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..... REV 01/27/24 PRO 1555

975.

754-45-7623 976-94-2485 VIJAY GILAKATTULA RADHIKA GILAKATTULA 11545 N FLW BLVD APT 2043 SCOTTSDALE AZ 85259

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..... REV 01/27/24 PRO 1555

975.

754-45-7623 976-94-2485 VIJAY GILAKATTULA RADHIKA GILAKATTULA 11545 N FLW BLVD APT 2043 SCOTTSDALE AZ 85259

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..... REV 01/27/24 PRO 1555

975.

754-45-7623 976-94-2485 VIJAY GILAKATTULA RADHIKA GILAKATTULA 11545 N FLW BLVD APT 2043 SCOTTSDALE AZ 85259

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.

r nd Amount of estimated tax you are paying by check or money order.....► REV 01/27/24 PRO 1555

975.

754-45-7623 VIJAY GILAKATTULA RADHIKA GILAKATTULA 11545 N FLW BLVD APT 2043 SCOTTSDALE AZ 85259

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
VIJAY GILAKATTULA	754-45-7623
Spouse's name	Spouse's social security number
RADHIKA GILAKATTULA	976-94-2485
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	1 269,506.
2 Total tax	2 44,126.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 44,642.
4 Amount you want refunded to you	4 516.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	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

	1 dutiionze		11111110	ERO firm name	to enter or generate my r in	Er
\mathbf{X}	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	2

5	7	6	2	3	as
Ent don	er fiv n't er	/e dig nter a	gits, all ze	but ros	c.c

5

8

2

4

Enter five digits, but don't enter all zeros

4

my

as mv

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

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

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature ►	Da	ate 🕨	•						
	ner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentica	tion – Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN fol	lowed by your five-digit self-selected PIN.	2	2		6 C		7	1	

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 🕨	
	This Form — See Instructions o the IRS Unless Requested To Do So	
		E 9970 (D 01 0001)

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

to enter or generate my PIN

1040					turn	202	3	OMB No. 1545	-0074	IRS Use C)nly—Do n	ot write or	staple in this space.
For the year Jan	. 1-Dec	2. 31, 2023, or other t	ax year beginning			, 2023, en	ding			, 20	See	separat	te instructions.
Your first name	and mi	iddle initial		Last n	ame						Your	social s	security number
VIJAY				GIL	AKATTU	LA					75	5 7623	
	oouse's	s first name and mid	dle initial										cial security number
Your first name and middle initial Last name Your YULJAY GILAKATTULA 75 I joint nturn, spouse's first name and middle initial Last name Spou I joint nturn, spouse's first name and middle initial Last name Spou I joint nturn, spouse's first name and middle initial Last name Spou I JS45 <n elvd<="" if="" lim="" td=""> 2043 Spous City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code SCOTTSDALE Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign spoush (IGK) Filing Status Single Head of household (HOH) Check only Married filing separately (MFS) Oualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the qualifying person is a child but not your dependent: Oualifying surviving spouse (QSS) Standard Someone can claim: You as a dependent Your spouse is a dependent Dependents in a digital asset (or a financial interest in a digital asset)? (See instructions.) Standard Someone can claim: You as a dependent You spouse it mice on a separate return or you were a dual-status alien Age/B</n>		6 94	1 2485										
	(numbe	er and street). If you	have a P.O. box, see						A	pt. no.			Election Campaigr
11545 N	FLW	BLVD							2	2043			if you, or your
			eign address, also c	omplete	spaces belo	ow.	Sta	ite	ZIP c	ode			ng jointly, want \$3
SCOTTSDA	LE						AZ	Z	852	59			fund. Checking a vill not change
Foreign country	name				Foreign pro	ovince/state/	'coun	ty	Foreig	n postal co		tax or re	0
													You Spouse
Filing Status		Single						Head of he	ouseh	old (HOH)			
-		Married filing joi	intly (even if only c	ne had	income)								
one box.] Married filing se	parately (MFS)					Qualifying	surviv	ving spous	se (QSS))	
	lf y	ou checked the N	MFS box, enter the	e name	of your sp	oouse. If yo	u che	ecked the HOF	l or Q	SS box, e	nter the	child's i	name if the
	qu	alifying person is	a child but not yo	ur depe	ndent:								
Digital	Atar	ny time during 202	23. did you: (a) rec	eive (as	s a reward	award or	navr	ment for prope	rtv or	services):	or (b) se	الد	
Assets									-				Yes 🛛 No
Standard		-											
Deduction		Spouse itemizes o		•				•					
Age/Blindness	You	: 🗌 Were born b	pefore January 2.	1959	🗌 Are bli	nd Sp	ouse	: 🗌 Was bor	n befo	ore Januar	v 2. 195	i9 🗌	Is blind
Dependents	s (see	instructions):	, ,		(2) S	ocial securit			14				or (see instructions):
-			Last name		• •		ÿ			Child ta:	x credit	Credi	it for other dependents
than four	DIS	SHA G	ILAKATTULA		983-	-99-247	3	Daughter					X
dependents,	TSF]		×
	s —]		
here]		
Income	1a	Total amount fro	om Form(s) W-2, b	ox 1 (s	ee instruct	tions) .						1a	282,556.
	b	Household emp	loyee wages not r	eported	d on Form	(s) W-2.						1b	
W-2 here. Also	с	Tip income not	reported on line 1	a (see ir	nstructions	s)						1c	
attach Forms	d	Medicaid waive	r payments not re	ported o	on Form(s)) W-2 (see i	nstru	uctions)				1d	
	е	Taxable depend	lent care benefits	from Fo	orm 2441,	line 26						1e	
was withheld.	f	Employer-provid	ded adoption ben	efits fro	m Form 88	839, line 29						1f	
It more It interaction than four DISHA GILAKATTULA 983-99-2473 Daughter ISHA GILAKATTULA 983-99-2478 Daughter Image: Component of the struction of		1g											
	h											1h	0.
	i	Nontaxable con	nbat pay election	see ins	tructions)			1 i					
	z	Add lines 1a thr	ough 1h	• •		· · ·					•	1z	282,556.
Attach Sch. B	2a	Tax-exempt inte	erest	2a			bΤ	axable interest	•		•	2b	
If required.	3a		-	3a			b C	Ordinary divider	nds .		•	3b	
Standard	4a		-								•	4b	
Deduction for –	5a		-	5a							•	5b	
 Single or Married filing 		-							t			6b	
separately,		-							• •				0 0 0 0
 \$13,850 Married filing 									• •		$\Box \downarrow$	7	-3,000.
jointly or									• •		· -	8	-10,050.
surviving spouse,					-	our total in	com	e			• -	9	269,506.
\$27,700 • Head of									• •		· -	10	
household, \$20,800	11		from line 9. This i	-					• •		· -	11	269,506.
• If you checked	12		ction or itemized						• •		· -	12	27,700.
any box under Standard	13		ess income deduc		n Form 89	995 or Form	1 899	95-A	• •		· -	13	
Deduction, see instructions.	14		d 13					· · · ·			· -	14	27,700.
	15	Subtract line 14	from line 11. If ze	ro or le	ss, enter -	U I NIS IS	our /	taxable incom	e.		•	15	241,806.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	1	16	44,833.
Credits	17	Amount from Schedule 2, lin	e3				1	17	
	18	Add lines 16 and 17					1	18	44,833.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19	1,000.
	20	Amount from Schedule 3, lin	e8				2	20	
	21	Add lines 19 and 20					2	21	1,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	43,833.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23	293.
	24	Add lines 22 and 23. This is					2	24	44,126.
Payments	25	Federal income tax withheld							i
	а	Form(s) W-2				25a 43	,899.		
	b	Form(s) 1099				25b	·		
	с	Other forms (see instructions	s)			25c	743.		
	d	Add lines 25a through 25c	,				2	5d	44,642.
If you have a	26	2023 estimated tax payment					2	26	i
qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31	_		
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	•		-			33	44,642.
Refund	34	If line 33 is more than line 24						34	516.
neruna	35a	Amount of line 34 you want				•		5a	516.
Direct deposit?	b	Routing number 1 0 1	0 8 9 2	9 2			Savings		
See instructions.	ď	Account number 5 3 7					Jarnige		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24	•••••						
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	,						
Designee		structions	•				mplete belo	w. 🗵	No
Deelgiiee	De	signee's		Phone		Perso	nal identificat	ion	
	nai	ne		no.		numb	er (PIN)		
Sign		der penalties of perjury, I declare the							
Here	Dei	ief, they are true, correct, and com	piete. Declaration						, ,
	Yo	ur signature		Date	Your occupation				ou an Identity enter it here
Joint return?					SOFTWARE I	ENGINEER	(see inst		
See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sian.	Date	Spouse's occupat		If the IRS	S sent vc	our spouse an
Keep a copy for	-1-						Identity F	Protectio	on PIN, enter it here
your records.					HOME MAKE	Я	(see inst	.)	
	Ph	one no. (913) 433-626	0	Email address	GVIJAIKUMA	R9@GMAIL.CO	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Ch	eck if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/05/2024	P0208270	33 C	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone n	o . (67	8)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/27/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VIJAY & RADHIKA GILAKATTULA 754-45-7623

Par	t 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. Atta		5	-10,050.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed 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 1040, 1040-SR, or 1040-NR, line 8	r nere and on Form	10	-10,050.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Par	Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee-					
	officials. Attach Form 2106				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					
с	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:					
а		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
		24c				
d		24d				
е	Repayment of supplemental unemployment benefits under the Trade					
-		24e				
f		24f				
q		24g				
U	Attorney fees and court costs for actions involving certain unlawful					
		24h				
i	Attorney fees and court costs you paid in connection with an award					
-	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
i	Housing deduction from Form 2555	24j				
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	-				
		24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income			and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10				26	
	BAA	REV)1/27/24 PRC)	Schedule	1 (Form 1040) 2

SCHEDULE 2 (Form 1040)

Additional Taxes

OMB No. 1545-0074

(Forn	(Form 1040) Additional Taxes			ທີ່ພວງ
	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR. Go to <i>www.irs.gov/Form1040</i> for instructions and the latest information.		Attachment Sequence No. 02
	.,			al security number
_		A GILAKATTULA	754-45-	-7623
Pa	tl Tax			
1	Alternative r	minimum tax. Attach Form 6251	🗋	1
2	Excess adva	ance 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
Par	t II Other	Taxes		
4	Self-employ	ment tax. Attach Schedule SE	4	4
5	Social secu Attach Form	rity and Medicare tax on unreported tip income.		
6	Uncollected Form 8919	I social security and Medicare tax on wages. Attach		
7	Total addition	onal social security and Medicare tax. Add lines 5 and 6		7
8	Additional ta	ax on IRAs or other tax-favored accounts. Attach Form 5329 if requi	ired.	
	If not require	ed, check here		8
9	Household	employment taxes. Attach Schedule H		9
10	Repayment	of first-time homebuyer credit. Attach Form 5405 if required	1	0
11	Additional N	Nedicare Tax. Attach Form 8959	1	1 293.
12	Net investm	ent income tax. Attach Form 8960	1	2
13		l social security and Medicare or RRTA tax on tips or group-tern om Form W-2, box 12		3
14	Interest on and timesha	tax due on installment income from the sale of certain residential ares		4
15	Interest on t over \$150,0	the deferred tax on gain from certain installment sales with a sales 00		5
16	Recapture of	of low-income housing credit. Attach Form 8611	1	6
			(cont	tinued on page 2

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

Schedule 2 (Form 1040) 2023

Par	t II Other Taxes (continued)			_	
17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home				
		17b	-		
	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			
е	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			
I	Tax on accumulation distribution of trusts	171			
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			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170			
р	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 taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21		0.2
	BAA		21 Schedu	ule 2 (Form 1040	93.)) 2023

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

Sequence No. 1 Your social security number

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

VIJAY & RADHIKA GILAKATTULA

754-45-7623

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

lines This f	nstructions for how to figure the amounts to enter on the below. Form may be easier to complete if you round off cents to a dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, I line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.					
	Totals for all transactions reported on Form(s) 8949 with Box A checked					
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•			5	
	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	(5,011.)
	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis	•	., .		7	-5,011.

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

lines	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
	e dollars.	(sales price)		line 2, colum		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					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	• •	11	
12	12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
13	13 Capital gain distributions. See the instructions					
14	14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					(1,369.)
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•	.,		15	-1,369.



Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	 -6,380.
	• 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?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.		
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

BAA REV 01/27/24 PRO

Schedule D (Form 1040) 2023

	CHEDULE E Supplemental Income and Loss					OMB No	o. 1545-0074				
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)						2023				
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.					Attachment Sequence No. 13					
Name(s)	shown on return							١	our socia	al security	number
-			GILAKATTULA						754-4	5-7623	
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.										
Α			ayments in 2023 that would require you t	to file	Form(s) 1	099? 5	See ins	structions .		. TYe	s X No
			will you file required Form(s) 1099?								
1a			of each property (street, city, state, ZIP								
A			2 SBH COLONY , HAYATHNAGAR		,	mert			511		
 	FLOI NO.I	557	2 SBII COLONI , HATATHNAGAR	, 11 1 1	JERADAD	.ىلىنلى	ANGA	NA IN JUI)		
C											
 1b	Type of Prope	rtv	2 For each rental real estate proper	rtv list	ed		Fa	ir Rental	Person	al Use	
	(from list below		above, report the number of fair r					Days	Da		QJV
Α	3		personal use days. Check the QJ			Α		365		0	
В			if you meet the requirements to fi qualified joint venture. See instruct			В					
С				otionic		С					
	of Property:										
	Single Family R			tal	5 Land			Self-Rental			
2	Multi-Family Re	side	ence 4 Commercial		6 Roya	lties	8	Other (describ	oe)		
								Propertie	s:		
Incom	e:					Α		В			С
3				3		7	50.				
		ved	4	4							
Expen				-							
5			· · · · · · · · · · · · · · · · · · ·	5							
6 7			ee instructions)	6 7		0	50.				
8				8		2	50.				
9				9							
10			rofessional fees	10							
11	-	-		11		1,5	60.				
12			paid to banks, etc. (see instructions)	12							
13	Other interest			13							
14				14		2,1					
15				15		2,6	80.				
16				16							
17			· · · · · · · · · · · · · · ·	17		3,4	50.				
18 19	•		ense or depletion	18 19							
20	Total expense	 s Δ	dd lines 5 through 19	20		10,8	0.0				
21	•		om line 3 (rents) and/or 4 (royalties). If			1070					
	result is a (loss	s), s	see instructions to find out if you must	21	_	-10,0	50				
22			real estate loss after limitation, if any,	21		±0,0					
	on Form 8582	(se	e instructions)	22	(1	10,05		()	()
23a			ts reported on line 3 for all rental proper				23a		750.		
b			ts reported on line 4 for all royalty prope ts reported on line 12 for all properties				23b 23c				
c d					· · ·		23c 23d				
e u			its reported on line 20 for all properties				23u 23e	10.	800.		
24			itive amounts shown on line 21. Do not				200	,	24		
25			ty losses from line 21 and rental real estate					tal losses here	25	(10,050.)
26		-	estate and royalty income or (loss).								
-	here. If Parts I	I, III	I, and IV, and line 40 on page 2 do not	t appl	y to you,	also e	nter th	nis amount on			
	Schedule 1 (Fo	orm	1040), line 5. Otherwise, include this an	nount	in the tot	al on li	ne 41	on page 2 .	26		-10,050.

For Paperwork Reduction Act Notice, see the separate instructions.

	1 0	
NPA	-10,	050.

Schedule E (Form 1040) 2023

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SCHEDULE 8812 (Form 1040)

Department of the Treasury

Credits for Qualifying Children and Other Dependents

OMB No. 1545-0074

Attachment Sequence No. 47

23

20

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

Internal Revenue Service Name(s) shown on return

1

Name(s	s) shown on return	Your	social se	curity number	
VIJA	Y & RADHIKA GILAKATTULA	754	-45-7	623	
Par	rt 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	269,506.	
2a	Enter income from Puerto Rico that you excluded				
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.			
c	Enter the amount from line 15 of your Form 4563 . . <th .<="" th=""><th></th><th></th><th></th></th>	<th></th> <th></th> <th></th>			
d	Add lines 2a through 2c		2d	0.	
3	Add lines 1 and 2d	•	3	269,506.	
4	Number of qualifying children under age 17 with the required social security number 4	0			
5	Multiply line 4 by \$2,000	•	5		
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	2			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resi	dent			
	alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500		7	1,000.	
8	Add lines 5 and 7	•	8	1,000.	
9	Enter the amount shown below for your filing status.				
	• Married filing jointly—\$400,000 }				
	• All other filing statuses— $\$200,000 \int \dots $	•	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	1,000.	
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.	redit.			
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
10	Yes. Subtract line 11 from line 8. Enter the result.		10		
13	Enter the amount from Credit Limit Worksheet A		13	44,833.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	•	14	1,000.	
	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 additio				
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-N	NR thr	ough li	ne 27	

(also complete Schedule 3, line 11) before completing Part II-A.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/27/24 PRO Schedule 8812 (Form 1040) 2023

Schedu	le 8812 (Form 1040) 2023		Page 2
Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: 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	e 27	🗌
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 17 18a b 19	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 . TIP: The number of children you use for this line is the same as the number of children you used for line 4. Enter the smaller of line 16a or line 16b . Earned income (see instructions) . Is the amount on line 18a more than \$2,500? No. Leave line 19 blank and enter -0- on line 20.	16b 17	
20	 Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	20	
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of I	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 (Form1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 1322		
23	Add lines 21 and 22		
24 25	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. Subtract line 24 from line 23. If zero or less, enter -0- 24	25	
26	Enter the larger of line 20 or line 25	26	
Daut	Next, enter the smaller of line 17 or line 26 on line 27.		
	II-C Additional Child Tax Credit	27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27	
	BAA REV 01/27/24 PRO Sch	edule 8	812 (Form 1040) 2023

Form	88	6	/
(Rev. I	Novembe	er 20	23)

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status Department of the Treasury To be completed by preparer and filed with Form 1040. 1040-SR. 1040-NR. 1040-PR. or 1040-SS. OMB No. 1545-0074 For

⊢or	tax year
20	23

Department of the Treasury Internal Revenue Service	To be completed by preparer and filed with Form 1040, 1040-SR, Go to <i>www.irs.gov/Form</i> 8867 for instructions and th		Attachment Sequence No. 70
Taxpayer name(s) shown on	return	Taxpayer identificatio	n number
VIJAY & RADHIK	A GILAKATTULA	754-45-762	3
Preparer's name		Preparer tax identifica	ation number
SYAM PRIYA RAM	I SAGAR GUPTA TALLAM	P02082703	

Part I **Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC X CTC/ACTC/ODC 🗌 HOH

1	Did you complete the return based on information for the applicable tax year provided by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?	×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
	• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes,"			
	answer questions 4a and 4b. If " No ," go to question 5.)		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure			
	the amount(s) of the credit(s)	×		
	List those documents provided by the taxpayer, if any, that you relied on:			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?		×	
-	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)		<u></u>	
а	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and			
	correct Schedule C (Form 1040)?			

For Paperwork Reduction Act Notice, see separate instructions.

REV 01/27/24 PRO

Form 8867 (Rev. 11-2023)

Form 88	367 (Rev. 11-2023)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?	< year	Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	/or HOI	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/c	the ret or HOH	urn or filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 880 Document Retention.	37 instri	uctions	under
	1. A copy of this Form 8867.			

- 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
- 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
- 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and	Yes	No
	complete?	×	

REV 01/27/24 PRO

Form 8867 (Rev. 11-2023)

Form **8959**

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0074

Name(s) shown on return VIJAY & RADHIKA GILAKATTULA

754-45-7623

Your social security number

Part	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		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6 . . .	-	
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
•	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	32,556.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to	7	293.
Part	Part II	1	293.
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you		
0	had a loss, enter -0		
9	Enter the following amount for your filing status:		
0	Married filing jointly.		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000 9		
10	Enter the amount from line 4		
11	Subtract line 10 from line 9. If zero or less, enter -0		
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	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).	47	
Part	Enter here and go to Part IV	17	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS		
10	filers, see instructions), and go to Part V	18	202
Part	V Withholding Reconciliation	10	293.
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		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax		
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	743.
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,		
Fer: D:		24	743.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/27/24 PRO		Form 8959 (2023)

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

3

20

Attach to your tax return.

	Attach to your tax return. Internal Revenue Service Go to www.irs.gov/Form8960 for instructions and the latest information.				A	Attachment Sequence No. 72
) shown on your tax	-		Vourse	_	curity number or EIN
		A GILAKATTULA		754-		•
Part		ent Income Section 6013(g) election (see instructions)		, 0 1	10	1020
i ai c	Investine	\Box Section 6013(h) election (see instructions)				
		Regulations section 1.1411-10(g) election (see instructions)	ructions)			
1	Taxable intere	st (see instructions)	/		1	
2		ends (see instructions)			2	
3	-				3	
4a		state, royalties, partnerships, S corporations, trusts, trades or		• •	•	
_	businesses, et	c. (see instructions)	a -10),050.		
b	section 1411 t	r net income or loss derived in the ordinary course of a non- rade or business (see instructions)	b		_	
С		4a and 4b			4c	-10,050.
5a	-		a -3	3,000.		
b		oss from disposition of property that is not subject to net some tax (see instructions)	b			
с	Adjustment fro	om disposition of partnership interest or S corporation stock (see				
	instructions) .	5	с			
d	Combine lines	5a through 5c			5d	-3,000.
6	Adjustments to	p investment income for certain CFCs and PFICs (see instructions) .			6	
7		ations to investment income (see instructions)			7	
8	Total investme	ent income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-13,050.
Part	Investme	ent Expenses Allocable to Investment Income and Modifica	tions			
9a		erest expenses (see instructions)	а			
b		nd foreign income tax (see instructions) 9	b			
С			С			
d		9b, and 9c			9d	
10		difications (see instructions)			10	
11		ns and modifications. Add lines 9d and 10			11	
Part	III Tax Com	-				
12		t income. Subtract Part II, line 11, from Part I, line 8. Individuals, cor				
		usts, complete lines 18a-21. If zero or less, enter -0			12	0.
	Individuals:		1			
13	-	•		9,506.		
14		ed on filing status (see instructions)),000.		
15			-	9,506.		
16		ler of line 12 or line 15			16	0.
17		t income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter		nclude		
		eturn (see instructions)		• •	17	0.
	Estates and					
18a		· · · · · · · · · · · · · · · · · · ·	Ba			
b		or distributions of net investment income and charitable the instructions)	3b			
С		net investment income. Subtract line 18b from line 18a (see If zero or less, enter -0	3c			
19a	-		9a			
b		acket for estates and trusts for the year (see instructions)				
c	-		e e e e e e e e e e e e e e e e e e e			
20		ler of line 18c or line 19c			20	
21		it income tax for estates and trusts. Multiply line 20 by 3.8% (0.038				
		ur tax return (see instructions)			21	
For Pa		·	REV 01/27/24 PF			Form 8960 (2023)

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

BAA

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

00

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name	Your Social Security Number*
VIJAY	GILAKATTULA	Enter 754 45 7623
Your Spouse's First Name and Initial (if filed joint)	Last Name	Spouse's Social Security No.*
RADHIKA	GILAKATTULA	976 94 2485
PART 1 – PURPOSE (If you are e-filing a	Small Business Income Ta	ax Return. also complete Form AZ-8879 SBI)*Do Not Truncate
 To certify the truthfulness, correctness, and comp 	leteness of the taxpaver's elec	tronic income tax return
		wishes to use the taxpayer's electronic signature to the taxpayer's
federal individual income tax return as the taxpay	er's signature to the taxpayer'	s electronic Arizona individual income tax return.
PART 2 – TAX RETURN INFORMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION
		Must be present when requesting direct debit or deposit.
1 Arizona Adjusted Gross Income 269, 5	06 00	Foreign Account Deposit/Debit: See instructions below.
2 Balance Of Tax 5, 8	45 00	TYPE OF ACCOUNT ROUTING NUMBER
3 Arizona Income Tax Withheld 5, 6	51 00	Checking Savings
Check box 4 <u>or</u> box 5:		ACCOUNT NUMBER
4 REFUND: Enter the amount of refund		
5 AMOUNT YOU OWE: Enter the amount owe	ed 194 00	DIRECT DEBIT REQUEST DATE

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

\$

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- 6c I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return. I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

HERE	→		
SIGN	_	YOUR PEN AND INK SIGNATURE	DATE
PLEASE	-	SPOUSE'S PEN AND INK SIGNATURE	DATE

RETURN.			Arizona Form 140	Resident	Personal Inco	ome Tax	Return	FC	DR CALENDAR YEA	R
Б	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEG		12.0.2.3	J AND ENDING			66F
Ξ	``		First Name and Middle Initial		Last Name			Your S	Social Security N	
È	1	VI	JAY		GILAKATTU	LA	Enter	754	-	523
2	<u> </u>	Spou	se's First Name and Middle In	nitial (if box 4 or 6 checked)			your		e's Social Secur	
ИS	1	RA	DHIKA		GILAKATTU	LA	SSN(s).	976	5 94 24	185
ANY ITEMS		Curre	ent Home Address - number ar	nd street, rural route		Apt. No.	Daytime	Phone ((with area code)	
≥.	2		545 N FLW BLVD			2043			3-6260	
A	_		Town or Post Office	State	ZIP Code		Last Names Used in I	_ast Four	Prior Year(s) (if di	
Щ.	3	SC	OTTSDALE	AZ	85259					97
DT STAPLE	FILING STATUS	4 5	Married filing joint return Head of household. Ent	n 4a Injured Spouse ter name of qualifying child or o	Protection of Joint Ov dependent on next line.	/erpayment	REVENUE USE ONL	Y. DO NC	T MARK IN THIS	AREA.
DO NOT	FILING	6 7	Married filing separate r	return. Enter spouse's name a	and Social Security Numb	per above.				
			✤ Enter the number clain	ned. Do not put a check	mark.					
	FIONS	8	Age 65 or over (you and	d/or spouse) If completing li	ines 8, 9, and 11a, also con	nplete lines 38,				
	P	9	Blind (you and/or spous	Se) 39, and 41. For	lines 10a and 10b, also con	nplete line 49.	81 PM		80 RCVD	
	μ	9 10a 11a	2 Dependents: Under age		ependents: Age 17 and	d over.				
	Ш	11a	Qualifying parents and g				<u> </u>			
			(Box 10a and 10b): Depen (a)		ructions. For more sp (b)	pace, check t	he box 🔄 and com	plete pa (e)	age 4, Part 1.	
			رم) FIRST AND LA		SOCIAL SECURITY	(C) RELATIONSHIF		ependent A included in	Age 🖌 if vou did r	not claim
	Dependents		(Do not list yourse	elf or spouse.)	NUMBER		LIVED IN YOUR HOME IN 2023		2 federal retur	n due to
	end						(Box	(10a) (Bo	I educationa	al credits
	Dep			LAKATTULA	983-99-2473	Daughter			<u> </u>	
	_			LAKATTULA	983-99-2478	Daughter	12		╡┼──┝╡	
	ntsand ts	10e								
o.			(Box 11a): Qualifying parer (a)			e space, chec	k the box land co	mplete p (e)	Dage 4, Part 2.	
			FIRST AND LA		(b) SOCIAL SECURITY	RELATIONSHI	NO. OF MONTHS 🗸 IF	AGE 65		ED
after Form	Qualifying Parent Grandparents		(Do not list yourse	elf or spouse.)	NUMBER		LIVED IN YOUR HOME IN 2023	OVER	IN 202	3
Ъ	fying									
ter	Quali	11b						_ <u>_</u>	<u> </u>	
s af	Ī	11c							269 , 506	
nts			Federal adjusted gross inco						209,300	
schedules or other docume			Small Business Income: 138						269,506	00 6 00
CU	ł		Modified federal adjusted gros Non-Arizona municipal interes						2007000	00
op.	ons		Partnership Income adjustme							00
her	Additior		Total federal depreciation							00
ot	Ă	18	Other Additions to Income: C	Complete Other Additions to	Arizona Gross Incom	e schedule on	page 5	18		00
0	ļ		Subtotal: Add lines 14 through						269,500	5 00
les			Total net capital gain or (loss)							
npe			Total net short-term capital ga							
che			Total net long-term capital gain							
			Net long-term capital gain from					00		
Ξ.Υ			Multiply line 23 by 25% (.25) a						(00 00
anc			Net capital gain derived from							
al	Subtractions		Recalculated Arizona depreci							00
der	ract		Partnership Income adjustme Interest on U.S. obligations su							00
fe	Subt		Exclusion for federal, Arizona		-					00
ed	0,		Exclusion for benefits, annuiti	-						00
lui			U.S. Social Security or Railroa							00
req			Certain wages of American In			•				00
Ŋ			Pay received for active servic							00
Place any required federal and AZ			Net operating loss adjustmen		-					00
ac			Contributions to: 34a 529 Colleg		00 34b 529A (ABLE ac					00
Р			Subtract lines 24 through 34c	from line 19. Enter the dif					269,500	
	_		2 10/13 (23)		AZ Form 140 (20	1221		DEVO	1/13/24 PRO Page	1 of G

Subtractions from Income. Complete Other Subtraction from Arizona Gross Income schedule on provide Subtract line 36 from line 35. Enter the difference 38 Age 65 or over: Multiply the number in box 8 by \$2,100	37 38 39 40 41 41 42 TANDARD 43 44 45 46 47 48 49 50 51	269,506 269,506 27,700 241,806 6,045	00 00 00 00 00 00 00
37 Subtract line 36 from line 35. Enter the difference 38 Age 65 or over: Multiply the number in box 8 by \$2,100	37 38 39 40 41 41 42 TANDARD 43 44 45 46 47 48 49 50 51	269,506 269,506 27,700 241,806 6,045 6,045	00 00 00 00 00 00 00
37 Subtract line 36 from line 35. Enter the difference 38 Age 65 or over: Multiply the number in box 8 by \$2,100	37 38 39 40 41 41 42 TANDARD 43 44 45 46 47 48 49 50 51	269,506 269,506 27,700 241,806 6,045 6,045	00 00 00 00 00 00 00
38 Age 65 or over: Multiply the number in box 8 by \$2,100	38 39 40 41 42 TANDARD 43 44 45 46 47 48 49 50 50 51	269,506 27,700 241,806 6,045 6,045	00 00 00 00 00 00 00
39 Blind: Multiply the number in box 9 by \$1,500 40 Other Exemptions. See instructions	39 40 41 42 TANDARD 43 44 45 46 47 48 49 50 51	269,506 27,700 241,806 6,045 6,045	00 00 00 00 00 00
42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"	40 41 42 TANDARD 43 44 45 46 47 48 49 50 50 51	269,506 27,700 241,806 6,045 6,045	00 00 00 00 00
42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"	41 42 TANDARD 43 44 45 46 47 48 49 50 51	269,506 27,700 241,806 6,045 6,045	00 00 00 00 00
42 Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0"	42 TANDARD 43 44 45 46 47 48 49 50 51	269,506 27,700 241,806 6,045 6,045	00 00 00 00
43 Deductions: Check box and enter amount. See instructions	TANDARD 43 44 45 46 46 47 48 49 50 51	27,700 241,806 6,045 6,045	00 00 00
44 If you checked box 43S and claim charitable contributions, check 44C C Complete page 3. See instructions 45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	44 45 46 47 48 48 49 50 51	241,806 6,045 6,045	00 00
45 Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45 46 47 48 48 49 50 51	241,806 6,045 6,045	00
46 Tax: Multiply line 45 by 2.5% (.025). Enter the result. 47 Tax from recapture of credits from Arizona Form 301, Part 2, line 31. 48 Subtotal of tax: Add lines 46 and 47. Enter the total 49 Dependent Tax Credit. See instructions 50 Family income tax credit (from the worksheet - see instructions). 51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62. 52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, effective 53 2023 AZ income tax withheld. 54 2023 AZ estimated tax payments54a 00 Claim of Right 54b		6,045 6,045	
47 Tax from recapture of credits from Arizona Form 301, Part 2, line 31 48 Subtotal of tax: Add lines 46 and 47. Enter the total 49 Dependent Tax Credit. See instructions 50 Family income tax credit (from the worksheet - see instructions) 51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62 52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, ef 53 2023 AZ income tax withheld 54 2023 AZ estimated tax payments. 54a 00 Claim of Right 54b		6 , 045	00
48 Subtotal of tax: Add lines 46 and 47. Enter the total 49 Dependent Tax Credit. See instructions 50 Family income tax credit (from the worksheet - see instructions) 51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62. 52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, et 53 2023 AZ income tax withheld. 54 2023 AZ estimated tax payments. 54a 00 Claim of Right 54b		6 , 045	
 48 Subtotal of tax: Add lines 46 and 47. Enter the total 49 Dependent Tax Credit. See instructions 50 Family income tax credit (from the worksheet - see instructions) 51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62. 52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, e 53 2023 AZ income tax withheld. 54 2023 AZ estimated tax payments. 54a 			00
50 Falling income tax credit (from the worksheet - see instructions) 51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62. 52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, e 53 2023 AZ income tax withheld. 54 2023 AZ estimated tax payments54a 00 Claim of Right 54b	50 51		
50 Falling income tax credit (from the worksheet - see instructions) 51 Nonrefundable Credits from Arizona Form 301, Part 2, line 62. 52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, e 53 2023 AZ income tax withheld. 54 2023 AZ estimated tax payments54a 00 Claim of Right 54b	51		
52 Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, etc. 53 2023 AZ income tax withheld. 54 2023 AZ estimated tax payments]		00
53 2023 AZ income tax withheld	-t "O" EO		00
54 2023 AZ estimated tax payments54a 00 Claim of Right 54b 00 Ac	nter 0 52	5,845	
	53	5 , 651	
55 2023 AZ extension payment (Form 204) 56 Increased Excise Tax Credit (from the worksheet - see instructions)	ld 54a and 54b . 54c		00
56 Increased Excise Tax Credit (from the worksheet - see instructions)	Ī		00
	56		00
57 Property Tax Credit from Arizona Form 140PTC			00
58 Other refundable credits: Check the box(es) and enter the total amount	58 3]349 58		00
59 Total payments and refundable credits: Add lines 53 through 58. Enter the total		5,651	00
60 TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter amount of tax due. Skip lines 61, 62 an	1 63 60	194	00
E 61 OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59. Enter amount of overpayment	61		00
62 Amount of line 61 to be applied to 2024 estimated tax	62		00
62 Amount of line 61 to be applied to 2024 estimated tax 63 Balance of overpayment: Subtract line 62 from line 61. Enter the difference 64 - 74 Voluntary Gifts to: Solutions Teams Solutions Solutions	63		00
64 - 74 Voluntary Gifts to: Solutions Teams Assigned to Schools	00		
Child Abuse Prevention 66 00 Domestic Violence Services 67 00 Political Gift	00		
	00		
Heighbors Helping Neighbors 69 00 Special Olympics	00		
	Republican		
9 76 Estimated payment penalty			00
≥ 77 771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included	_		
			00
 78 Add lines 64 through 74 and 76; enter the total. 79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80. 			00
Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see instructi	ons. 79A		
80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN and include with your return			
80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN		104	00
and include with your return		194	00
Under popultice of perium, I declare that I have read this return and any decuments with it, and to the he	st of my knowled	no and bolief they	•
Under penalties of perjury, I declare that I have read this return and any documents with it, and to the be true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of whi			18
		. 0	
SOFTWA	RE ENGINEER	R	
YOUR SIGNATURE DATE OCCUPATION			_
z、			
YOUR SIGNATURE DATE SOFTWA OCCUPATION DATE HOME M SPOUSE'S SIGNATURE DATE SPOUSE'S OF			
	CUPATION		
SYAM PRIYA RAM SAGAR GUPTA TALLAM 02052024 GLOBAL TAXES LLC			
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMF	LOYED)		
	84-3171965		
PAID PREPARER'S STREET ADDRESS	AID PREPARER'S TIN		
	(678)965-95		
E BRUNSWICK NJ 08816 PAID PREPARER'S CITY STATE ZIP CODE F	AUD DDEDA DEDIO DUIC	ONE NUMBER	

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

Arizona Individual Income Tax Payment Voucher for Electronic Filing of Form 140, 140PY or 140NR

	Your First Name and Middle Initial		Last Name		E stat	Your Social Security	Number
1	VIJAY		GILAKATTULA	J	Enter	754 45 7	7623
	Spouse's First Name and Middle Ir	itial	Last Name		your	Spouse's Social Se	curity No.
1	RADHIKA		GILAKATTULA	Ą	SSN(s).	976 94 2	2485
	Current Home Address - number a	nd street, rural route	4	Apt. No.	Daytime	Phone (with area coc	le)
2	11545 N FLW BLVD			2043	94 (91	13)433-6260	
	City, Town or Post Office	State	ZIP Code			NLY. DO NOT MARK IN T	HIS AREA.
3	SCOTTSDALE	AZ	85259		88		
Ple ⊠ □	ase indicate the filing stat Married filing joint return Head of household: Enter n		ependent on next line.				
	Married filing separate retu Single	rn: Enter spouse's name ar	nd Social Security Numb	ber above.	81 PM	80 RCVD	
En	ter the amount of paymer	nt enclosed					194 00

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do **not** send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN, "2023 Tax" and 140 on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- ✓ Click on "Make a Payment" and select "140V" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2024. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.

EPV

2023

DO NOT STAPLE ANY ITEMS TO THE FORM.		Arizona Form 140ES Individual Estir	k Payment	FOR CALENDAR YEAR 2024						
Ψ̈́										
Ē		his estimated payment is for tax year ending Decemb		<u>2_0</u> Social Security Numb	<u> </u>					
Ĕ	_	Your First Name and Middle Initial					ber			
ž		VIJAY	GILAKATTU Last Name	LA	Enter 754					
Ë		Spouse's First Name and Middle Initial (if filing joint) RADHIKA	SSN(s) . 97	ise's Social Security N 5 94 2485	1 2485					
ž	<u> </u>	Current Home Address - number and street, rural route	GILAKATTU	Apt. No.	97. 95. Filing Status. Must be the same a					
Ч	_	11545 N FLW BLVD	95a X Married filing joint return	95c Head of Household						
μ		City, Town or Post Office State	ZIP Code		95b Married filing separate return 95d Single REVENUE USE ONLY. DO NOT MARK IN THIS AREA.					
ST/		SCOTTSDALE AZ	85259		88					
ы	-									
Z		Your Daytime Phone (with area code): (913) 433-6260		4 40 1						
ă	-	Check if this payment is on behalf of a Nonresident Co ● DO NOT USE THIS FORM TO MAKE DELINQUENT II								
	(STO	 Use this form only for mailing estimated payments. 		ATWENTS	.					
	1	Payment: You must round your estimated payment to a wh	ole dollar (no c	ents).	81 PM	80 RCVD				
		Enter the amount of payment enclosed	6	49 00						
	2	Check only one box for the quarter for which this payment	is made							
	Do not select more than one quarter. You must submit a separate form for <i>each quarter</i> for which a payment is made.									
	Be not colocition individuation. Four must submit a separate form for caun quarter for which a payment is made.									
	Payment for calendar year filers are due as follows:									
	Ist Quarter – January to March Due date is April 15, 2024.									
	 2nd Quarter – April to June Due date is June 15, 2024. Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment. 									
	3rd Quarter – July to September Due date is September 15, 2024. Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment. 4th Quarter – October to December Due date is January 15, 2025. Payment for fiscal year filers are due as follows:									
	1st Quarter – 15th day of the fourth month of the current fiscal year.									
	2nd Quarter – 15th day of the sixth month of the current fiscal year.									
		3rd Quarter – 15th day of the ninth month of the current fisc	al year.							
		4th Quarter – 15th day of the first month of the next fiscal ye	ear.							
		If any of the due dates fall on a Satu the required payment for that quarter by m				day.				
		If you are mailing this payment:								

To ensure proper application of this payment, be sure that you:

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- \checkmark Write your SSN, "Tax Year 2024" and "140ES" on your payment.
- ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.
- \checkmark $% \left({{\rm{Include}}} \right)$ for a symmetry with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- $\checkmark\,$ Click on "Make a Payment" and select "140ES" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

NOT STAPLE ANY ITEMS TO THE FORM.	Arizona Form 140ES Individual Estimated Income Tax Payment						FOR CALENDAR YEAR		
Ψ						_			
È	This estimated payment is for tax y	ear ending Decemb		or for tax y		<u> </u>	-		
Ĕ	Your First Name and Middle Initial	bur First Name and Middle Initial					curity Number		
ž	1 VIJAY Spouso's Eirst Name and Middle Initial (if fi	/IJAY GILAKATTULA				4 45	7623		
Ē	1 RADHIKA	Spouse's First Name and Middle Initial (if filing joint) Last Name I RADHIKA GILAKATTULA					2485		
ž	Current Home Address - number and stree	t. rural route	GILIAIAIIO	Apt. No.	97 95. Filing Status. Must be the same a	s Form 140, 14	0NR or 140PY		
Ē	2 11545 N FLW BLVD	,		2043	 95a X Married filing joint return 95b Married filing separate return 	95c Head of 95d Single	Household		
AΡ	City, Town or Post Office	State	ZIP Code	11	REVENUE USE ONLY. DO		N THIS AREA.		
ST	3 SCOTTSDALE	AZ	85259		88				
ē	94 Your Daytime Phone (with area code): $(913) 433 - 6260$								
g	Check if this payment is on behalf			rn - 140NR					
	O NOT USE THIS FORM TO M								
	• Use this form only for mailing est	imated payments.							
	1 Payment: You must round your estim	nated payment to a wh	nole dollar (no d	cents).		80 RC\	/n		
Enter the amount of payment enclosed \$ 4900									
	2 Check only one box for the quarter for which this payment is made.								
	Do not select more than one quarter. You must submit a separate form for each quarter for which a payment is made.								
	Payment for calendar year filers are due as follows:								
	1st Quarter – January to March Due date is April 15, 2024.								
	2nd Quarter – April to June Due	date is June 15, 2024.							
	Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment.								
	3rd Quarter – July to September Due date is September 15, 2024.								
	Because September 15, 2024 fall	s on a weekend, you ha	ave until Septen	nber 16, 2024	4 to make this payment.				
	4th Quarter – October to December Due date is January 15, 2025 .								
Payment for fiscal year filers are due as follows:									
	1st Quarter – 15th day of the fourt	n month of the current fis	scal year.						
	2nd Quarter – 15th day of the sixth	month of the current fis	cal year.						
	3rd Quarter – 15th day of the ninth	month of the current fise	cal year.						
	4th Quarter – 15th day of the first r	month of the next fiscal y	ear.						
	If any of the due the required payment f				oliday, you may make ness day following that	: day.			
	If you are mailing this payr	nent:							

To ensure proper application of this payment, be sure that you:

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- \checkmark Write your SSN, "Tax Year 2024" and "140ES" on your payment.
- ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.
- \checkmark $% \left({{\mathbf{r}}_{\mathbf{r}}} \right)$. Include your payment with this form.
- \checkmark Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Be sure to review your estimated income and adjust your payments as necessary during the year.

If you are making an electronic payment

You can make this estimated payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- $\checkmark\,$ Click on "Make a Payment" and select "140ES" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

TO THE FORM.		Arizona Form 140ES Individual Estin	x Payment 2024							
뽀										
0	► This estimated payment is for tax year ending December 31, 2024, or for tax year ending:2_ Your First Name and Middle Initial Your First Name Your Social Sector									
ST		VIJAY	GILAKATTU	Т. Д	Enter 754 45 7623					
E.		Spouse's First Name and Middle Initial (if filing joint)	Last Name		your Spouse's Social Security No.					
Σ		RADHIKA								
Ā		Current Home Address - number and street, rural route	I	Apt. No.	95. Filing Status. Must be the same as Form 140, 140NR or 140PY					
ш	2	11545 N FLW BLVD		2043	95a Married filing joint return 95c Head of Household 95b Married filing separate return 95d Single					
ΕP		City, Town or Post Office State	ZIP Code		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.					
เร	3	SCOTTSDALE AZ	85259		88					
NOT STAPLE ANY ITEMS	94	Your Daytime Phone (with area code): (913) 433-6260	C							
bo		Check if this payment is on behalf of a Nonresident Co		rn - 140N	R					
	070	• DO NOT USE THIS FORM TO MAKE DELINQUENT II	NCOME TAX F	AYMENT	S.					
	STO	Use this form only for mailing estimated payments.								
	1	Payment: You must round your estimated payment to a wh	ole dollar (no (onte)						
	•				81 PM 80 RCVD					
		Enter the amount of payment enclosed	<u>ه</u>	49 00						
	2	Check only one box for the quarter for which this payment is made.								
		Do not select more than one quarter. You must submit a separate form for <i>each quarter</i> for which a payment is made.								
		Payment for calendar year filers are due as follows:								
		1st Quarter – January to March Due date is April 15, 202	.4.							
		2nd Quarter – April to June Due date is June 15, 2024 .								
		Because June 15, 2024 falls on a weekend, you have until June 17, 2024 to make this payment. Image: September 15, 2024.								
		Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment.								
	4th Quarter – October to December Due date is January 15, 2025.									
	Payment for fiscal year filers are due as follows:									
		1st Quarter – 15th day of the fourth month of the current fiscal year.								
	2nd Quarter – 15th day of the sixth month of the current fiscal year.									

4th Quarter – 15th day of the **first** month of the next fiscal year.

3rd Quarter – 15th day of the ninth month of the current fiscal year.

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that quarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you:

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- $\checkmark~$ Write your SSN, "Tax Year 2024" and "140ES" on your payment.
- ✓ If payment is made on behalf of a Nonresident Composite return, write "Composite 140NR", "Tax Year 2024" and the entity's EIN on your payment.
- \checkmark $% \left({{\mathbf{r}}_{\mathbf{r}}} \right)$. Include your payment with this form.
- \checkmark Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

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www.AZTaxes.gov

- $\checkmark\,$ Click on "Make a Payment" and select "140ES" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

TO THE FORM.	Arizona Form 140ES Individual Estimated Income Tax Payment							FOR CALENDAR YEAR		
₩ This estimated payment is for tax year ending December 31, 2024, or for tax year ending:										
2		Your First Name and Middle Initial	Last Name			Your Social Se	curity Number			
NOT STAPLE ANY ITEMS	1	VIJAY	Enter	754 45	7623					
Ē		Spouse's First Name and Middle Initial (if filing joint)		Last Name		your	Spouse's Social Security No.			
Σ	1	RADHIKA		GILAKATTULA		SSN(s).	976 94	2485		
¥		Current Home Address - number and street, rural route	9		Apt. No.	95. Filing Status. Must be the 95a X Married filing joint retur				
Ц	2	11545 N FLW BLVD			2043	95b Married filing separate		nousenoiu		
ЧЧ		City, Town or Post Office	State	ZIP Code		REVENUE USE ONLY	. DO NOT MARK	IN THIS AREA.		
เร	3	SCOTTSDALE	AZ	85259		88				
5	94	Your Daytime Phone (with area code): (913)	433-626	0						
202	H	Check if this payment is on behalf of a Non			rn - 140N	IR				
Õ		• DO NOT USE THIS FORM TO MAKE DELI								
	STC	 Use this form only for mailing estimated pay 			,	0.				
			-							
	1	Payment: You must round your estimated paym	nent to a wh	ole dollar (no	cents).	81 PM	80 RC	VD		
		Enter the amount of payment enclosed	9	\$	49 00					
	2	Check only one box for the quarter for which th	is navment	is made						
		Do not select more than one quarter. You must			r each aua	arter for which a navm	ent is made			
					ouon que					
		Payment for calendar year filers are due as foll	ows:							
		1st Quarter – January to March Due date is A	April 15, 202	24.						
		2nd Quarter – April to June Due date is June	15. 2024.							
		Because June 15, 2024 falls on a weekend,	•	ntil June 17, 202	24 to make	this payment.				
			•			. ,				
	 3rd Quarter – July to September Due date is September 15, 2024. Because September 15, 2024 falls on a weekend, you have until September 16, 2024 to make this payment. 									
	4th Quarter – October to December Due date is January 15, 2025.									
		Payment for fiscal year filers are due as follows	6:							
		1st Quarter – 15th day of the fourth month of t	he current fis	scal year.						
		2nd Quarter – 15th day of the sixth month of th	ne current fis	cal year.						
	3rd Quarter – 15th day of the ninth month of the current fiscal year.									
		4th Quarter – 15th day of the first month of the	e next fiscal y	ear.						

If any of the due dates fall on a Saturday, Sunday, or legal holiday, you may make the required payment for that guarter by midnight on the next business day following that day.

If you are mailing this payment:

To ensure proper application of this payment, be sure that you:

- \checkmark Complete and submit this form in its entirety. Do not cut this page in half.
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- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

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- \checkmark Do not mail this form. We will apply this payment to your account.