Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)				
Taxpay	ver's name	Social securi	ty numb	er	
SRI	HARIKA KONJETI	664-36	-0222	2	
Spouse	e's name	Spouse's soo	ial secu	rity number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re aut	horizing.)	
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	121,	673.
2	Total tax		2	19,	463.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,	728.
4	Amount you want refunded to you		4	3,	265.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and le	eep a cop	y of y	our retur	<u>n)</u>
return to sen for any Agent payme author payme busine taxes persor	cowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject yield and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial transport of the financial institution account indicated in the financial institution accounts in the financial in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the particular of the properties of the pr	tter, or electrication of the ties. Treasury a cated in the tien to debit the authorizates must be processing of ayment. I fur	onic returnsmise and its deax prepare entry to ation. To receive the electric acknowledge and the control of the electric and the acknowledge and	urn originate sion, (b) the lesignated Faration soft to this account or revoke (cred no later ectronic payknowledge	or (ERO) e reason financial ware for unt. This ancel) a rethan 2 rement of that the
	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generate	my PIN 6	0 2	2 2	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but r all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Г	I authorize to enter or generate	my DINI			as my
	ERO firm name	_	ter five o	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	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 Don't ent	6 0 er all zei	8 2 7 ros	1
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income ta rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Ir	itting this reti	urn in a	ccordance	
EDO!	o cionaturo N				
<u>CRU</u>	s signature ► Date ► ERO Must Retain This Form — See Instructions				
	LIDO IVIUSE DETAILI TIIIS FUTITI — SEE ITISETUCIONS				

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



#104C		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See ser	oarate i	nstructio	ons.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity num	nber
SRIHARII	KA		KONJ	ETI							664	36	0222	
		s first name and middle initial	Last na										security r	number
											716	29	2835	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				ction Car	mpaign
1750 REI	DDIN	G STREET								- 1			ou, or you	. •
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode			0.	jointly, wa	-
ALLEN						TX	ζ	750	02		•		nd. Check not chang	-
Foreign countr	y name		F	Foreign pr	ovince/state/	count	У		n postal c		your tax		_	J C
												Yo	u 🗌 8	Spouse
Filing Status	s \Box	Single					Head of h	ouseh	old (HOI	<u>-</u> -				
Check only		Married filing jointly (even if only o	ne had i	ncome)					•	,				
one box.	X	Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	If y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the)
	qu	alifying person is a child but not you	ır deper	ndent: S	ASHIDHAR 1	MUPP	IRISETTY							
District	Λ+ οι	ny time during 2023, did you: (a) rec	oivo (ac	a roward	d award or	navn	nont for propo	rtv or	convicos): or (h) coll			
Digital Assets		nange, or otherwise dispose of a dig						-				ΠYe	es 🛛 N	No
Standard		neone can claim: You as a de					a dependent	79. (0						
Deduction	_	Spouse itemizes on a separate retur	•											
						anon								
Age/Blindnes	s You	: Were born before January 2, 1	959 _	_ Are bl	ind Sp	ouse	: U Was bor						blind	
Dependent				(2) 8	Social security	,	(3) Relationsh	nip (4	-				see instru	
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	dit	Credit to	r other dep	endents
than four										<u> </u>			Щ	
dependents, see instruction	s									<u> </u>			Щ_	
and check	, —									<u> </u>			Щ_	
here L				<u> </u>										
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		136,4	187.
Attach Form(s)	b	Household employee wages not re	•		` '						1b			
W-2 here. Also	С.	Tip income not reported on line 1a	•		,						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			
1099-R if tax	e	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	etits from	1 Form 8	839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .	• • •								1g			0.
W-2, see	h :	Other earned income (see instruct	,					i.			1h			
instructions.	i _	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						136,4	127
AH	<u>z</u>	Add lines 1a through 1h	2a		i	ьт	 axable interes				1z 2b			
Attach Sch. B if required.	2a	· –	2a 3a								3b			
	<u>3a_</u> 4a		4a				rdinary divide axable amoun				4b			
Standard	١	_	1 а 5а				axable amoun				5b			
Deduction for—	5a 6a		5а 6а				axable amoun axable amoun				6b			
Single or Married filing	C	If you elect to use the lump-sum e	_	method	check here					· .]			
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,				7			
Married filing	8	Additional income from Schedule								. ∟	8		-14,8	 }14
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		121,6	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10		,	
Head of household,	11	Subtract line 10 from line 9. This is									11		121,6	573
\$20,800	12	Standard deduction or itemized	-								12		13,8	
If you checked any box under	13	Qualified business income deduct									13			
Standard Deduction,	14										14		13,8	350.
see instructions.	15	Subtract line 14 from line 11. If zer							-		15		107 8	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	19,278.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	19,278.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0				22	19,278.
	23	Other taxes, including self-e						23	185.
	24	Add lines 22 and 23. This is	your total tax					24	19,463.
Payments	25	Federal income tax withheld	I from:						
•	а	Form(s) W-2				25a 22	728		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c	0		
	d	Add lines 25a through 25c						25d	22,728.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	22,728.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	t you overpaid		34	3,265.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	3,265.
Direct deposit?	b	Routing number 1 0 1				Checking	Savings		
See instructions.	d	Account number 5 1 8	0 0 6 5	8 7 1 2	2 9				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe.					
You Owe		For details on how to pay, g	o to www.irs.go	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						
Designee							•		⊠ No
		esignee's me		Phone no.			onal iden ber (PIN)	tification	
Sign		ider penalties of perjury, I declare t	hat I have examine		accompanying sched		, ,	the best	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If ti	ne IRS se	nt you an Identity
		Ü			'		Pro	tection P	IN, enter it here
Joint return?					SOFTWARE E		`	e inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.								e inst.)	ection in the enter it here
	———Ph	one no. (407) 766-682	Δ	Email address	KONJETISRIHA	RIKAQCMATI C	L MC		
		eparer's name	Preparer's signat		TOTO DITORITA	Date Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAM	01/31/2024	P0208	32703	Self-employed
Preparer		m's name GLOBAL TA	1			1 / 0 - / 2 0 2 1			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N.	T 08816			n's EIN	84-3171965
	. "	5 224.000 2 10 100111	- 0- 11 11(0	2.0 OIL IN	00010		1	0 =114	0- 0-1-00

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

Attachment Sequence No. **01** Your social security number

SRIH	ARIKA KONJETI		6	64-36-0	222	2	
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						
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Sc	chedule E	. 5		-14,814.	
6	Farm income or (loss). Attach Schedule F						
7	Unemployment compensation						
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		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:						
•	Total office of the control of the c						
9	Total other income. Add lines 8a through 8z			. 9	-		_
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	r here	and on F	orm		1 / 01 /	
	1040, 1040-SR, or 1040-NR, line 8			. 10		-14 , 814.	•

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis 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			
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	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		.	
f	Contributions to section 501(c)(18)(D) pension plans		.	
g	Contributions by certain chaplains to section 403(b) plans 24g	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	h	-	
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		.	
j	Housing deduction from Form 2555	j _	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
05			0-	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

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

Your social security number 664-36-0222

Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	185.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

7	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 see instructions	17b		
С	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	•	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
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		
8	Total additional taxes. Add lines 17a through 17z		18	
9	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		04	105
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	185.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 664-36-0222 SRIHARIKA KONJETI 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) BLUE SEA VILLAS KAKATIYA HILLS KHAMMAM, TELANGANA IN 507001 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 642. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 2,853. 7 Cleaning and maintenance . . . 7 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,615. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 2,764. Repairs 2,510. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,391. 18 2,323. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 15,456. 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 -14,814. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,814.) 642. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,323. 23d Total of all amounts reported on line 18 for all properties 23e 15,456. Total of all amounts reported on line 20 for all properties 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 14,814.

26

-14,814.

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

8959 Form

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

2023

Attachment Sequence No. 71

Name(s) shown on return

SRIHARIKA KONJETI

664-36-0222

SRI	HARIKA KONJETI	664-36	<u>5-</u> 022.	<u> </u>
Par	Additional Medicare Tax on Medicare Wages	•		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one			
		5,509.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6			
4		5,509.		
5	Enter the following amount for your filing status:	7,003.		
·	Married filing jointly \$250,000			
	Married filing separately			
		- 000		
_		5,000.		20 500
6	Subtract line 5 from line 4. If zero or less, enter -0	-	6	20,509.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and		_	105
	Part II		7	185.
Part				
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
	had a loss, enter -0			
9	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately \$125,000			
	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 his	+		
	go to Part III		13	
Part	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensar	tion		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
17	(see instructions)			
15	Enter the following amount for your filing status:	-		
10	Married filing jointly \$250,000			
	Married filing separately \$125,000			
40	Single, Head of household, or Qualifying surviving spouse \$200,000 15		10	
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%	` '		
B	Enter here and go to Part IV		17	
Part	V Total Additional Medicare Tax			
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1			
	filers, see instructions), and go to Part V		18	185.
Part				
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	2,110.		
20	Enter the amount from line 1	5,509.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax			
		2,110.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medica			
	withholding on Medicare wages		22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W	-2. box		<u>~.</u>
_0	14 (see instructions)	_, 501	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amou	not with		
24	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-S			
			24	0
	see instructions)		24	<u>U.</u>

BAA





2023 Form M1, Individual Income Tax Do not use staples on anything you submit.

	HARIKA st Name and Initial	KONJE Last Name		664360222 Your Social Security Number	06121 Your Date of E	9 9 4 Birth (MM/DD/YYYY)
If a Joint	Return, Spouse's First Name and Initial	Spouse's L	ast Name	Spouse's Social Security Number	Spouse's Date	of Birth
	REDDING STREET Home Address			Check if Address is:	New	Foreign
ALLE				TX State	75002	
City			• • • • • •	State	ZIP Code	
2023	Federal Filing Status (pl	ace an X	in one box):			
(1)	Single (2) Married Filing Jointly		ing Separately SASHIDHAR MUP 7 1 6 2 9 2 8 3 5	(4) Head of Household	(5) Qualifying	Surviving Spouse
	E Elections Campaign Ful \$5 to this fund, enter the code for the party of		II help candidates for state offices pa	y campaign expenses. This will not in	ncrease your tax o	r reduce your refund.
	Political Party C	ode Numbers:	Republican	Grassroots/Legalize Cannabis 14	Legal Marijuana	Now 17
Your Cod	le Spouse's Code		Democratic/Farmer-Labor 12	Libertarian	General Campai	gn Fund99
Fron	n Your Federal Return (se	e instruct	tions)			
A 14/2 = 0	136487	0	C. Unamentarium	0	107823	
A. Wage	es, salaries, tips, etc. B. IRA, pens	ions, and annuiti	ies C. Unemployme	ent D. Fed	deral taxable inco	me
1	Federal adjusted gross income (from	line 11 of feder	ral Form 1040 and 1040-SR)		1 ■	121673
2	Additions to income from line 10 of Sc	hedule M1M a	and line 9 of Schedule M1MB (s	see instructions)	2 🔳	
3	Add lines 1 and 2				3	121673
4	Itemized deductions (from Schedule N	M1SA) or your s	standard deduction (see instru	uctions)	4 🔳	13485
5	Exemptions (from Schedule M1DQC) .				5 🔳	
6	State income tax refund from line 1 of	federal Schedu	ule 1		6 ■	
7	Subtractions from line 35 of Schedule	M1M and line	21 of Schedule M1MB (see ins	tructions)	7 🔳	
8	Total subtractions. Add lines 4 through	ካ 7			8	13485
9	Minnesota taxable income. Subtract	line 8 from line	3. If zero or less, leave blank.		9	108188
1	Tax from the table or schedules in the	Form M1 instr	uctions		10	7257
11	Alternative minimum tax (enclose Sch	edule M1MT)			11 🗖	
12	Add lines 10 and 11				12	7257
13	Full-year residents: Enter the amount Part-year residents and nonresidents: line 13, from line 28 on line 13a, and find $\frac{66724}{136}$ 13b	From Schedule rom line 29 on	M1NR, enter the amount fron	n line 32 on	13	3980

2023 M1, page 2



14	Other taxes, such as recapture amounts and the tax on lump-	sum distributions (check appropriate boxes)	^ 2 3	1 1 2 1 ^
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳 .	
15	Tax before credits. Add lines 13 and 14		15	3980
16	Amount from line 21 of Schedule M1C, Nonrefundable Credit	s (enclose Schedule M1C)	16 🔳	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave bla Nongame Wildlife Fund contribution (see instructions)	•		
	This will reduce your refund or increase the amount you owe		18 ■ .	
19	Add lines 17 and 18		.19	3980
20	Minnesota income tax withheld. Complete and enclose Sched	lule M1W to report		
	Minnesota withholding from Forms W-2, 1099, and W-2G and S	Schedules KPI, KS, and KF	20 ■ .	4279
21	Minnesota estimated tax and extension payments made for 2	2023	21 ■ .	
22	Amount from line 11 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	4279
24	REFUND . If line 23 is more than line 19, subtract line 19 from		_	299
	For direct deposit, complete line 25		24 ■ .	299
25		5 518006587129		
	Routing Number	Account Number		
26	AMOUNT YOU OWE . If line 19 is more than line 23, subtract I Penalty amount from Schedule M15 (see instructions). Also si		26 ■ .	
21	this amount from line 24 or add it to line 26 (enclose Schedule		27 ■	
	Penalty and interest (see instructions) OU PAY ESTIMATED TAX and want part of your refund credited		28 ■ .	
	Amount from line 24 you want sent to you		29 ■ .	
			20 =	
30	Amount from line 24 you want applied to your 2024 estimate	d tax	30	
Тахра	ayer(s): I declare that this return is correct and complete to the	best of my knowledge and belief.		
Your	Signature	Spouse's Signature If Filing Jointly)	Da	MM/DD/YYYY)
40	77666824	KONJETISRIHARIKA@GMAIL.	COM	
-	ime Phone	Email Address		
	AM PRIYA RAM SAGAR GUPTA TALLAM	01312024		2082703
	Preparer's Signature	Date (MM/DD/YYYY)	PIIN	or VITA/TCE # (required
	89659522 arer's Daytime Phone	syam@gtaxfile.com Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indic		

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

REV 01/21/24 PRO 1031







2023 Schedule M1NR, Nonresidents/Part-Year ResidentsBefore you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

SRIHARIKA Your First Name and Initial		KONJETI Your Last Name		664360222 Your Social Security Number				
<u> </u>	. J. Flat No. and Little	Constitution of the consti		- Consider	Carlot Caracita Name			
•	se's First Name and Initial	Spouse's Last Name		Spouse s	Social Security Number			
Mini You:		$ \text{ 'ear Resident from } \frac{01012023}{\text{(MM/DD/YYYY)}} \text{ to } \frac{06302023}{\text{(MM/DD/YYYY)}} $	Ot	her State of Residency:	ΓX			
Your	Spouse: Full-year Nonresident Part-Y	rear Resident from (MM/DD/YYYY) to (MM/DD/YYYY)	Ot	her State of Residency:				
				A. Total Amount	B. Minnesota Portion			
1	Wages, salaries, tips, etc. (from line 1z oj	f federal Form 1040 or 1040-SR)	1_	136487	66724			
2	Taxable interest and ordinary dividend in	ncome (lines 2b and 3b of Form 1040 or 1040-SR) .	2_					
3	Business income or loss (from line 3 of fe	ederal Schedule 1)	3_					
4	Capital gain or loss (from line 7 of Form :	1040 or 1040-SR)	4_					
5 6	Net income from rents, royalties, partne							
		l Schedule 1)						
7 8	Other income (add lines 6b of Form 1040	ral Schedule 1)						
9	Interest and dividends from non-Minnes							
10	Bonus depreciation addition from line 1	of Schedule M1MB	10■		•			
11	If you entered an amount on line 9 of Sci	hedule M1REF, see instructions	11■					
12	Suspended loss from line 4 of Schedule I	M1MB	12■					
13	Other required adjustments from Sched	ules M1M, M1MB, and M1AR (see instructions)	13■		•			
14	This line intentionally left blank		14■		•			
15	Add lines 1 through 14 for each column		15■	121673	66724			
-	ur Minnesota gross income is below \$13							
16	•	enses, and Armed Forces moving expenses						
		dule 1)	16_					
17	Self-employed SEP, SIMPLE, and qualified							
		1)	17_					
18	Health savings account and Archer MSA							
		1)	18_					
19	One-half of self-employment tax and self-							
		1)	19_					
20	Deductions for alimony paid and student							
_	(see instructions for line 20, column B) .		20_					

2023 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) 21	
22	Other subtractions from Schedule M1MB (see instructions)	■
23	Social Security benefit from line 12 of Schedule M1M (see instructions)	■
24 25	Subtraction for federal bonus depreciation from line 10 of Schedule M1MB	
26	Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB)	
27 28	Add lines 16 through 26 for each column	0
29	M1. If your Minnesota gross income is below \$13,825 or the result is zero or less, enter 0	66724
30	Enter the result here and on line 13b of Form M1	
	places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	.54839
31	Amount from line 12 of Form M1	7257
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	3980

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

SRIHARIKA			KONJE	KONJETI				664360222 Your Social Security Numbe	
	ar riist ivanic and milia		Lust Hume	•			1001 3001	ar security rearrise	
f a Joint Return, Spouse's First Name and Initial			Spouse's Last Name				Spouse's Social Security Number		
co an	mplete this schedule nounts to the neares -2G; keep them with	e to determine line st whole dollar. You n your tax records. nd Minnesota tax w	e 20 of Form N I must include All instruction	M1. List only the for e this schedule whe ns are included on th	ms that rep n you file yo nis schedule		ne tax withh send in your	eld. Round dollar Forms W-2, 1099, o	
	Α	B—Box 13	C—Box 15 Employer's seven-digit Minnesota		D—Box 16 State wages, tips, etc.		E—Box 17 Minnesota tax withheld		
	If the Form W-2 is for:	If Retirement Plan							
	you, enter 1	box is checked,	Tax ID Num	ber	(round t	o nearest whole dollar)	(round t	o nearest whole dollar)	
	spouse, enter 2	mark an X below.		2205500		((7)1		4070	
	a1 <u>1</u>	_{b1} ×	c1 MN	3305589	d1	66724	e1	4279	
	a2	b2	c2 MN		d2		e2		
	a3	b3	c3 MN		d3		e3		
	a4	b4	c4 MN		d4		e4		
	a5	b5	c5 MN		d5		e5		
	Subtotal for addition	nal Forms W-2 <i>(fron</i>	n line 5 on pag	ne 2)					
	Total Minnesota tax	withheld on all Fo	rms W-2 (add	amounts in line 1, co	lumn E)		1■	4279	
2	Minnesota tax within A If the Form 1099, W-2G you, enter 1 spouse, enter 2		B Payer's seve	042-S. If you have mo	C Income	amount (see the table on k for amounts to include)	D Minne	ck. esota tax withheld d to nearest whole dollar)	
	a1		b1 MN		c1		d1		
	a2		b2 MN		c2		d2		
	a3		p3 MN		c3		d3		
	a4		b4 MN		c4		d4		
	Subtotal for addition	nal 1099, W-2G, and	d 1042-S (from	line 6 on page 2)					
	Total Minnesota tax	withheld on all 10	99, W-2G, and	d 1042-S (add amoun	ts in line 2, o	column D)	2 🔳		
3	Total Minnesota tax	withheld by partn	erships, S corp	oorations, and fiduci	aries				
	(from line 7 on page	2)					3■		
4	Total. Add the Minn	esota tax withheld	on lines 1, 2, a	and 3.					
	Enter the total here	and on line 20 of Fo	orm M1				4	4279	

Include this schedule with your Form M1. If required, include Schedules KPI, KS, and KF.