

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name ANIL KUMAR GRANDHI	Social security number 109-21-7222
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	74,184.
2	Total tax	2	8,579.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,321.
4	Amount you want refunded to you	4	2,742.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	7	2	2	2
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 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

2	2	2	4	9	6	0	8	2	7	1
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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 ANIL KUMAR Last name GRANDHI Your social security number 109 21 7222

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

Home address (number and street). If you have a P.O. box, see instructions. 4720 BEAR RUN DR Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. PLANO State TX ZIP code 75093 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents

Income table with rows 1a through 1z. Total amount from Form(s) W-2, box 1: 88,414.

Table with rows 2a through 6a. Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits.

Table with rows 7 through 15. Capital gain or (loss), Additional income from Schedule 1, line 10, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income: 74,184. Adjustments to income from Schedule 1, line 26. Subtract line 10 from line 9. This is your adjusted gross income: 74,184. Standard deduction or itemized deductions (from Schedule A): 13,850. Qualified business income deduction from Form 8995 or Form 8995-A. Add lines 12 and 13: 13,850. Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income: 60,334.

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	8,579.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,579.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,579.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	8,579.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	11,321.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	11,321.
	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	11,321.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,742.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,742.
Direct deposit? See instructions.	b	Routing number 1 2 1 0 0 0 3 5 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 3 2 5 0 7 5 4 1 5 6 0 6		
	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	
	38	Estimated tax penalty (see instructions)	38	

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

Designee's name _____ 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 DEVELOPER	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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (510) 766-4007	Email address ANILKUMAR1431@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/02/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

**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

ANIL KUMAR GRANDHI

Your social security number

109-21-7222

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-14,230.
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		
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	
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	-14,230.

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
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

**SCHEDULE E
(Form 1040)**

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

ANIL KUMAR GRANDHI

Your social security number

109-21-7222

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A FLAT NO G3, CHAKRAVARTHI A SAMPANGITHOTA SAMALKOT ANDHRA PRADESH IN 533440

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 614.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 3,861.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,610.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,798.		
15 Supplies	15 2,832.		
16 Taxes	16		
17 Utilities	17 2,743.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 14,844.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -14,230.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,230.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 614.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 14,844.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (14,230.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -14,230.		

Nebraska Individual Income Tax Return

for the taxable year January 1, 2023 through December 31, 2023 or other taxable year: , 2023 through ,

Personal information section including name (ANIL KUMAR), last name (GRANDHI), address (4720 BEAR RUN DR, PLANO, TX 75093), and social security numbers.

High School District Code (2828001) and digital asset disposal status (No).

Federal Filing Status: (1) Single (checked), (2) Married, filing jointly, (3) Married, filing separately, (4) Head of Household, (5) Qualifying surviving spouse (QSS).

Check if YOU were: (1) 65 or older, (2) Blind, (3) Spouse was 65 or older, (4) Spouse was blind. 2b Check here if someone can claim you or your spouse as a dependent: (1) You, (2) Spouse.

Type of Return: (1) Resident, (2) Partial-year resident from 01/01 to 08/01, 2023 (checked), (3) Nonresident.

Nebraska personal exemptions. 4a Yourself: 1. 4b Spouse: 0. 4c Dependents table with columns for First Name, Last Name, and Social Security Number.

Main tax calculation table with rows 5 through 17. Row 5: Federal adjusted gross income (AGI) 74,184.00. Row 6: Nebraska standard deduction 7,900.00. Row 7: Total itemized deductions 00. Row 8: State and local income taxes 0.00. Row 9: Nebraska itemized deductions 0.00. Row 10: Nebraska standard deduction or itemized deductions, whichever is greater 7,900.00. Row 11: Nebraska income before adjustments 66,284.00. Row 12: Adjustments increasing federal AGI 00. Row 13: Adjustments decreasing federal AGI 00. Row 14: Nebraska Taxable Income 66,284.00. Row 15: Nebraska income tax 2,479.00. Row 16: Nebraska other tax calculation 00. Row 17: Total Nebraska tax before Nebraska personal exemption credit 2,479.00.

18	Nebr. personal exemption credit for residents only (\$157 times the number on line 4)	18	0.	00
19	Credit for tax paid to another state, line 6, Nebraska Schedule II (attach Nebraska Schedule II and a copy of the other state's return)	19		00
20	Credit for the elderly or disabled (attach copy of Federal Schedule R)	20	0.	00
21	Community Development Assistance Act credit (attach Form CDN)	21		00
22	Form 3800N nonrefundable credit (attach Form 3800N)	22		00
23	Nebraska child/dependent care nonrefundable credit, only if line 5 is more than \$29,000 (attach a copy of Federal Form 2441 and see instructions)	23	0.	00
24	Credit for financial institution tax (attach Form NFC)	24		00
25	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	25		00
26	Designated extremely blighted area tax credit (attach Form 1040N-EB)	26		00
27	NE employer tax credit for employing convicted felons. Enter certificate number from Form ETC-A	27		00
28	Total nonrefundable credits (add lines 18 through 27)	28	0.	00
29	Nebraska tax after nonrefundable credits. Subtract line 28 from line 17 (if line 28 is more than line 17, enter -0-). If the result is greater than your federal tax liability, see instructions. If entering federal tax, check box <input type="checkbox"/>	29	2,479.	00
30	Total Nebraska income tax withheld (attach 2023 Forms, see instructions) a W-2 \$ 3,020. b K-1N \$ c W-2G,1099-R, 1099-MISC, 1099-NEC, etc \$ 0. d PTET credit from K-1N	30	3,020.	00
31	2023 estimated income tax payments (include any 2022 overpayment credited to 2023 and any payments submitted with an extension request)	31		00
32	Form 3800N refundable credit (attach Form 3800N)	32		00
33	Nebraska child/dependent care refundable credit, if line 5 is \$29,000 or less (attach a copy of Form 2441N)	33		00
34	Beginning Farmer credit from Form 1099 BFC (NDA NextGen)	34		00
35	Nebraska earned income credit. Enter number of qualifying children 97 Federal credit 98 \$.00 x .10 (10%) (see instructions)	35		00
36	Credit for school district property taxes (attach Form PTC)	36		00
37	Credit for community college property taxes (attach Form PTC)	37		00
38	Credit for qualified Volunteer Emergency Responders (see instructions)	38		00
39	Stillborn child tax credit (attach Birth Resulting in Stillbirth Certificate and see instructions)	39		00
40	Total refundable credits (add lines 30 through 39)	40	3,020.	00
41	Penalty for underpayment of estimated tax (see instructions). If you calculated a Form 2210N penalty of -0- or greater, or used the annualized income method, attach Form 2210N, and check this box 96 <input type="checkbox"/>	41		00
42	Total tax and penalty. Add lines 29 and 41	42	2,479.	00
43	Use tax due on taxable purchases where applicable sales tax was not collected. (see instructions) Enter purchases subject to state tax 91 \$ State tax 92 \$ (purchases x 5.5%); Enter purchases subject to local tax 93 \$ Local tax 94 \$ (purchases x local rate of %) 95 Local code (see local rate schedule); Add state and local taxes and enter on line 43. If no use tax is due, enter -0- on line 43.	43	0.	00
44	Total amount due. If line 40 is less than total of lines 42 and 43, subtract line 40 from total of lines 42 and 43 Pay this amount in full. For electronic or credit card payment check box here <input type="checkbox"/> and see instructions	44		00
45	Overpayment. If line 40 is more than the total of lines 42 and 43, subtract the total of lines 42 and 43 from line 40.	45	541.	00
46	Amount of line 45 you want applied to your 2024 estimated tax	46		00
47	Wildlife Conservation Fund donation of \$1 or more	47		00
48	Amount of line 45 you want refunded to you (line 45 minus lines 46 and 47) Your refund will generally be issued by July 15, if your paper return is filed by April 15 (see instructions).	48	541.	00

49a Routing Number 1 2 1 0 0 0 3 5 8 49b Type of Account 1 1 = Checking 2 = Savings

49c Account Number 3 2 5 0 7 5 4 1 5 6 0 6



49d Check this box if this refund will go to a bank account outside the United States.

Under penalties of perjury, I declare that, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

sign here

Your Signature _____ Date (510) 766-4007

ANILLKUMAR1431@GMAIL.COM
Email Address

Spouse's Signature (if filing jointly, both must sign) _____ Daytime Phone

Keep a copy of this return for your records.

paid preparer's use only

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/02/2024
Preparer's Signature Date
GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK NJ 08816
Print Firm's Name (or yours if self-employed), Address and ZIP Code

P02082703 84-3171965 (678) 965-9522
Preparer's PTIN Daytime Phone
EIN

E-file your return. NebFile offers FREE e-filing of your state return for most Nebraska residents.

CG REV 01/18/24 PRO

Mail returns requesting a refund to: Nebraska Department of Revenue, PO Box 98912, Lincoln NE 68509-8912.

Mail returns not requesting a refund to: Nebraska Department of Revenue, PO Box 98934, Lincoln, NE 68509-8934.

Name on Form 1040N
ANIL KUMAR GRANDHI

Social Security Number
1 0 9 | 2 1 | 7 2 2 2

Nebraska Schedule I — Nebraska Adjustments to Income for Nebraska Residents, Partial-Year Residents, and Nonresidents

• Attach additional pages if necessary.

Part A — Adjustments Increasing Federal AGI

1	Interest income from all state and local obligations exempt from federal tax		
	a List type: _____ b Amount: \$ _____		
	Total interest income exempt from federal tax. Enter total of lines 1b.....	1	00
2	Exempt interest income from Nebraska obligations		
	a List type: _____ b Amount: \$ _____		
	Total exempt interest income from Nebraska obligations. Enter total of lines 2b.....	2	00
3	Total taxable interest income. Enter the result of line 1 minus line 2.....	3	00
4	Financial Institution Tax Credit claimed. Enter amount from line 24, Form 1040N.....	4	00
5	Nebraska College Savings Program recapture (see instructions).....	5	00
6	Nebraska Enable plan recapture.....	6	00
7	Federal net operating loss deduction.....	7	00
8	S corporation or LLC Non-Nebraska loss.....	8	00
9	Nebraska PTET deducted under section 164 of the IRC (from Schedules K-1N).....	9	00
10	Total adjustments increasing federal AGI (total lines 3 through 9). Enter here and on line 12, Form 1040N.....	10	00

Part B — Adjustments Decreasing Federal AGI

11	State income tax refund deduction. Enter line 1, Schedule 1, Federal Form 1040 or 1040-SR.....	11	00
12	U.S. government obligations exempt for state purposes (list below or attach schedule)		
	a List type: _____ b Amount: \$ _____		
	Total U.S. government obligations exempt for state purposes. Enter total of lines 12b.....	12	00
13	List fund name, total dividend, and percent of regulated investment company dividends from		
	a U.S. obligation: _____		
	b Total dividend: \$ _____ x c _____ % = d \$ _____		
	Total regulated investment company dividends. Enter total of lines 13d.....	13	00
14	Total U.S. government obligations. Enter total of lines 12 and 13.....	14	00
15	Benefits paid by the Railroad Retirement Board (RRB) included in the federal AGI. Attach all Forms 1099 & W-2 from the RRB.		
	a List type: _____ b Amount: \$ _____		
	Total benefits paid by the RRB included in federal AGI. Enter total of lines 15b.....	15	00
16	Special capital gains/extraordinary dividend deduction [attach Form 4797N; a copy of Federal Schedule D; and Form 8949 (or Federal Schedule B when claiming extraordinary dividend deduction)] (see instructions).....	16	00
17	Nebraska College Savings Program contribution (see instructions).....	17	00
18	Employer contribution to the Nebraska Educational Savings Plan (see instructions).....	18	00
19	Nebraska Enable plan contributions. List the account number and annual contribution amount for each account you contributed to during this tax year (list below or attach schedule)		
	a Account Number: _____ b Amount: \$ _____		
	Enter total Nebraska Enable plan contributions.....	19	00
20	S corp and LLC Non-Nebraska income (attach Federal schedules K-1 and Nebraska Schedules K-1N).....	20	00
21	Nonresident military servicemember active duty pay (attach active duty Form W-2, identifying the income as attributable to another state, see instructions).....	21	00
22	Income earned by a Native American Indian in Indian country.....	22	00
23	Claim of right repayment.....	23	00
24	Nebraska NOL carryforward (attach the Nebraska NOL Worksheet for each loss year claimed on this line).....	24	00
25	Nebraska agricultural revenue bond interest.....	25	00
26	Interest from federally taxable Nebraska Investment Finance Association (NIFA) bonds.....	26	00
27	Interest from federally taxable Build America Bonds issued by Nebraska governmental units.....	27	00
28	Social Security included in Federal AGI (see instructions).....	28	00
29	Military retirement benefits (Attach supporting documentation, see instructions).....	29	00
30	Dividends received or deemed to be received from corporations not subject to the IRC (Attach supporting documentation) ...	30	00
31	Segal AmeriCorps Education Award (attach Form 1099-MISC, see instructions).....	31	00
32	Cancer benefits received from the Firefighter Cancer Benefits Act (Attach supporting documentation, see instructions).....	32	00
33	Teach in Nebraska Today Act student loan repayment assistance (Attach supporting documentation, see instructions).....	33	00
34	Health insurance premiums paid by retired law enforcement officers and professional firefighters (Attach supporting documentations, see instructions).....	34	00
35	Interest from federally taxable bonds issued under the Nebraska Highway Bond Act.....	35	00
36	Total adjustments decreasing federal AGI (total lines 11 and 14 through 35). Enter here and on line 13, Form 1040N.....	36	00

Nebraska Schedule II — Credit for Tax Paid to Another State

Name on Form 1040N

ANIL KUMAR GRANDHI

Social Security Number

1 0 9 | 2 1 | 7 2 2 2

Nebraska Schedule II —

Credit for Tax Paid to Another State for FULL-YEAR RESIDENTS ONLY

- Complete a separate Schedule II for each state.
- A complete copy of the return filed with another state must be attached. If the entire return is not attached, credit for tax paid to another state will not be allowed. Name of state:

1 Total Nebraska tax (line 17, Form 1040N)	1		00
2 Adjusted gross income derived from another state (do not enter amount of taxable income from the other state – use Conversion Chart on the DOR's website)	2		00
3 Ratio Line 2 ————— = <input type="text"/> + <input type="text"/> - <input type="text"/> = <input type="text"/> (Form 1040N, Line 5 + Line 12 – Line 13)	3	<input type="text"/>	<input type="text"/>
4 Calculated tax credit. Line 1 multiplied by line 3 ratio	4		00
5 Tax due and paid to another state (do not enter amount withheld for the other state – use Conversion Chart on the DOR's website)	5		00
6 Allowable tax credit (line 1, 4, or 5, whichever is least). Enter amount here and on line 19, Form 1040N.....	6		00

Name on Form 1040N

ANIL KUMAR GRANDHI

Social Security Number

1 0 9 | 2 1 | 7 2 2 2

Nebraska Schedule III —

Computation of Nebraska Tax for PARTIAL-YEAR RESIDENTS AND NONRESIDENTS ONLY

- You must complete lines 1 through 14, Form 1040N. If you have state, local, or federal bond interest or other adjustments, complete Parts A and B of Nebraska Schedule I. Use Schedule III to calculate your Nebraska tax liability.
- You do not have to provide a copy of other state returns when filing Schedule III.

<p>1 Income derived from Nebraska sources. Include income from wages, interest, dividends, business, farming, Nebraska unemployment payments, severance payments connected to Nebraska employment, partnerships, S corporations, limited liability companies, estates and trusts, gain or loss, rents, royalties, and financial institution tax credit amount. If there is no Nebraska income or loss, enter -0-.</p> <p>a List type: <u>Wages</u> b Amount: \$ <u>55,900.</u> List type: <u>Rents and royalties</u> Amount: <u>0.</u> Total income derived from Nebraska sources. Enter total of lines 1b.....</p>		1	55,900.	00
<p>2 Adjustments as applied to Nebraska income, if any (see instructions)</p> <p>a List type: _____ b Amount: \$ _____ List type: _____ Amount: _____ Total adjustment as applied to Nebraska income. Enter total of lines 2b.....</p>		2		00
<p>3 Nebraska adjusted gross income (line 1 minus line 2).....</p>		3	55,900.	00
<p>4 Ratio — Nebraska's share of the total income (calculate to six decimal places, and round to five):.....</p> <p>Line 3 <u>55,900.</u> = <u>55,900.</u> (Form 1040N, Line 5 + Line 12 – Line 13) = <u>74,184.</u> + _____ – _____ = <u>74,184.</u></p>		4	0.	7 5 3 5 3
<p>5 Nebraska Taxable Income (line 14, Form 1040N)</p>		5	66,284.	00
<p>6 Nebraska tax calculation (see instructions)</p> <p>a Tax on Nebraska Taxable Income from line 5..... 6 a \$ <u>3,447.</u> b Partial-year residents, enter Nebraska nonrefundable credit for the elderly or disabled... 6 b \$ _____ c Partial-year residents, enter Nebraska child/dependent care nonrefundable credit 6 c \$ _____ d Subtotal credits (add lines 6b and 6c) 6 d \$ _____ Line 6a minus line 6d</p>		6	3,447.	00
<p>7 Multiply Nebraska personal exemption credit of \$157 by the number of Nebraska personal exemptions on line 4, Form 1040N.....</p>		7	157.	00
<p>8 Tax after Nebraska personal exemption credit (line 6 minus line 7). If less than \$0, enter -0- here, and if you have any other tax due, apply any unused Nebraska personal exemption credit against that tax on line 10e ...</p>		8	3,290.	00
<p>9 Nebraska income tax. Multiply line 8 by the ratio you computed on line 4. Enter result here and on line 15, Form 1040N.....</p>		9	2,479.	00
<p>10 Nebraska other tax calculation:</p> <p>a Federal Tax on Lump Sum Distributions (Form 4972)..... 10 a \$ _____ b Federal tax on early distributions (lesser of Form 5329 or line 8, Schedule 2, Federal Form 1040 or 1040-SR)..... 10 b \$ _____ c Subtotal (add lines 10a and 10b)..... 10 c \$ _____ d Tax calculation. Multiply line 10c by 29.6% (x .296)..... 10 d \$ _____ e Enter any unused Nebraska personal exemption credit from the calculation on line 8 10 e \$ _____ f Subtract line 10e from line 10d..... 10 f \$ _____ Multiply line 10f by line 4 ratio. Enter result here and on line 16, Form 1040N.</p>		10		00
<p>11 Earned income credit (Partial-Year Residents Only)</p> <p>a Number of qualifying children. Enter here and on line 35, box 97, Form 1040N..... 11 a _____ b Enter federal earned income credit from federal tax return here on line 35, box 98, Form 1040N 11 b \$ _____ Multiply line 11b amount by 10% (x .10). Enter the result here (see instructions).</p>		11		00
<p>12 Nebraska earned income credit. Multiply line 11 by the ratio you computed on line 4. Enter result here and on line 35, Form 1040N</p>		12		00