), Part II, line 29a and 29h
- f Schedule P(NR), Part II, line 44
- g Schedule P(NR), Part II, line 45
- h Schedule P(NR), Part III, Section C, lines 22 and 23, column b

16 a
b
c
d
e
f
g
h

Charitable Contribution Carryforward

17 Schedule CA/CA(NR) - Charitable Contribution Carryforward

- a 2023
- b 2022
- c 2021
- d 2020
- e 2019

17 a
b
c
d
e

California Capital Loss Carryover Worksheet

2023

▶ Keep for your records

Name as Shown on Return L CHEEDEPUDI & V YENUMULA	Social Security Number 024-88-7197
--	---------------------------------------

Part I – Capital Loss Carryover Worksheet

1 Enter loss from Schedule D, line 11, stated as a positive number	1	3,000.
2 Enter amount from Form 540, line 17	2	270,887.
3 Enter amount from Form 540, line 18	3	17,791.
4 Subtract line 3 from line 2. If less than zero, enter as a negative number.	4	253,096.
5 Combine line 1 and line 4. If less than zero, enter -0-	5	256,096.
6 Enter loss from Schedule D, line 8, stated as a positive amount.	6	12,482.
7 Enter the smaller of line 1 or line 5	7	3,000.
8 Subtract line 7 from line 6. This is your capital loss carryover to 2024	8	9,482.

Part II – Capital Loss Carryover Worksheet for Nonresidents and Part-Year Residents

1 Enter loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 5, stated as a positive number.	1	_____
2 Enter amount from Form 540NR, line 17	2	_____
3 Enter amount from Form 540NR, line 18	3	_____
4 Subtract line 3 from line 2. If less than zero, enter as a negative number.	4	_____
5 Combine line 1 and line 4. If less than zero, enter -0-	5	_____
6 Enter loss from California Schedule D Nonresident and Part-Year Resident Capital Gain/Loss Allocation Worksheet, line 4, stated as a positive amount.	6	_____
7 Enter the smaller of line 1 or line 5	7	_____
8 Subtract line 7 from line 6. This is your capital loss carryover to 2024	8	_____

Name(s) of Proprietor(s) LEELA SESHU REDDY CHEEDEPUDI	Your SSN 024-88-7197
--	-------------------------

Business name Software Services and Consulting
1928 Everglades Dr - Office Room

Part I – Calculation of Line 7

Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:

1	Area used exclusively for daycare	1	_____
2	Total area of home.	2	_____
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2	3	_____ %
4	Area used only partly for daycare	4	_____
5	Divide line 4 by line 2	5	_____ %
6	Multiply days used for daycare during year by hours used per day	6	_____ hr
7	Total hours available for use during the year (365 x 24 hours).	7	_____ hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E	8	_____
9	Business % for area used only partly for daycare. Multiply line 8 by line 5	9	_____ %
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7	10	_____ %

Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A

Calculation of business income limit when part of gross income is from a place of business other than this home office:

1	Gross income from Schedule C, line 7.	1	66,406.
2	Percent of gross income from business use of home reported on Schedule C.	2	95.00 %
3	Gross income from business use of home. Multiply line 1 by line 2	3	63,086.
4	Gain from business use of your home shown on Schedule D or Form 4797	4	_____
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4	5	63,086.
6	Total expenses from Schedule C, line 28.	6	3,927.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. Enter the expenses as a positive number	7	_____
8	Any losses from this business shown on Schedule D or Form 4797. Enter the losses as a positive number	8	_____
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8, or Simple Wks, ln A	9	59,159.

Part III – Calculation of Line 42

1	Depreciation attributable to business use of home	1	3,323.
2	Depreciation for additions and improvements attributable to business use of home	2	_____
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 42.	3	3,323.

Schedule C

California Profit or Loss from Business Worksheet

2023

► Keep for your records

Name of Proprietor <u>LEELA SESHU REDDY CHEEDEPUDI</u>	Social Security Number <u>024-88-7197</u>
---	--

A Principal business or profession, including product or service:
Software Services and Consulting

B Principal business code ► 541510

C Business name. If no separate business name, leave blank.
Seshu Reddy's LLC

- D** If this business was operated by spouse, check this box
- E** If this business was operated jointly by taxpayer and spouse, check this box
- F** Check this box if you completely disposed of this business during 2023
- G** Did you 'materially participate' in the operation of this business during 2023? Yes No
- H** Check this box if all investment is at risk
- I** Check this box if some of your investment is **not** at risk
- J** Single member limited liability company
- K** Federal profit (loss) before passive loss limitation, if any 51,533.
- L** If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 **or** Passive Activities Worksheet 3, column A or column B, whichever is applicable _____
- M** Gross receipts less returns and allowances 66,406.

1 Federal tentative profit (loss)	1 <u>62,479.</u>
2 Depreciation:	
a Federal 2 a <u>0.</u>	
b California b <u>0.</u>	
c Federal/California adjustment	2 c <u>0.</u>
3 Amortization:	
a Federal 3 a _____	
b California b _____	
c Federal/California adjustment	3 c _____
4 Car and truck expenses:	
a Federal 4 a <u>2,166.</u>	
b California b <u>2,166.</u>	
c Federal/California adjustment	4 c <u>0.</u>
5 Other federal/California adjustments:	
a Reduction in federal wages due to work credits	5 a _____
b Reduction in federal qualified pension plan startup costs due to Form 8881 credit	b _____
c Reduction in federal employee benefits due to health insurance credit	c _____
d At-risk suspended loss carryover (Section 465(d))	d _____
e _____	e _____
f _____	f _____
g _____	g _____
h _____	h _____
i _____	i _____
6 California tentative profit (loss). Add lines 1, 2c, 3c, 4c and 5a through 5j	6 <u>62,479.</u>
7 Expenses for business use of your home	7 <u>10,946.</u>
8 At-risk adjustment	8 _____
9 Prior year suspended loss	9 _____
10 Current year unallowed passive loss	10 _____
11 Net California profit or (loss) allowed. Line 6 minus line 7, plus lines 8 - 10	11 <u>51,533.</u>
12 Net federal profit or (loss) allowed	12 <u>51,533.</u>
13 Federal/California adjustment. Subtract line 12 from line 11	13 <u>0.</u>

► Keep for your records

Name as Shown on Return L CHEEDEPUDI & V YENUMULA	Social Security Number 024-88-7197
Partnership Name 5222 Cherry Orchard LLC	Partnership ID Number 93-1921748

Ownership (defaults to taxpayer):

Taxpayer Spouse Joint

Check if:

Publicly traded partnership
 Some investment **not** at risk
 Final K-1

If the partnership engages in multiple activities, report each activity on a separate Schedule K-1 worksheet.

Indicate the type of activity reported on this worksheet:

Trade or Business Rental Real Estate
 Other Rental Activities Other

	(b) Amount from Federal Schedule K-1	(d) California Amount, If Different
1 Ordinary income (loss) from trade or business activities	-341.	
Check if "materially" participated in business activities <input checked="" type="checkbox"/>		
Check if "working interest" in oil or gas well <input type="checkbox"/>		
2 Net income (loss) from rental real estate activities		
Check if "materially" participated in rental real estate activities <input type="checkbox"/>		
Check if "actively" participated in rental real estate activities <input type="checkbox"/>		
3 Net income (loss) from other rental activities		
4 a Guaranteed payments for services		
b Guaranteed payments for capital		
c Total guaranteed payments		
5 Interest income		
6 Dividends		
7 Royalties: Double-click to link royalties to a Schedule E Worksheet		
8 Net short-term capital gain (loss)		
9 Net long-term capital gain (loss)		
10 Net gain (loss) under Section 1231 (other than due to casualty or theft)		
11 a Other portfolio income (loss):		
(1) Income or loss from REMIC — residual holder		
(2) Excess inclusion from REMIC		
(3) Section 212 expense from REMIC		
b Other income (loss):		
(1) Miscellaneous — recovery of bad debt, prior tax, etc		
(2) Specially allocated or Section 751(b) gain (loss) (to Sch D-1)		
(3) Net gain (loss) from Section 1256 contracts		
(4) Net capital gain (loss) that is not portfolio income:		
(a) Short-term capital gain (loss)		
(b) Long-term capital gain (loss)		
(5) Other nonpassive income (loss)		
12 Expense deduction for recovery property (Section 179):		
a Amount from current year K-1		
b Carryover from prior year Form 3885A		
c Enter amount allowed per current year Form 3885A		

Partnership Name 5222 Cherry Orchard LLC

13 a Cash contributions		
b Noncash contributions		
c Investment interest expense		
d Section 59(e)(2) expenditures:		
Type . . ▶ _____		
Amount reported on Schedule K-1		
Check one: Deduct entire amount . ▶ <input type="checkbox"/> Amortize ▶ <input type="checkbox"/>		
Amount to be deducted in 2023 . . . ▶ _____		
e Deductions related to portfolio income		
f Other deductions:		
(1) Other itemized deductions:		
(a) Other taxes		
(b) Other miscellaneous deductions limited to 2% of AGI		
(2) Penalty on early withdrawal of savings		
(3) Payments made to a traditional IRA		
(4) Payments made to a Roth IRA		
(5) Payments made to a Keogh		
(6) Payments made to a SEP		
(7) Payments made to a SIMPLE retirement plan		
(8) (a) Self-employed medical insurance expense per Sch K-1		
(b) SE medical insurance paid by partner		
(c) Amount deducted on Form 1040, line 29		
(9) Section 754 depreciation		
(10) Other nonpassive deductions		
(11) Investment interest expense, Schedule E, page 2		
15 a Enter estimated tax credited to the partner and other withholding (592-B) on the federal K-1, Box 13, Code W, line 5		
b Form 3521 - Low-Income Housing Credit		
<input type="checkbox"/> Check if you acquired your Partnership interest before 1990.		
e Nonconsenting nonresident member's tax paid by LLC		
f - Form 3523 - Research Credit		
- Form 3554 - New Employment Credit		
- Form 3592 - College Access Credit		
- Form 3804-CR - Pass-Through Entity Elective Tax Credit		
Form 3820 - High-Road Cannabis Tax Credit		
Form 3821 - Cannabis Equity Tax Credit		
17 a Depreciation adjustment on property placed in service after 1986.		
b Adjusted gain or loss		
c Depletion (other than oil and gas)		
d Gross income from oil, gas, and geothermal properties		
e Deductions allocable to oil, gas, and geothermal properties		
f Other adjustments and tax preference items:		
(1) Accelerated depreciation of real property (before 1987).		
(2) Accelerated depreciation of leased property (before 1987)		
(3) Incentive stock options		
(4) Excess intangible drilling costs		
(5) Excess depletion, oil and gas		
18 a Tax-exempt interest income		
c Nondeductible expenses		
20 a Investment income included on lines 5, 6, 7, 11, and 13e	2.	
b Investment expenses included on line 13e		
c Other items and amounts:		
(1) Section 179 expense recapture		
(2) Information only used for at-risk calculations:		
(a) Total foreign taxes		
(b) State income tax withheld		
(3) Aggregate gross receipts, less returns and allowances		
(4) Enter any credit recapture data on the applicable form		

Partnership Name 5222 Cherry Orchard LLC

Adjustment to Profit or Loss – Passive Activities

Passive status Nonpassive

Passive Activity Income (Loss) Description	(a) Gain (Loss) Limited by Form 6198 if Applicable	(b) Suspended Loss Carryover From 2022 <i>Enter as Negative</i>	(c) Net Income (Loss) Allowed	(d) Loss Suspended for 2023
--	--	---	---	---

Regular Tax

1 Ordinary income (loss) for Schedule E:				
a Ordinary income (loss) pass through	-341 .		-341 .	
b Section 179 expense				
c Section 59(e)(2) expense				
d Unreimbursed expenses	-1,086 .		-1,086 .	
e Depletion expense				
f Interest expense				
g Total	-1,427 .		-1,427 .	
2 Ordinary income (loss) for Form 1040:				
a Ordinary income from recoveries				
b Cancellation of debt income				
c Total				
3 Total ordinary income (loss) Add 1g, 2c.	-1,427 .		-1,427 .	
4 Commercial revitalization deduction:				
a Commercial revitalization deduction				
b Memo: Net to Sch E. line 1g less 4a.	-1,427 .		-1,427 .	
5 Short-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
6 Long-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss)				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
7 Section 1231 gain (loss) for Sch D-1:				
a Section 1231 gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Total				
8 Ordinary gain (loss) for Sch D-1:				
a Ordinary gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
9 Total Combine lines 3,4a,5e,6e,7d,8e	-1,427 .		-1,427 .	

Partnership Name 5222 Cherry Orchard LLC

Alternative Minimum Tax

1 Ordinary income (loss) for Schedule E:				
a Ordinary income (loss) pass through	-341.		-341.	
b Section 179 expense				
c Section 59(e)(2) expense				
d Unreimbursed expenses	-1,086.		-1,086.	
e Depletion expense				
f Interest expense				
g Total	-1,427.		-1,427.	
2 Ordinary income (loss) for Form 540:				
a Ordinary income from recoveries				
b Cancellation of debt income				
c Total				
3 Total ordinary income (loss) Add 1g, 2c.	-1,427.		-1,427.	
4 Commercial revitalization deduction:				
a Commercial revitalization deduction				
b Memo: Net to Sch E. Line 1g less 4a. . . .	-1,427.		-1,427.	
5 Short-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss).				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
6 Long-term capital gain (loss) for Sch D:				
a Non-portfolio capital gain (loss).				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
7 Section 1231 gain (loss) for Sch D-1:				
a Section 1231 gain (loss) pass through . . .				
b Installment sales				
c Sale of assets				
d Total				
8 Ordinary gain (loss) for Sch D-1:				
a Ordinary gain (loss) pass through				
b Installment sales				
c Sale of assets				
d Sale of partnership interest				
e Total				
9 Total Combine lines 3,4a,5e,6e,7d,8e. . .	-1,427.		-1,427.	

Alternative Minimum Tax Exclusion

	Exclusion Amount	Other Adjustments	Total Exclusion Amount	
Income/expense items excluding Schedule D and Schedule D-1	-1,427.		-1,427.	
Schedule D gain/loss.				

Partnership Name 5222 Cherry Orchard LLC

Federal Income/Loss and Passive Information

	Federal income (loss) limited by at-risk rules	Federal net income (loss) allowed
A Partnership income reported on federal Schedule E	-1,427.	-1,427.
B Income or loss from REMIC — residual holder		0.
C Section 212 expense from REMIC		0.
D Miscellaneous — recovery bad debt, prior tax, etc.		
E If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 or Passive Activities Worksheet 2, column A or column B, whichever is applicable		
F Federal Section 179 taxable income from this activity (Note — This information is only needed if you materially participate in this activity)		-1,427.

California Car and Truck Expenses Worksheet

2023

▶ Keep for your records

Name as Shown on Return <u>L CHEEDEPUDI & V YENUMULA</u>	Social Security Number <u>024-88-7197</u>
---	--

Activity: Sch C Software Services and Consulting

Part I – Vehicle Information

1	Make and model of vehicle	<u>Toyota Camry XLE 2005</u>	Example: Ford F-150 SVT Raptor
2	Date placed in service	<u>03/01/2023</u>	Example: 06/15/2023
3	Type of vehicle	<u>A1 - Auto</u>	
4 a	Ending mileage reading	_____	Enter mileage readings, or
b	Beginning mileage reading	_____	enter total miles on line 4c
c	Total miles vehicle was driven during 2023	<u>7,296</u>	Line 4a less line 4b
5 a	Number of business miles from 01/01/23 thru 12/31/23	<u>3,307</u>	
6	Number of miles driven for commuting	_____	Travel between home and work
7	Number of miles driven for personal purposes	<u>3,989</u>	Line 4c less lines 5 and 6
8	Percent of business use	<u>37.77 %</u>	Line 5 divided by line 4c
9	Months for special allocation	<u>10</u>	See Tax Help
10	Do you have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11	Was the vehicle available for personal use during off duty hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12	Was the vehicle used primarily by a more than 5% owner of the business or related person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13 a	Do you have evidence to support the business use claimed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If Yes , is the evidence written?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II – Standard Mileage Rate

14	Did you own this vehicle, lease this vehicle, or was it not your vehicle?	<input checked="" type="checkbox"/>	Own	<input type="checkbox"/>	Lease
		<input type="checkbox"/>	Not my vehicle		
15	Did you use this vehicle for hire?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No Example: taxicab
16	Did you use less than 5 vehicles for business at a time?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17	If you owned this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you leased this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If you answered Own or Lease to line 14, No to line 15, and Yes to lines 16 and 17 you can take standard mileage for this vehicle:				
18	Standard mileage deduction	<u>2,166.</u>			

Part III – Actual Expenses

19 a	Gasoline	<u>827.</u>	h Vehicle lease or rental fees:
b	Oil	<u>80.</u>	1 30 days or more
c	Tires	<u>1,200.</u>	2 29 days or less
d	Repairs	_____	3 Total vehicle lease/rental fees
e	Vehicle insurance	<u>500.</u>	i Leased vehicle inclusion amount:
f	Vehicle registration, license (excluding property tax)	<u>127.</u>	1 Year lease began
g	Garage rent	_____	2 FMV of leased vehicle
			3 Number of lease days in year
			4 Inclusion amount
			j Other
20	Expenses subtotal	<u>2,734.</u>	Sum of lines 19a thru 19j
21	Expenses applicable to business	<u>1,033.</u>	Line 20 times line 8
22	Vehicle depreciation and Section 179	<u>227.</u>	From Part VI
23	Total actual expenses	<u>1,260.</u>	Line 21 plus line 22

Vehicle: Toyota Camry XLE 2005
Activity: Sch C Software Services and Consulting

Part IV - Standard Mileage versus Actual Expenses

- 24 [X] Standard mileage 2,166.
25 [] Actual expenses 1,260.
The program automatically chooses the method that gives you the largest deduction. Check the other method if you want to use it instead.

Part V - Total Car and Truck Expenses

- 26 Line 24 or line 25 2,166.
27 Additional expenses:
a Parking fees
b Tolls
c Local transportation
d Property taxes (include property tax portion of registration)
e Less: personal portion of property taxes ()
f Interest on vehicle
g Less: personal portion of vehicle interest ()
28 Total expenses 2,166. Sum of lines 26 & 27a thru 27g.
29 Less: business portion of lease or rental fees Line 19h - 19i times line 8.
less inclusion amount (if using actual expenses) () Reported separately.
30 Less: depreciation and Section 179 (if using From line 22.
actual expenses) () Reported separately.
31 Total car and truck expenses 2,166.

Part VI - Vehicle Depreciation Information

- 32 Enter the total cost when vehicle Include sales tax. For trade-in or vehicle
was acquired 6,000. converted from personal use, see Tax Help.
33 Enter the amount of Section 179 Cannot be greater than
expense elected limit shown below.
34 Depreciation and Section 179
limit for luxury cars 1,458. See Tax Help for computation

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 35 Prior depreciation
36 Depreciation deduction 227. [] Limited to luxury car maximum

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 37 AMT prior depreciation
38 AMT depreciation deduction 227. [] Limited to luxury car maximum
39 AMT adjustment/preference 0. See Tax Help for computation.
40 QuickZoom to Asset Life History

Vehicle: Toyota Camry XLE 2005
 Activity: Sch C Software Services and Consulting

Part VII – Disposition of Vehicle – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2023.

- 41 Date vehicle sold, given away or abandoned in 2023 _____ Example: 10/23/2023
- 42 Date vehicle acquired, if different from line 2 11/01/2007 If converted from personal use
- 43 Sales price Click here: if a like-kind exchange _____ Enter business portion only
- 44 Expense of sale _____ Enter business portion only
- 45 Sec 179 deduction allowed _____
- 46 Double click to link sale to Form 3805E ▶ _____
- 47 a Double click to link sale to Form 8824 ▶ _____
- b Form 8824: Depreciation at 100% business use _____
- c Form 8824: AMT depr at 100% business use _____
- 48 Gain/loss basis, if different from line 32 _____ Enter 100% of basis
- 49 AMT gain/loss basis, if different from line 70 _____ Enter 100% of basis
- 50 Depreciation allowed or allowable _____
- 51 AMT depreciation allowed or allowable _____
- 52 Gain or loss _____
- 53 AMT gain or loss _____
- 54 Part of Schedule D-1 to which gain/loss carries _____

Part VIII – Detail Vehicle Depreciation Information – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- | | | | | | | |
|----|--|-------------------------------------|-----|-------------------------------------|----|--------------------------------------|
| 55 | Subject to automobile limitations? . . | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 56 | Truck or van? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 57 | Electric passenger vehicle? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 58 | Heavy SUV? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 59 | Listed property? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | See Tax Help. |
| 60 | Eligible Section 179 property? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | Applies to current year assets only. |
| 61 | Use IRS tables for MACRS property? . . | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |

Regular Depreciation

- 62 Depreciation type MACRS
- 63 Asset class 5
- 64 Depreciation method ALT
- 65 MACRS convention HY
- 66 **QuickZoom** to set 2023 convention ▶ _____
- 67 Recovery period 5.00
- 68 Year of depreciation 1
- 69 Depreciable basis 2,266.

Alternative Minimum Tax Depreciation

- 70 AMT basis, if different from line 32 _____
- 71 AMT depreciation method SL
- 72 AMT recovery period 5.00
- 73 AMT depreciable basis 2,266.

Vehicle: _____
Activity: Sch C _____ Software Services and Consulting

MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion

- 74 Elect OUT of regs under Sec 1.168(i)-6T(i) Yes N/A Only election out supported
- 75 If asset represents entire basis of replacement
property, enter excess basis _____ Excess basis is not eligible
Pre-02/28/04 transactions only (See Tax Help): for Section 179
- 76 Asset ID (Enter same ID on all related assets) . . . _____
- 77 Does asset represent exchanged basis of
replacement property Yes No "Yes" if exchanged basis,
"No" if excess basis
- 78 Total basis of all related parts _____ Only required if line 55 is "Yes"

California Car and Truck Expenses Worksheet

2023

▶ Keep for your records

Name as Shown on Return <u>L CHEEDEPUDI & V YENUMULA</u>	Social Security Number <u>024-88-7197</u>
---	--

Activity: K1 Partnership SBE 5222 Cherry Orchard LLC

Part I – Vehicle Information

1	Make and model of vehicle	<u>Toyota Rav 4 XLE</u>	Example: Ford F-150 SVT Raptor
2	Date placed in service	<u>04/01/2023</u>	Example: 06/15/2023
3	Type of vehicle	<u>A2 - Lt truck/van/SUV</u>	
4 a	Ending mileage reading	_____	Enter mileage readings, or
b	Beginning mileage reading	_____	enter total miles on line 4c
c	Total miles vehicle was driven during 2023	<u>7,728</u>	Line 4a less line 4b
5 a	Number of business miles from 01/01/23 thru 12/31/23	<u>1,520</u>	
6	Number of miles driven for commuting	_____	Travel between home and work
7	Number of miles driven for personal purposes	<u>6,208</u>	Line 4c less lines 5 and 6
8	Percent of business use	<u>14.75 %</u>	Line 5 divided by line 4c
9	Months for special allocation	<u>9</u>	See Tax Help
10	Do you have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
11	Was the vehicle available for personal use during off duty hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12	Was the vehicle used primarily by a more than 5% owner of the business or related person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
13 a	Do you have evidence to support the business use claimed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If Yes , is the evidence written?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II – Standard Mileage Rate

14	Did you own this vehicle, lease this vehicle, or was it not your vehicle?	<input checked="" type="checkbox"/>	Own	<input type="checkbox"/>	Lease
		<input type="checkbox"/>	Not my vehicle		
15	Did you use this vehicle for hire?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No Example: taxicab
16	Did you use less than 5 vehicles for business at a time?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17	If you owned this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you leased this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p style="text-align: center;">If you answered Own or Lease to line 14, No to line 15, and Yes to lines 16 and 17 you can take standard mileage for this vehicle:</p>					
18	Standard mileage deduction	<u>996.</u>			

Part III – Actual Expenses

19 a	Gasoline	_____	h Vehicle lease or rental fees:
b	Oil	_____	1 30 days or more
c	Tires	_____	2 29 days or less
d	Repairs	_____	3 Total vehicle lease/rental fees
e	Vehicle insurance	_____	i Leased vehicle inclusion amount:
f	Vehicle registration, license (excluding property tax)	_____	1 Year lease began
g	Garage rent	_____	2 FMV of leased vehicle
			3 Number of lease days in year
			4 Inclusion amount
			j Other
20	Expenses subtotal	_____	Sum of lines 19a thru 19j
21	Expenses applicable to business	_____	Line 20 times line 8
22	Vehicle depreciation and Section 179	_____	From Part VI
23	Total actual expenses	_____	Line 21 plus line 22

Vehicle: Toyoya Rav 4 XLE
Activity: K1 Partnership SBE 5222 Cherry Orchard LLC

Part IV – Standard Mileage versus Actual Expenses

- 24 Standard mileage 996. The program automatically chooses the method
- 25 Actual expenses _____ that gives you the largest deduction. Check the other method if you want to use it instead.

Part V – Total Car and Truck Expenses

- 26 Line 24 or line 25 996.
- 27 Additional expenses:
 - a Parking fees _____
 - b Tolls _____
 - c Local transportation _____
 - d Property taxes (include property tax portion of registration) _____
 - e Less: personal portion of property taxes (_____)
 - f Interest on vehicle _____
 - g Less: personal portion of vehicle interest (_____)
- 28 Total expenses 996. Sum of lines 26 & 27a thru 27g.
- 29 Less: business portion of lease or rental fees Line 19h - 19i times line 8.
less inclusion amount (if using actual expenses) (_____) Reported separately.
- 30 Less: depreciation and Section 179 (if using actual expenses) (_____) From line 22.
Reported separately.
- 31 **Total car and truck expenses** 996.

Part VI – Vehicle Depreciation Information

- 32 Enter the total cost when vehicle was acquired _____ Include sales tax. For trade-in or vehicle converted from personal use, see Tax Help.
- 33 Enter the amount of Section 179 expense elected _____ Cannot be greater than limit shown below.
- 34 Depreciation and Section 179 limit for luxury cars _____ See Tax Help for computation

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 35 Prior depreciation _____
- 36 **Depreciation deduction** Limited to luxury car maximum

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 37 AMT prior depreciation _____
- 38 AMT depreciation deduction Limited to luxury car maximum
- 39 AMT adjustment/preference _____ See Tax Help for computation.
- 40 **QuickZoom** to Asset Life History

Vehicle: Toyota Rav 4 XLE
Activity: K1 Partnership SBE 5222 Cherry Orchard LLC

Part VII – Disposition of Vehicle – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2023.

- 41 Date vehicle sold, given away or abandoned in 2023 _____ Example: 10/23/2023
- 42 Date vehicle acquired, if different from line 2 _____ If converted from personal use
- 43 Sales price Click here: if a like-kind exchange _____ Enter business portion only
- 44 Expense of sale _____ Enter business portion only
- 45 Sec 179 deduction allowed _____
- 46 Double click to link sale to Form 3805E ▶ _____
- 47 a Double click to link sale to Form 8824 ▶ _____
- b Form 8824: Depreciation at 100% business use _____
- c Form 8824: AMT depr at 100% business use _____
- 48 Gain/loss basis, if different from line 32 _____ Enter 100% of basis
- 49 AMT gain/loss basis, if different from line 70 _____ Enter 100% of basis
- 50 Depreciation allowed or allowable _____
- 51 AMT depreciation allowed or allowable _____
- 52 Gain or loss _____
- 53 AMT gain or loss _____
- 54 Part of Schedule D-1 to which gain/loss carries _____

Part VIII – Detail Vehicle Depreciation Information – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- | | | | | | | |
|----|--|-------------------------------------|-----|--------------------------|----|--------------------------------------|
| 55 | Subject to automobile limitations? . . | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 56 | Truck or van? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 57 | Electric passenger vehicle? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 58 | Heavy SUV? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 59 | Listed property? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | See Tax Help. |
| 60 | Eligible Section 179 property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Applies to current year assets only. |
| 61 | Use IRS tables for MACRS property? . | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |

Regular Depreciation

- 62 Depreciation type _____
- 63 Asset class _____
- 64 Depreciation method _____
- 65 MACRS convention _____
- 66 **QuickZoom** to set 2023 convention ▶ _____
- 67 Recovery period _____
- 68 Year of depreciation _____
- 69 Depreciable basis _____

Alternative Minimum Tax Depreciation

- 70 AMT basis, if different from line 32 _____
- 71 AMT depreciation method _____
- 72 AMT recovery period _____
- 73 AMT depreciable basis _____

Vehicle:

Activity: K1 Partnership SBE 5222 Cherry Orchard LLC**MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion**

-
- | | | | |
|-----------|--|---|---|
| 74 | Elect OUT of regs under Sec 1.168(i)-6T(i) | <input type="checkbox"/> Yes <input type="checkbox"/> N/A | Only election out supported |
| 75 | If asset represents entire basis of replacement property, enter excess basis | _____ | Excess basis is not eligible for Section 179 |
| | Pre-02/28/04 transactions only (See Tax Help): | | |
| 76 | Asset ID (Enter same ID on all related assets) . . . | _____ | |
| 77 | Does asset represent exchanged basis of replacement property | <input type="checkbox"/> Yes <input type="checkbox"/> No | "Yes" if exchanged basis,
"No" if excess basis |
| 78 | Total basis of all related parts | _____ | Only required if line 55 is "Yes" |
-

Two-Year Comparison

2023

L CHEEDEPUDI & V YENUMULA

Income	2022	2023	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income	273,941.	263,421.	-10,520.	-3.84
California adjustments	0.	7,466.	7,466.	
Adjusted Gross Income	273,941.	270,887.	-3,054.	-1.11
Standard or Itemized Deduction	25,007.	17,791.	-7,216.	-28.86
Taxable Income	248,934.	253,096.	4,162.	1.67
Tax	16,658.	16,844.	186.	1.12
Exemption credits	1,146.	1,180.	34.	2.97
Tax less exemption credits	15,512.	15,664.	152.	0.98
Schedule G-1 and Form 5870A tax				
Tax before credits	15,512.	15,664.	152.	0.98
Credits				
Tax after credits	15,512.	15,664.	152.	0.98
Alternative minimum tax	0.		0.	
Other taxes and IRC interest	0.		0.	
Total Tax After Credits	15,512.	15,664.	152.	0.98
Withholding	19,270.	15,282.	-3,988.	-20.70
Estimated payments		0.	0.	
Other payments				
Total Payments	19,270.	15,282.	-3,988.	-20.70
Use tax	0.	0.	0.	
ISR Penalty				
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax				
Amount Refund	3,758.		-3,758.	-100.00
Amount Due		382.	382.	
Current year effective tax rate				5.78 %

California Electronic Filing Information Worksheet

2023

▶ Keep for your records

Name as Shown on Return L CHEEDEPUDI & V YENUMULA	Social Security Number 024-88-7197
--	---------------------------------------

Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name	Social Security Number/Preparer Tax ID Number	
Name	Phone Number	Fax Number
Address	Employer Identification Number	
City	State	Zip Code
Country	E-mail Address	
	EFIN	

Paid Preparer Information

Firm Name	Social Security Number/Preparer Tax ID Number	
Name	Employer Identification Number	
Address	Phone Number	Fax Number
City	State	Zip Code
Country	E-mail Address	

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically		Yes	No
1	Are there more than fifty W-2s?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are there more than ten copies of Form 3803?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Is there an amended Form 3805P attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Are any invalid entries made on Form 3805V page 3, part III? (See help)	<input type="checkbox"/>	<input type="checkbox"/>
7	Is this a fiscal year filer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Is Form 3506 being filed while the taxpayer or spouse is claimed as a qualifying person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Is the Federal filing status married filing joint and the California filing status married filing separate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Is Federal Form 4852 (substitute W2) being used?	<input type="checkbox"/>	<input type="checkbox"/>
11	Check that you have the correct selections for the RDP return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	On the 3506, are there any foreign care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Is Direct Debit selected and no balance due on the return?	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets From 2023 California Tax Return

Form 540: California Resident Income Tax Return -- Smart Worksheet

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>15,282.</u>
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 71. Subtract line B from line A <u>15,282.</u>

Schedule D (540): California Capital Gain or Loss Adjustment -- Smart Worksheet

Capital Gains and Losses Smart Worksheet

Enter dispositions of capital assets related to a **specific activity** (i.e., Schedule C, E, etc) on the Disposition Worksheets for non-depreciable assets for that activity. To get there, go to the activity form and **QuickZoom** to the Disposition Worksheet. Entries on the Disposition Worksheets for non-depreciable assets flow to line 1.

Enter dispositions **not** related to a specific activity in the smart worksheet below.

Note: California did not conform to the deferral of capital gains reinvested in a Qualified Opportunity Fund. The gain realized on the sale of these assets will be reported in Column (e).

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/loss	
7.00 ISHARES CORE MSCI EMERGING ETF		<input type="checkbox"/>			
10/24/2022	03/29/2023	338.	293.	45.	
0.025647 SH. ISHARES RUSSELL 2000 VALUE ETF CLASS O		<input type="checkbox"/>			
06/13/2022	05/31/2023	3.	4.	-1.	
0.031037 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS O		<input type="checkbox"/>			
08/16/2022	07/31/2023	1.	1.	0.	
0.054243 SH. ISHARES CORE MSCI EAFE ETF CLASS O		<input type="checkbox"/>			
08/30/2022	04/28/2023	4.	3.	1.	
0.042270 SH. ISHARES CORE MSCI EAFE ETF CLASS O		<input type="checkbox"/>			
08/30/2022	03/31/2023	3.	3.	0.	
See Schedule D Transactions		<input type="checkbox"/>			

* Check box to exclude transaction from Schedule D

Other Capital Gains and/or Losses

- A Federal Form 1099-R gains ▶ _____
- B Federal Form 4684 gain ▶ _____
- C Federal Form 6781 gains or losses. ▶ _____
- D Federal Form 8824 gain ▶ _____
- E Canadian RRSP account total capital gain. ▶ _____
- F Net capital gain or loss from HSA account ▶ _____
- G Net IRC Section 1231 gain from Schedule D-1, line 9 or line 7 ▶ _____
- H Form FTB 3805E. ▶ _____
- I 1 Gain attributable to sale of Qualified Small Business stock included on Line H above ▶ _____
- 2 Gain qualifying under R&TC 18152.5 ▶ _____
- J Capital gain adjustment for federal gain arising from casualty theft/loss of employee business property ▶ _____
- K Check this box to print Schedule D and its worksheets even if you are not required to

Schedule D (540): California Capital Gain or Loss Adjustment -- Smart Worksheet

Capital Gain Distributions Smart Worksheet	
A	Capital Gain Distributions from federal Schedule D <u>393.</u>
B	Less: Capital Gain Distributions from federal Form 8814 _____
C	Plus: Capital Gain Distributions from FTB Form 3803 _____
D	Other Capital Gain Distributions adjustment _____
E	Total California Capital Gain Distributions <u>393.</u>

Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Simplified Method Smart Worksheet	
Simplified method election for Home Office expenses:	
Do you elect to use the simplified method in 2023 ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Did you elect to use the simplified method in 2022 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A	Gross income limitation _____
B	Enter the square footage of your office _____
C	The lesser of the square footage of your office or 300 _____
D	Number of months in 2023 this home office was used at least 15 days during the month <u>10</u>
E	Business percentage for daycare facilities (if applicable, or 100.00 if not) _____ %
F	Line C times line D divided by 12 times \$5.00 times line E _____
G	Allowable Simple Method deduction. Enter the lesser of line A or line F _____

Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Line 8 Calculation Smart Worksheet	
A	Enter the date you began using this home office for this business. <u>03/01/2023</u>
B	Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home <u>95.00 %</u>
C 1	Calculated gain from business use of this home on Schedule D or Form 4797. _____
2	Adjustments to calculated gain _____
3	Net gain _____
D 1	Calculated loss from this business not derived from business use of home and shown on Schedule D or Form 4797 _____
2	Adjustments to calculated loss (enter additional losses as a negative number) _____
3	Net loss _____

Interest and Dividend Adjustments Wks -- Smart Worksheet

Tax Exempt Interest Smart Worksheet	
A Total tax exempt interest from federal Schedule B	145 .
B California state tax exempt interest from federal Schedule B	145 .
C Of the amount in line B, enter the portion attributable to funds where at least 50% of their assets are not invested in U.S./California municipal obligations	_____
D Exempt interest that meets the 50% rule (B - C)	145 .
E Out of state exempt interest from federal Schedule B	_____
F Exempt interest additions per California tax law, line 9 below. (C + E)	_____

Sch C Wks (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Depreciation/Amortization Smart Worksheet	
A To enter assets (except autos), QuickZoom to the Asset Entry Worksheet	➔
B To enter home office assets, QuickZoom to the Form 8829 Asset Entry Wks	➔ _____
C To enter auto information, QuickZoom to the Car/Truck Expenses Worksheet	➔
D To view a calculated report of all depreciation information for this Schedule C, QuickZoom to the Depreciation/Amortization Report.	➔
E QuickZoom to Form 3885A for this Schedule C	➔
F Information needed for calculation of section 179 taxable income (Note — This information is needed if you materially participate in this activity)	
1 Federal depreciation for this activity (Do not include section 179 expense)	0 .
2 Related 1231 gains/losses for this activity	_____
G QuickZoom to the Section 179 worksheet for this Schedule C	➔

Sch C Wks (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.		
	Regular Tax	Alternative Minimum Tax
A Ownership	Taxpayer	
B At risk status	All	
C Passive status	Nonpassive	
Schedule C		
D Tentative profit (loss)	51,533.	51,533.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss.		
H Passive disallowed loss		
I Net profit (loss) allowed	51,533.	51,533.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss.		
M Passive disallowed loss		
N Net profit (loss) allowed		
AMT Exclusion		
O Schedule C income/loss.	51,533.	

Additional Information From 2023 California Tax Return

Schedule D (540): California Capital Gain or Loss Adjustment -- Smart Worksheet

Schedule D Transactions

Continuation Statement

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/loss	
0.053058 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS O					
09/02/2022	08/31/2023	2.	2.	0.	
0.025072 SH. VANGUARD REIT INDEX ETF CLASS O					
09/22/2022	03/24/2023	2.	2.	0.	
6.973756 SH. VANGUARD REIT INDEX ETF CLASS O					
09/22/2022	03/24/2023	537.	595.	-58.	
12.314742 SH. VANGUARD REIT INDEX ETF CLASS O					
09/23/2022	03/24/2023	948.	1,027.	-79.	
0.087619 SH. VANGUARD REIT INDEX ETF CLASS O					
09/26/2022	03/24/2023	7.	7.	0.	
0.068126 SH. VANGUARD REIT INDEX ETF CLASS O					
09/28/2022	03/24/2023	5.	6.	-1.	
1.001879 SH. VANGUARD REIT INDEX ETF CLASS O					
10/03/2022	03/24/2023	77.	82.	-5.	
0.078511 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS O					
12/02/2022	09/29/2023	3.	3.	0.	
0.078511 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS O					
12/02/2022	10/31/2023	3.	3.	0.	
0.010402 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS O					
12/02/2022	10/31/2023	0.	0.	0.	
0.004545 SH. VANGUARD MID-CAP VALUE ETF CLASS O					
12/02/2022	11/30/2023	1.	1.	0.	
0.019827 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS O					
12/02/2022	02/03/2023	4.	4.	0.	
0.018542 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS O					
12/02/2022	02/28/2023	4.	4.	0.	
0.029412 SH. VANGUARD FTSE EMERGING MARKETS CLASS O					
12/02/2022	03/31/2023	1.	1.	0.	
0.032401 SH. VANGUARD FTSE EMERGING MARKETS CLASS O					
06/16/2023	08/31/2023	1.	1.	0.	
0.025016 SH. VANGUARD FTSE EMERGING MARKETS CLASS O					
06/16/2023	07/31/2023	1.	1.	0.	
GE HEALTHCARE TECHNOLOGIES INC C 0.275					
07/17/2019	01/06/2023	16.	16.	0.	
GE HEALTHCARE TECHNOLOGIES INC C 0.078					
03/16/2020	01/06/2023	5.	3.	2.	
GE HEALTHCARE TECHNOLOGIES INC C 0.235					
03/18/2020	01/06/2023	14.	8.	6.	
GE HEALTHCARE TECHNOLOGIES INC C 0.079					
06/29/2020	01/06/2023	5.	3.	2.	
ATHENEX INC COM NEW *EXPIRED POS 0.033					
02/11/2021	05/16/2023	0.	7.	-7.	
ATHENEX INC COM NEW *EXPIRED POS 0.133					
02/11/2021	05/16/2023	0.	27.	-27.	
ATHENEX INC COM NEW *EXPIRED POS 0.033					
03/19/2021	05/16/2023	0.	2.	-2.	

Schedule D (540): California Capital Gain or Loss Adjustment -- Smart Worksheet

Schedule D Transactions

Continuation Statement

Description		*			
Date Acquired	Date Sold		Sales price	Cost or other basis	Gain/loss
ATHENEX INC COM NEW *EXPIRED POS 0.2					
03/19/2021	05/16/2023		0.	14.	-14.
ATHENEX INC COM NEW *EXPIRED POS 0.601					
05/06/2021	05/16/2023		0.	36.	-36.
BIOCEPT INC COM NEW 0.2					
03/02/2020	05/18/2023		1.	33.	-32.
BIOCEPT INC COM NEW 0.067					
07/14/2021	05/18/2023		0.	8.	-8.
BIOCEPT INC COM NEW 0.066					
01/18/2022	05/18/2023		0.	6.	-6.
3.00 SCHWAB US SMALL CAP ETF					
09/02/2020	03/29/2023		122.	108.	14.
6.00 VANGUARD SMALL CAP ETF IV					
VARIOUS	03/29/2023		1,105.	884.	221.
0.014081 SH. VANGUARD FTSE EMERGING MARKETS CLASS 0					
08/24/2021	07/31/2023		1.	1.	0.
0.030456 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS 0					
09/02/2021	12/29/2023		1.	1.	0.
0.051665 SH. VANGUARD GLOBAL EX-U.S. REAL ESTATE ETF CLASS 0					
11/16/2021	12/29/2023		2.	2.	0.
0.020686 SH. ISHARES RUSSELL 2000 VALUE ETF CLASS 0					
06/13/2022	06/30/2023		3.	3.	0.
0.033321 SH. VANGUARD REIT INDEX ETF CLASS 0					
09/30/2022	11/30/2023		3.	3.	0.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Personal information section including names (LEELA SESHU REDDY, CHEEDEPUDI, VANI, YENUMULA), addresses (1928 Everglades Dr, Milpitas, CA), and social security numbers.

Filing Status section with checkboxes for Single, Married filing jointly, Married filing separately, Head of household (HOH), and Qualifying surviving spouse (QSS).

Digital Assets section asking if a digital asset was received or sold during 2023.

Standard Deduction section with checkboxes for claiming as a dependent or spouse itemizes on a separate return.

Age/Blindness section with checkboxes for being born before January 2, 1959 or being blind.

Table for Dependents with columns for name, social security number, relationship, and child tax credit.

Main income table with rows 1a through 15, including taxable interest, dividends, IRA distributions, pensions, and total/adjusted gross income.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	40,792.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	40,792.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	4,000.
	20	Amount from Schedule 3, line 8	20	262.
	21	Add lines 19 and 20	21	4,262.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	36,530.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	7,404.
24	Add lines 22 and 23. This is your total tax	24	43,934.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	24,879.
	b	Form(s) 1099	25b	0.
	c	Other forms (see instructions)	25c	0.
	d	Add lines 25a through 25c	25d	24,879.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	24,879.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																		
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2024 estimated tax	36																			

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	37	19,807.
	38	Estimated tax penalty (see instructions)	38	752.

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

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

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

Your signature	Date	Your occupation Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Project Manager	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (408) 657-3748	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address			Phone no.
Firm's address				Firm's EIN

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	51,533.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-1,427.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	727.
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	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	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	727.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	50,833.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	3,540.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	3,540.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **02**

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

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	7,080.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	44.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	118.
12	Net investment income tax. Attach Form 8960	12	162.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Reserved for future use		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21
			7,404.

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 03

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

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	262.
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	
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:		
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	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
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	
l	Amount on Form 8978, line 14. See instructions	6l	
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	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	262.

(continued on page 2)

Part 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:			
a	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
c	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-SR, or 1040-NR, line 31		15	

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

**Part I
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: NATIONAL FINANCIAL SERVICES LLC BANK OF AMERICA, N.A. loandepot com llc WELLS FARGO BANK, N.A. NATIONAL FINANCIAL SERVICES LLC NATIONAL FINANCIAL SERVICES LLC CHARLES SCHWAB & CO., INC.	415.19 12.33 100.33 38.48 940.72 1.85 428.21
2	Add the amounts on line 1	1,937.11
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	1,937.11

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer: <u>Betterment Securities</u> NATIONAL FINANCIAL SERVICES LLC NATIONAL FINANCIAL SERVICES LLC CHARLES SCHWAB & CO., INC.	409.90 258.39 1,102.30 3,568.54
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	5,339.13

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		X
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____		
8	During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Name of proprietor LEELA SESHU REDDY CHEEDEPUDI		Social security number (SSN) 024-88-7197
A Principal business or profession, including product or service (see instructions) Software Services and Consulting	B Enter code from instructions 5 4 1 5 1 0	
C Business name. If no separate business name, leave blank. Seshu Reddy's LLC	D Employer ID number (EIN) (see instr.) 9 3 1 3 9 1 2 1 8	
E Business address (including suite or room no.) 1928 Everglades Dr City, town or post office, state, and ZIP code Milpitas, CA 95035-6612		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2023, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	66,406.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	66,406.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	66,406.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	66,406.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	2,166.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	51.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	651.
b Other	16b		b Deductible meals (see instructions)	24b	16.
17 Legal and professional services	17		25 Utilities	25	740.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	303.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29.			28		3,927.
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 .			29		62,479.
• If a loss, you must go to line 32.			30		10,946.
32 If you have a loss, check the box that describes your investment in this activity. See instructions.			31		51,533.
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 .				32a	<input type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.				32b	<input type="checkbox"/> Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

Startup Costs		303.
48 Total other expenses. Enter here and on line 27a	48	303.

Expenses for Business Use of Your Home
 File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used
 for business during the year.
 Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s) **LEELA SESHU REDDY CHEEDEPUDI** Your social security number **024-88-7197**

Part I Part of Your Home Used for Business		Software Services and Consulting	
1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	275
2	Total area of home	2	1,260
3	Divide line 1 by line 2. Enter the result as a percentage	3	21.83 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	21.83 %

Part II Figure Your Allowable Deduction			
8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	59,159.
See instructions for columns (a) and (b) before completing lines 9-22.		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	11,454.
11	Real estate taxes (see instructions)	11	10,083.
12	Add lines 9, 10, and 11	12	21,537.
13	Multiply line 12, column (b), by line 7	13	4,702.
14	Add line 12, column (a), and line 13	14	4,702.
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	54,457.
16	Excess mortgage interest (see instructions)	16	0.
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	920.
19	Rent	19	
20	Repairs and maintenance	20	10,804.
21	Utilities	21	1,657.
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	13,381.
24	Multiply line 23, column (b), by line 7	24	2,921.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	2,921.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	2,921.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	51,536.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	3,323.
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	3,323.
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	3,323.
34	Add lines 14, 27, and 33	34	10,946.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	10,946.

Part III Depreciation of Your Home			
37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	880,000.
38	Value of land included on line 37	38	130,000.
39	Basis of building. Subtract line 38 from line 37	39	750,000.
40	Business basis of building. Multiply line 39 by line 7	40	163,725.
41	Depreciation percentage (see instructions)	41	2.0299 %
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	3,323.

Part IV Carryover of Unallowed Expenses to 2024			
43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA, Sch C Software Services and Consulting, 024-88-7197

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and a table below for property details. Rows include: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation, 6-13 Property details table.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows: 14 Special depreciation allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation (including ACRS)

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows: 17 MACRS deductions for assets placed in service in tax years beginning before 2023, 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year through 25-year property and residential/nonresidential real property.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Includes rows for 12-year, 30-year, and 40-year classes.

Part IV Summary (See instructions.)

Table with 3 rows: 21 Listed property, 22 Total, 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
Toyota Camry XLE 2005	03/01/2023	37.77 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)	3,307											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	3,989											
33 Total miles driven during the year. Add lines 30 through 32	7,296											
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **12**

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

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

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1,945.	2,043.	0.	-98.
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 (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (11,870.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -11,968.

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	1,278.	1,167.	2.	113.
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 393.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (1,020.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -514.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-12,482.
	<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA
Social security number or taxpayer identification number: 024-88-7197

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	7.00 ISHARES CORE MSCI EMERGING ETF	10/24/22	03/29/23	338.	293.			45.
	0.025647 sh. iShares Russell 2000 Value ETF Class O	06/13/22	05/31/23	3.	4.			-1.
	0.031037 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	08/16/22	07/31/23	1.	1.	W	0.	0.
	0.054243 sh. iShares Core MSCI EAFE ETF Class O	08/30/22	04/28/23	4.	3.			1.
	0.042270 sh. iShares Core MSCI EAFE ETF Class O	08/30/22	03/31/23	3.	3.			0.
	0.053058 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	09/02/22	08/31/23	2.	2.	W	0.	0.
	0.025072 sh. Vanguard REIT Index ETF Class O	09/22/22	03/24/23	2.	2.			0.
	6.973756 sh. Vanguard REIT Index ETF Class O	09/22/22	03/24/23	537.	595.			-58.
	12.314742 sh. Vanguard REIT Index ETF Class O	09/23/22	03/24/23	948.	1,027.			-79.
	0.087619 sh. Vanguard REIT Index ETF Class O	09/26/22	03/24/23	7.	7.			0.
	0.068126 sh. Vanguard REIT Index ETF Class O	09/28/22	03/24/23	5.	6.			-1.
	1.001879 sh. Vanguard REIT Index ETF Class O	10/03/22	03/24/23	77.	82.			-5.
	0.078511 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	12/02/22	09/29/23	3.	3.	W	0.	0.
	0.078511 sh. Vanguard Global ex-U.S. Real Estate ETF Class O	12/02/22	10/31/23	3.	3.	W	0.	0.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			1,933.	2,031.		0.	-98.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA	Social security number or taxpayer identification number 024-88-7197
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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 (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	GE HEALTHCARE TECHNOLOGIES INC C 0.275	07/17/19	01/06/23	16.	16.			0.	
	GE HEALTHCARE TECHNOLOGIES INC C 0.078	03/16/20	01/06/23	5.	3.			2.	
	GE HEALTHCARE TECHNOLOGIES INC C 0.235	03/18/20	01/06/23	14.	8.			6.	
	GE HEALTHCARE TECHNOLOGIES INC C 0.079	06/29/20	01/06/23	5.	3.			2.	
	ATHENEX INC COM NEW *EXPIRED POS 0.033	02/11/21	05/16/23	0.	7.			-7.	
	ATHENEX INC COM NEW *EXPIRED POS 0.133	02/11/21	05/16/23	0.	27.			-27.	
	ATHENEX INC COM NEW *EXPIRED POS 0.033	03/19/21	05/16/23	0.	2.			-2.	
	ATHENEX INC COM NEW *EXPIRED POS 0.2	03/19/21	05/16/23	0.	14.			-14.	
	ATHENEX INC COM NEW *EXPIRED POS 0.601	05/06/21	05/16/23	0.	36.			-36.	
	BIOCEPT INC COM NEW 0.2	03/02/20	05/18/23	1.	33.			-32.	
	BIOCEPT INC COM NEW 0.067	07/14/21	05/18/23	0.	8.			-8.	
	BIOCEPT INC COM NEW 0.066	01/18/22	05/18/23	0.	6.			-6.	
	3.00 SCHWAB US SMALL CAP ETF	09/02/20	03/29/23	122.	108.			14.	
	6.00 VANGUARD SMALL CAP ETF IV	VARIOUS	03/29/23	1,105.	884.			221.	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).				1,268.	1,155.			113.

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.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

LEELA SESHU REDDY CHEDEPUDI & VANI YENUMULA

024-88-7197

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section **Yes** **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	5222 Cherry Orchard LLC	P	<input type="checkbox"/>	93-1921748	<input type="checkbox"/>	<input type="checkbox"/>
B	UPE	P	<input type="checkbox"/>	93-1921748	<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562
A		341.	
B		1,086.	
C			
D			
29a Totals			
b Totals		1,427.	
30	Add columns (h) and (k) of line 29a		30
31	Add columns (g), (i), and (j) of line 29b		31 (1,427.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31		32 -1,427.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-1,427.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Attachment Sequence No. 179

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA, K1 Partnership SBE 5222 Cherry Orchard LLC, 024-88-7197

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for calculations and a table for property details. Includes lines 1-13 for maximum amount, total cost, threshold, reduction, and carryover.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance, section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions and election to group assets.

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year through 25-year property and residential/nonresidential real property.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 12-year, 30-year, and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for summary calculations: listed property amount, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
Toyota Rav 4 XLE 04/01/2023 14.75 % S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) . (a) Vehicle 1 1,520 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven . 6,208
33 Total miles driven during the year. Add lines 30 through 32 . 7,728
34 Was the vehicle available for personal use during off-duty hours? . Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person? . X
36 Is another vehicle available for personal use? . X

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .
39 Do you treat all use of vehicles by employees as personal use? .
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions .
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):
43 Amortization of costs that began before your 2023 tax year . 43
44 Total. Add amounts in column (f). See the instructions for where to report . 44

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
LEELA SESHU REDDY CHEEDEPUDI

Social security number of person
with **self-employment** income 024-88-7197

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 50,106.

3 Combine lines 1a, 1b, and 2 **3** 50,106.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 46,273.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 46,273.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 46,273.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 112,311.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 112,311.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 47,889.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 5,738.

11 Multiply line 6 by 2.9% (0.029) **11** 1,342.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 7,080.

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 3,540.

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

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,840, **or (b)** your net farm profits² were less than \$7,103.

14 Maximum income for optional methods	14	6,560
15 Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/Form5329 for instructions and the latest information.

Name of individual subject to additional tax. If married filing jointly, see instructions.

LEELA SESHU REDDY CHEDEPUDI

Your social security number

024-88-7197

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions.	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2023 than is allowable or you had an amount on line 17 of your 2022 Form 5329.

9	Enter your excess contributions from line 16 of your 2022 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2023 traditional IRA distributions included in income (see instructions)	11	
12	2023 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2023 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329.

18	Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2023 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2023 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2023 were more than is allowable or you had an amount on line 33 of your 2022 Form 5329.

Table with 3 columns: Line number, Description, and Amount. Rows 26-33 detailing excess contributions and additional tax for Coverdell ESAs.

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2023 than is allowable or you had an amount on line 41 of your 2022 Form 5329.

Table with 3 columns: Line number, Description, and Amount. Rows 34-41 detailing excess contributions and additional tax for Archer MSAs.

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2023 than is allowable or you had an amount on line 49 of your 2022 Form 5329.

Table with 3 columns: Line number, Description, and Amount. Rows 42-49 detailing excess contributions and additional tax for HSAs.

Part VIII Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE account for 2023 were more than is allowable.

Table with 3 columns: Line number, Description, and Amount. Rows 50-51 detailing excess contributions and additional tax for ABLE accounts.

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

Table with 3 columns: Line number, Description, and Amount. Rows 52-55 detailing minimum required distribution and additional tax for qualified retirement plans.

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return. Includes fields for Your signature and Date.

Paid Preparer Use Only. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, and Phone no.

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

024-88-7197

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	263,421.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	263,421.	
4	Number of qualifying children under age 17 with the required social security number	4	2	
5	Multiply line 4 by \$2,000	5	4,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7		
8	Add lines 5 and 7	8	4,000.	
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.	
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	4,000.	
	<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from Credit Limit Worksheet A	13	40,530.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	4,000.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
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Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
024-88-7197

LEELA SESHU REDDY CHEEDEPUDI

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 4,219.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 4,219.
9	Employer contributions made to your HSAs for 2023	9 4,946.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 4,946.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

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

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a 414.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c 414.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15 414.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16 0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

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

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

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2023
 Attachment
 Sequence No. **52**

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 382-35-7565

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions		<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,531.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7	
8	Add lines 6 and 7	8	3,531.
9	Employer contributions made to your HSAs for 2023	9	3,531.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	3,531.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0.

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

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

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

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

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **55**

Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your taxpayer identification number

024-88-7197

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Seshu Reddy's LLC	93-1391218	47,993.
ii	5222 Cherry Orchard LLC	93-1921748	-1,427.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	46,566.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	46,566.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	9,313.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	148.
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	148.
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	30.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	9,343.
11	Taxable income before qualified business income deduction (see instructions)	11	235,721.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	3,762.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	231,959.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	46,392.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	9,343.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.
 Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
 Go to www.irs.gov/Form8959 for instructions and the latest information.

Name(s) shown on return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number

024-88-7197

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	216,828.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	216,828.		
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6			0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			0.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8	46,273.		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000.		
10	Enter the amount from line 4	10	216,828.		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	33,172.		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12			13,101.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			118.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0-	16			
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18			118.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	3,144.		
20	Enter the amount from line 1	20	216,828.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,144.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24			0.

Net Investment Income Tax— Individuals, Estates, and Trusts

Attach to your tax return.

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

Name(s) shown on your tax return

LEELA SESHU REDDY CHEEDEPUDI & VANI YENUMULA

Your social security number or EIN

024-88-7197

Part I Investment Income Section 6013(g) election (see instructions)
 Section 6013(h) election (see instructions)
 Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1,937.
2	Ordinary dividends (see instructions)		5,339.
3	Annuities (see instructions)		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	50,106.	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	-50,106.	
c	Combine lines 4a and 4b		0.
5a	Net gain or loss from disposition of property (see instructions)	-3,000.	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		
d	Combine lines 5a through 5c		-3,000.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		
7	Other modifications to investment income (see instructions)		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		4,276.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)		
b	State, local, and foreign income tax (see instructions)		
c	Miscellaneous investment expenses (see instructions)		
d	Add lines 9a, 9b, and 9c		
10	Additional modifications (see instructions)		
11	Total deductions and modifications. Add lines 9d and 10		

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		4,276.
Individuals:			
13	Modified adjusted gross income (see instructions)	263,421.	
14	Threshold based on filing status (see instructions)	250,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	13,421.	
16	Enter the smaller of line 12 or line 15		4,276.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		162.
Estates and Trusts:			
18a	Net investment income (line 12 above)		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-		
19a	Adjusted gross income (see instructions)		
b	Highest tax bracket for estates and trusts for the year (see instructions)		
c	Subtract line 19b from line 19a. If zero or less, enter -0-		
20	Enter the smaller of line 18c or line 19c		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using your bank account; a digital wallet such as Click to Pay, PayPal, and Venmo; cash; or a credit or debit card. See *How To Make a Payment*, later, and www.irs.gov/Payments for more information.
2. You can file Form 4868 electronically by accessing IRS e-file using your tax software or by using a tax professional who uses e-file.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due (optional).



**It's Convenient,
Safe, and Secure**

IRS e-file is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order. See *Pay by Check or Money Order*, later.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to www.irs.gov/FreeFile.



Pay Electronically

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. The IRS will automatically process an extension of time to file when you pay part or all of your estimated income tax electronically. You can pay online or by phone. See *Making Payments Electronically*, later.



E-file Using Your Tax Software or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2022 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868*, later.



File a Paper Form 4868

If you wish to file on paper instead of electronically, complete the Form 4868 below and mail it to the address shown under *Where To File a Paper Form 4868*, later.

For information on using a private delivery service, see *Private Delivery Services*, later.

Note: If you're a fiscal year taxpayer, you must file a paper Form 4868.

General Instructions

Purpose of Form

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined later under *Taxpayers who are out of the country*) and a U.S. citizen or resident) to file Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Gift and generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2023 calendar year income tax return also extends the time to file Form 709 for 2023. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2023. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2023, see the instructions for Forms 709 and 8892.

Qualifying for the Extension

To get the extra time, you must:

1. Properly estimate your 2023 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see Interest and Late Payment Penalty, later. Any remittance you make with your application for extension will be treated as a payment of tax.

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

DETACH HERE

Part I Identification		Part II Individual Income Tax	
1	LEELA SESHU REDDY CHEEDUPUDI & VAN 1928 EVERGLADES DR MILPITAS, CA 95035-6612	4	Estimate of total tax liability for 2023 . . . \$ 45,179.
2	024-88-7197	5	Total 2023 payments 24,879.
3	382-35-7565	6	Balance due. Subtract line 5 from line 4. See instructions 20,300.
		7	Amount you're paying (see instructions) 0.
		8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions <input type="checkbox"/>
		9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/>

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Business Address Information Smart Worksheet

Business street address. . . 1928 Everglades Dr

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Milpitas CA 95035-6612

Or, foreign country information:

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet	
<i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>	
A QBI worksheet to report (double-click to link)	Seshu Reddy's LLC
B Trade or Business Name	Seshu Reddy's LLC
C Trade or Business ID Number	93-1391218
D 1 Is this a Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 If No, is income attributable to a SSTB? (see Help)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 QBI worksheet for SSTB income (this will auto-populate if Yes)	_____
4 Percentage of qualified income attributable to SSTB	_____%
E 1 Tentative Sch C profit (loss) from this business	51,533.
2 a Former Employer Expenses	_____
b Former Employer Income	_____
c Net Gain Former Employer	_____
d Foreign Expenses	_____
e Foreign Income	_____
f Foreign Net Gain	_____
Total adjustments to qualified business income	_____
3 Tentative Sch C profit (loss) from qualified business	51,533.
4 a Calculated QBI allowed after passive/at-risk limits	51,533.
b Adjustments to allowed QBI	_____
c Allowable QBI after loss limits	51,533.
5 Self employed deductions connected to this business	_____
a Self employed health insurance for this business	_____
b Total deduction for 1/2 self employment tax	3,540.
c Deduction for 1/2 S.E. tax connected to this business	3,540.
d Total deduction for S.E. retirement contributions	_____
e S.E. retirement deduction connected to this business	_____
Total self employed deductions connected to this business	3,540.
6 Sch C profit (loss) after S.E. deductions	47,993.
7 Additional deductions related to this business reported on separate schedules	_____
8 Net profit (loss) after adjustments, limitations, and deductions	47,993.
9 Allowable Sch C profit (loss) allocated to SSTB	0.
10 Allowable Sch C profit (loss) from this business	47,993.
F 1 Ordinary gain (loss) from business assets	0.
2 Ordinary gain (loss) adjustments	_____
3 Qualified ordinary gain (loss)	0.
4 a Calculated QBI allowed after passive/at-risk limits	0.
b Adjustments to allowed QBI	_____
c Allowable short-term qualified gain (loss) after passive/at-risk limits	0.
5 Allowable ordinary gain (loss) allocated to SSTB	0.
6 Allowable ordinary gain (loss)/recapture from this business	0.
G 1 Section 1231 gain (loss) from business assets	0.
2 Section 1231 gain (loss) adjustments	_____
3 Section 1231 gain (loss) from qualified business	0.
4 a Calculated QBI allowed after passive/at-risk limits	0.
b Adjustments to allowed QBI	_____
c Allowable ordinary 1231 qualified gain (loss)	0.
5 Allowable ordinary 1231 gain (loss) allocated to SSTB	0.
6 Allowable ordinary 1231 gain (loss) from this business	0.

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	47,993.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	_____
b Adjustments to previously disallowed losses	_____
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wsht for previously disallowed losses, if present	_____
I 1 Tentative wages	0.
2 Adjustments	_____
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	165,991.
2 Adjustments	_____
3 Qualified UBIA	165,991.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	_____
2 Wages allocable to qualified payments from coop	_____
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018 . .	_____
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17 . . .	_____

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.			
	Regular Tax	QBI	Alternative Minimum Tax
A Ownership	Taxpayer		
B At risk status	All		
C Passive status	Nonpassive		
Schedule C			
D Tentative profit (loss)	51,533.	51,533.	51,533.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	51,533.	51,533.	51,533.
Related Dispositions			
J Tentative profit (loss)		0.	
K At risk disallowed loss			
L Passive carryover loss			
M Passive disallowed loss			
N Net profit (loss) allowed		0.	

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
At-risk loss carryforwards to 2024		
Before 2018	A Operating loss	0 .
	B Form 4797 ordinary loss	0 .
	C Form 4797 long-term loss	0 .
2018	D Operating loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	
2021	M Operating loss	
	N Form 4797 ordinary loss	
	O Form 4797 long-term loss	
2022	P Operating loss	
	Q Form 4797 ordinary loss	
	R Form 4797 long-term loss	
2023	S Operating loss	
	T Form 4797 ordinary loss	
	U Form 4797 long-term loss	

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Smart Worksheet

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)		
	Regular Tax	QBI
Passive losses		
Passive loss carryforwards to 2024		
Before 2018	A Operating Loss	0 .
	B Form 4797 ordinary loss	0 .
	C Form 4797 long-term loss	0 .
2018	D Operating Loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	
2021	M Operating loss	
	N Form 4797 ordinary loss	
	O Form 4797 long-term loss	
2022	P Operating loss	
	Q Form 4797 ordinary loss	
	R Form 4797 long-term loss	
2023	S Operating loss	
	T Form 4797 ordinary loss	
	U Form 4797 long-term loss	

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Simplified Method Smart Worksheet	
Simplified method election for Home Office expenses:	
Do you elect to use the simplified method in 2023 ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Did you elect to use the simplified method in 2022 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A Gross income limitation	_____
B Enter the square footage of your office	_____
C The lesser of the square footage of your office or 300	_____
D Number of months in 2023 this home office was used at least 15 days during the month	_____ <u>10</u>
E Business percentage for daycare facilities (if applicable, or 100.00 if not)	_____ %
F Line C times line D divided by 12 times \$5.00 times line E	_____
G Allowable Simple Method deduction. Enter the lesser of line A or line F	_____

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Line 8 Calculation Smart Worksheet	
A Enter the date you began using this home office for this business	_____ <u>03/01/2023</u>
B Enter the percent of gross income on line 7 of Schedule C that is from the business use of this home	_____ <u>95.00</u> %
C 1 Calculated gain from business use of this home on Schedule D or Form 4797	_____
2 Adjustments to calculated gain	_____
3 Net gain	_____
D 1 Calculated loss from this business not derived from business use of home and shown on Schedule D or Form 4797	_____
2 Adjustments to calculated loss (enter additional losses as a negative number)	_____
3 Net loss	_____

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Interest and Taxes Smart Worksheet

If you already entered this home's deductible mortgage interest, qualified mortgage insurance, and real estate taxes as Indirect expenses on any other Form 8829, check this box

NOTE: Do **not** check this box on the first form where you enter these amounts.

	Direct Expense	Indirect Expense
A Qualified mortgage insurance paid or accrued in 2023 on contracts issued after 2006 for acquisition indebtedness		None
A Total mortgage interest and points		
B Double-click to link to Mortgage 1		Loandepot com llc
copies of the Home Mortgage 2		
Mortgage Interest Wks Mortgage 3		
Mortgage 4		
Mortgage 5		
Mortgage 6		
Mortgage 7		
Mortgage 8		
Mortgage 9		
Mortgage 10		

Schedule C (Software Services and Consulting): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (1928 Everglades Dr - Office Room) -- Smart Worksheet

Important: This form calculates a "temporary" tax provision. This credit will be calculated for eligible payees prior to the expiration date shown below. If the expiration date shows "Expired", this information will not be used in any calculations or included in your return. Expired temporary provisions are sometimes renewed retroactively, so completing info for expired provisions will allow this return to automatically be updated if/when this provision is renewed.

Temporary tax provision	Expiration Date
Mortgage Insurance Premium Deduction (sec. 163(h)(3))	Expired

Form 5329: Additional Tax on Retirement Distributions (Taxpayer) -- Smart Worksheet

HSA Value Smart Worksheet

A The value of your HSAs on December 31, 2023. Include any contributions made after December 31, 2023 that were for 2023 3,531.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 2 Smart Worksheet

A Total amount of HSA contributions you made for 2023 0.

B Excess HSA contributions carried over from 2022 that still in HSA 0.

C Excess HSA contributions withdrawn before April 15, 2024 0.

D Net amount of HSA contributions for 2023 after withdrawals, enter on line 2 0.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 3 Smart Worksheet								
A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.								
1	January	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
2	February	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
3	March	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
4	April	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
5	May	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
6	June	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
7	July	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
8	August	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
9	September	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
10	October	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
11	November	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
12	December	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input checked="" type="checkbox"/>	Family	7,750.
B Maximum allowable contribution.								7,750.
<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>								

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 6 Smart Worksheet	
A Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	7,750.
B Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	7,750.
C Portion of Line B amount to be carried to Line 6 of spouse's form QuickZoom to Form 8889S. ▶	3,531.
D Remainder to be carried to Line 6 (Line 5 minus Line C)..	4,219.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	4,946.
B Enter employer contributions made in 2023 for the tax year 2022	4,946.
C Subtract line B from line A	4,946.
D Enter employer contributions made in 2024 for the tax year 2023	
E Other employer contributions for 2023 not reported above	
F Employer contributions for 2023. Add lines C, D and E. Enter on line 9	4,946.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Excess Employer Contributions and/or HSA Funding Distributions Smart Wksht		
A	Gross Excess Employer Contributions and/or Excess HSA Funding Distributions (Line 11 minus Line 8)	727.
B	Excess withdrawn after the end of the year	0.
C	Net excess subject to additional tax	727.

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 14 Smart Worksheet		
A	Gross distributions	414.
B	Rollovers	
C	Return of excess contributions	
D	Subtract lines B and C from line A.	414.
E	Taxable earnings on excess contributions	
Non-surviving spouse beneficiaries who received no distribution this year use lines F & G		
F	FMV of inherited HSA assets if no distribution received.	
G	Qualified medical expenses	

Form 8889: Health Savings Accounts (Taxpayer) -- Smart Worksheet

Line 18 Smart Worksheet		
Check here if failure to maintain HDHP coverage in 2023 was due to death or disability <input style="float: right;" type="checkbox"/>		
A 1	Total HSA contribution in 2022	0.
2	Excess contribution in 2022	
3	Net HSA contribution in 2022	0.
B	Check the box below to indicate the type of coverage you had for each month of 2022. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.	
1	January ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
2	February ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
3	March ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
4	April ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
5	May ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
6	June ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
7	July ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
8	August ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
9	September ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
10	October ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
11	November ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family	
12	December ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family	
C 1	Total maximum allowable contribution for 2022	
2	Amount allocated to spouse in 2022	0.
3	Net maximum allowable contribution for 2022	

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 2 Smart Worksheet		
A	Total amount of HSA contributions you made for 2023	0 .
B	Excess HSA contributions carried over from 2022 that still in HSA	_____
C	Excess HSA contributions withdrawn before April 15, 2024	0 .
D	Net amount of HSA contributions for 2023 after withdrawals, enter on line 2	0 .

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 3 Smart Worksheet									
A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.									
1	January	▶	None	▶	Self-only	▶	X	Family	7,750 .
2	February	▶	None	▶	Self-only	▶	X	Family	7,750 .
3	March	▶	None	▶	Self-only	▶	X	Family	7,750 .
4	April	▶	None	▶	Self-only	▶	X	Family	7,750 .
5	May	▶	None	▶	Self-only	▶	X	Family	7,750 .
6	June	▶	None	▶	Self-only	▶	X	Family	7,750 .
7	July	▶	None	▶	Self-only	▶	X	Family	7,750 .
8	August	▶	None	▶	Self-only	▶	X	Family	7,750 .
9	September	▶	None	▶	Self-only	▶	X	Family	7,750 .
10	October	▶	None	▶	Self-only	▶	X	Family	7,750 .
11	November	▶	None	▶	Self-only	▶	X	Family	7,750 .
12	December	▶	None	▶	Self-only	▶	X	Family	7,750 .
B	Maximum allowable contribution.								7,750 .
	<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>								

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 6 Smart Worksheet		
A	Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year	7,750 .
B	Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4)	7,750 .
C	Portion of Line B amount to be carried to Line 6 of spouse's form	4,219 .
	QuickZoom to Form 8889T ▶	
D	Remainder to be carried to Line 6 (Line 5 minus Line C)..	3,531 .

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 9 Employer Contribution Smart Worksheet		
A	Enter the employer contributions reported in Box 12 of Form W-2 (code W)	3,531 .
B	Enter employer contributions made in 2023 for the tax year 2022	_____
C	Subtract line B from line A	3,531 .
D	Enter employer contributions made in 2024 for the tax year 2023	_____
E	Other employer contributions for 2023 not reported above	_____
F	Employer contributions for 2023. Add lines C, D and E. Enter on line 9	3,531 .

Form 8889: Health Savings Accounts (Spouse) -- Smart Worksheet

Line 18 Smart Worksheet					
Check here if failure to maintain HDHP coverage in 2023 was due to death or disability					<input type="checkbox"/>
A	1	Total HSA contribution in 2022		0.	
	2	Excess contribution in 2022			
	3	Net HSA contribution in 2022		0.	
B	Check the box below to indicate the type of coverage you had for each month of 2022. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.				
	1	January ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	2	February ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	3	March ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	4	April ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	5	May ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	6	June ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	7	July ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	8	August ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	9	September ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	10	October ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	11	November ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
	12	December ▶	<input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family		
C	1	Total maximum allowable contribution for 2022			
	2	Amount allocated to spouse in 2022			
	3	Net maximum allowable contribution for 2022			

Form 8995: QB Income Deduction Simplified Computation -- Smart Worksheet

Qualified REIT dividend and PTP income Smart Worksheet	
Qualified REIT dividends	148.
Qualified PTP income	

Form 4868: Application for Automatic Extension -- Smart Worksheet

Mailing Address and Filing Instruction Smart Worksheet

WHERE TO FILE YOUR EXTENSION

MAIL FORM 4868 (WITH PAYMENT IF APPLICABLE) TO THE ADDRESS LISTED BELOW

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0045

Additional Information From 2023 Federal Tax Return

Schedule B: Interest and Dividend Income -- Smart Worksheet

Additional Interest Income

Continuation Statement

	Interest Income	Typ Int	Early Withdraw Penalty	US Savings Bond/Treas. Obligations	Tax-exempt Interest	ST ID*	Private Activity Bond
NATIONAL FINANCIAL SERVICES LLC							
	1.85						
CHARLES SCHWAB & CO., INC.							
	428.21						
Total	430.06						