

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

Your first name and middle initial SUSWETHA REDDY Last name THIPPAREDDY Your social security number 014 61 9008

If joint return, spouse's first name and middle initial Last name Spouse's social security number 794 53 9037

Home address (number and street). If you have a P.O. box, see instructions. 6701 S CUSTER RD Apt. no. 6323 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. MCKINNEY State TX ZIP code 750701915 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

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

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

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

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

Income section table with rows 1a through 1z, including Total amount from Form(s) W-2, Household employee wages, Tip income, etc.

Table for Standard Deduction for 2023, including rows 2a through 15, detailing tax-exempt interest, qualified dividends, IRA distributions, etc.

Tax and Credits table with rows 16-24. Includes Tax (9,965), Amount from Schedule 2, line 3, Add lines 16 and 17 (9,965), Child tax credit, Amount from Schedule 3, line 8, Add lines 19 and 20, Subtract line 21 from line 18 (9,965), Other taxes (0), Add lines 22 and 23 (9,965).

Payments table with rows 25-33. Includes Federal income tax withheld (12,222), 2023 estimated tax payments, Earned income credit (EIC), Additional child tax credit, American opportunity credit, Reserved for future use, Amount from Schedule 3, line 15, Add lines 27, 28, 29, and 31 (12,222), Add lines 25d, 26, and 32 (12,222).

Refund table with rows 34-36. Includes If line 33 is more than line 24 (2,257), Amount of line 34 you want refunded to you (2,257), Routing number (044000037), Account number (357119020), Amount of line 34 you want applied to your 2024 estimated tax (36).

Amount You Owe table with rows 37-38. Includes Subtract line 33 from line 24 (37), Estimated tax penalty (38).

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

Sign Here section. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only section. Preparer's name: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Preparer's signature: SYAM PRIYA RAM SAGAR GUPTA TALLAM, Date: 01/27/2024, PTIN: P02082703, Firm's name: GLOBAL TAXES LLC, Firm's address: 245 ROONEY CT E BRUNSWICK NJ 08816.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

Your social security number
014-61-9008

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-8,728.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an 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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-8,728.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

SUSWETHA REDDY THIPPAREDDY

Your social security number

014-61-9008

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A NEAR ROHINI NURSING COLLEG HANAMKONDA TELANGANA IN 506001

B

C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		185		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	620.		
4 Royalties received			
Expenses:			
5 Advertising			
6 Auto and travel (see instructions)			
7 Cleaning and maintenance	1,059.		
8 Commissions			
9 Insurance			
10 Legal and other professional fees			
11 Management fees	1,162.		
12 Mortgage interest paid to banks, etc. (see instructions)			
13 Other interest			
14 Repairs	2,415.		
15 Supplies	2,756.		
16 Taxes			
17 Utilities	1,956.		
18 Depreciation expense or depletion			
19 Other (list) _____			
20 Total expenses. Add lines 5 through 19	9,348.		
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	-8,728.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	(8,728.)		
23a Total of all amounts reported on line 3 for all rental properties		620.	
b Total of all amounts reported on line 4 for all royalty properties			
c Total of all amounts reported on line 12 for all properties			
d Total of all amounts reported on line 18 for all properties			
e Total of all amounts reported on line 20 for all properties		9,348.	
24 Income. Add positive amounts shown on line 21. Do not include any losses			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	(8,728.)		
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 .			-8,728.



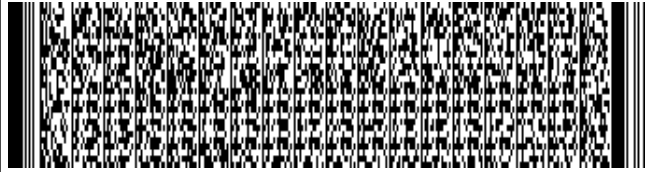
2 3 0 0 0 1 1 5 5 5

KENTUCKY
INDIVIDUAL INCOME TAX RETURN
Residents Only

2023

Check if deceased: Spouse Taxpayer For calendar year or other taxable year beginning _____, and ending _____.

A. Spouse's Social Security Number 794-53-9037	B. Your Social Security Number 014-61-9008
Name—Last, First, Middle Initial (Joint or combined return, give both names and initials.) THIPPAREDDY SUSWETHA REDDY	
Mailing Address (Number and Street including Apartment Number or P.O. Box) 6701 S CUSTER RD 6323	
City, Town or Post Office MCKINNEY	State ZIP Code TX 75070-1915



FILING STATUS (see instructions)

1 Single

2 Married, filing separately on this combined return. (If both had income.)

3 Married, filing joint return.

4 Married, filing separate returns. Enter spouse's Social Security number above and full name here.
AMARENDER REDDY CHADA

Check if applicable:

Amended (Enclose copy of 1040X, if applicable.)

POLITICAL PARTY FUND
Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input checked="" type="checkbox"/>

	A. Spouse (Use if Filing Status 2 is checked.)		B. Yourself (or Joint)	
5 Enter amount from federal Form 1040 or 1040-SR, line 11. (If total of Columns A and B is \$39,900 or less, you may qualify for the Family Size Tax Credit. See instructions.)	5	00	5	80,477.00
6 Additions from Schedule M, line 6	6	00	6	00
7 Add lines 5 and 6	7	00	7	80,477.00
8 Subtractions from Schedule M, line 17	8	00	8	00
9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income	9	00	9	80,477.00
10 Itemizers: Enter itemized deductions from Kentucky Schedule A. Nonitemizers: Enter \$2,980 in Columns A and/or B	10	00	10	2,980.00
11 Subtract line 10 from line 9. This is your Taxable Income	11	00	11	77,497.00
12 Tax Computation: Multiply line 11 by 4.5% (.045) or amount from Schedule J <input type="checkbox"/> ...	12	00	12	3,487.00
13 Enter tax from Form 4972-K <input type="checkbox"/> ; Schedule RC-R <input type="checkbox"/> ; Schedule DS-R <input type="checkbox"/> ; Angel Investor Recapture <input type="checkbox"/>	13	00	13	00
14 Add lines 12 and 13 and enter total here	14	00	14	3,487.00
15 Enter amounts from Schedule ITC, Section A, lines 25E and 25F	15	00	15	00
16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero	16	00	16	3,487.00
17 Enter personal tax credit amounts from Schedule ITC, Section B	17	00	17	00
18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero	18	00	18	3,487.00
19 Add tax amount(s) in Columns A and B, line 18 and enter here, continue to page 2	19		19	3,487.00



20	Check the box that represents your total family size (see instructions before completing lines 20 and 21)	20	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
21	Multiply line 19 by Family Size Tax Credit decimal amount <u>0.00</u> (<u>0</u> %) from Schedule ITC	21			0.	00
22	Subtract line 21 from line 19	22			3,487.	00
23	Enter the Education Tuition Tax Credit from Form 8863-K, line 17	23				00
24	Enter Child and Dependent Care Credit from federal Form 2441, line 11 ▶ _____ x 20% (.20)	24				00
25	RESERVED	25				00
26	Income Tax Liability. Subtract lines 23 through 25 from line 22. If zero or less, enter zero	26			3,487.	00
27	Enter KENTUCKY USE TAX due on Internet, mail order, or other out-of-state purchases (see instructions)...	27				00
28	Add lines 26 and 27. This is your TOTAL TAX LIABILITY	28			3,487.	00
29	For amended return; overpayment, if any, shown on original return	29				00
30	Add lines 28 and 29, enter here	30			3,487.	00
31	a Enter Kentucky income tax withheld as shown on enclosed Schedule KW-2	31a			3,878.	00
	b Enter 2023 Kentucky estimated tax/extension payments	31b				00
	c Enter 2023 refundable certified rehabilitation credit	31c				00
	d Enter 2023 refundable entertainment incentive tax credit	31d				00
	e Enter 2023 refundable development area tax credit	31e				00
	f Enter 2023 refundable decontamination tax credit	31f				00
	g Enter 2023 refundable pass-through entity tax credit from Form PTET-CR, line 9	31g				00
	h For amended return; enter amount paid with original return plus additional payment(s) made after it was filed	31h				00
32	Add lines 31(a) through 31(h)	32			3,878.	00
33	If line 30 is larger than line 32, subtract line 32 from line 30, enter ADDITIONAL TAX DUE	33				00
34	a Estimated tax penalty <input type="checkbox"/> Check if Form 2210-K attached	34a				00
	b Interest	34b				00
	c Late payment penalty	34c				00
	d Late filing penalty	34d				00
35	Add lines 34(a) through 34(d). Enter here	35				00
36	If the total of lines 30 and 35 is more than line 32, subtract line 32 from the total of lines 30 and 35. This is the AMOUNT YOU OWE , continue to page 3..... OWE	36				00
37	If line 32 is more than line 30, subtract lines 30 and 35 from line 32. This is the AMOUNT YOU OVERPAID , continue to page 3	37			391.	00



38 FUND CONTRIBUTIONS; see instructions.

a	Nature and Wildlife Fund	38a		00
b	Child Victims' Trust Fund	38b		00
c	Veterans' Program Trust Fund	38c		00
d	Breast Cancer Research/Education Trust Fund	38d		00
e	Farms to Food Banks Trust Fund	38e		00
f	Local History Trust Fund	38f		00
g	Special Olympics Kentucky.....	38g		00
h	Pediatric Cancer Research Trust Fund.....	38h		00
i	Rape Crisis Center Trust Fund	38i		00
j	Court Appointed Special Advocate Trust Fund	38j		00
k	YMCA Youth Association Fund	38k		00
39	Add lines 38(a) through 38(k)	39		00
40	Amount of line 37 to be CREDITED TO YOUR 2024 ESTIMATED TAX	40	CREDIT FORWARD	00
(Credit forwards not available for amended returns)				
41	Subtract lines 39 and 40 from line 37. Amount to be REFUNDED TO YOU	41	REFUND	391.00

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

Sign Here	Signature of Taxpayer	Driver's License/State Issued ID No.	Date	Telephone Number (daytime) (669) 235-0488
	Signature of Spouse	Driver's License/State Issued ID No.	Date	
Paid Preparer Use	Signature of Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 01/27/2024	
	Name of Preparer or Firm GLOBAL TAXES LLC		ID Number P02082703	
	Email syam@gtaxfile.com	Telephone No. (678) 965-9522	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Enclose	Include a complete copy of federal Form 1040, if you received farm, business, or rental income or loss. If not required, check here. <input type="checkbox"/>		Refund or No Payment	Kentucky Department of Revenue Frankfort, KY 40618-0006
Payment	Check Payable: Kentucky State Treasurer E-Pay Options: www.revenue.ky.gov Include: Your Social Security number and "KY Income Tax—2023"		With Payment	Kentucky Department of Revenue Frankfort, KY 40619-0008



2 3 0 3 4 9 1 5 5 5

➤ Enclose with Form 740 or 740-NP

Enter name(s) as shown on tax return.

Your Social Security Number

THIPPAREDDY, SUSWETHA REDDY

014-61-9008

SECTION A—BUSINESS INCENTIVES AND OTHER TAX CREDITS

A	B Preapproval Required	C Credit Name	D Required Attachment	E		F	
				Spouse		Yourself	
1	No	Nonrefundable Limited Liability Entity	Kentucky Limited Liability Entity Tax Credit Worksheet C/Schedule K-1		00		00
2	Yes	Kentucky Small Business	Schedule K-1		00		00
3	Yes	Kentucky Selling Farmers	Schedule K-1		00		00
4	Yes	Skills Training Investment	Schedule K-1		00		00
5	Yes	Certified Rehabilitation	Certification Copies		00		00
6	No	Tax Paid to Another State	Copy(ies) of Other State(s) return or Worksheet A		00		00
7	No	Unemployment	Schedule UTC		00		00
8	Yes	Recycling/Composting Equipment	Schedule RC		00		00
9	Yes	Kentucky Investment Fund	KEDFA notification		00		00
10	No	Qualified Research Facility	Schedule QR		00		00
11	No	GED Incentive	Form DAEL-31		00		00
12	Yes	Voluntary Environmental Remediation	Schedule VERB		00		0
13	Yes	Biodiesel	Schedule BIO		00		00
14	Yes	Clean Coal Incentive	Schedule CCI		00		00
15	Yes	Ethanol	Schedule ETH		00		00
16	Yes	Cellulosic Ethanol	Schedule CELL		00		00
17	No	Railroad Maintenance & Improvement	Schedule RR-I		00		00
18	Yes	Endow Kentucky	Schedule ENDOW		00		00
19	Yes	New Markets Development Program	Form 8874(K)-A		00		00
20	No	Distilled Spirits	Schedule DS		00		00
21	Yes	Angel Investor	Certification Letter		00		00
22		RESERVED			00		00
23	No	Inventory	Schedule INV		00		00
24	Yes	Renewable Chemical Production	Schedule CHEM		00		00
25	Total of Other Tax Credits (add lines 1 through 24). Enter here and on Form 740, page 1, line 15, Columns A and B, or enter combined totals of Columns E and F on Form 740-NP, page 1, line 15.....				00		00



SECTION B—PERSONAL TAX CREDITS

Taxpayer

Spouse

Complete only if filing joint or married,
filing separately on a combined return

Enter your date of birth (MM/DD/YYYY)

10/08/1993

Enter your date of birth (MM/DD/YYYY)

1 If you were 65 on or before 12/31/2023, enter 40.....	1	
2 If you were legally blind on 12/31/2023, enter 40	2	
3 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20.....	3	
4 Allowable Taxpayer Credit—Add lines 1 through 3.....	4	

5 If you were 65 on or before 12/31/2023, enter 40.....	5	
6 If you were legally blind on 12/31/2023, enter 40	6	
7 If you were a member of the Kentucky National Guard on 12/31/2023, enter 20.....	7	
8 Allowable Spouse Credit—Add lines 5 through 7	8	

Assignment of Personal Tax Credits

- 9 For filing status **Single or Married, filing separate returns**, enter the amount from line 4 here and in Column B of Form 740, line 17 or Form 740-NP, line 17 (Not to exceed 100)
- 10 For filing status **Married, filing separately on this combined return**, enter the amount from line 4 here and in column B of Form 740, line 17 (Not to exceed 100)
- 11 For filing status **Married, filing separately on this combined return**, enter the amount from line 8 here and in column A of Form 740, line 17. (Not to exceed 100).....
- 12 For filing status **Married, filing jointly**, add line 4 and line 8 and enter here and in Column B of Form 740, line 17 or Form 740-NP, line 17. (Not to exceed 200).....

9	
10	
11	
12	

SECTION C—FAMILY SIZE TAX CREDIT

Enter dependents qualifying for family size credit. See instructions to determine family size and your qualifying dependents. Your family size will be used to determine your family size tax credit percentage.

First and Last Name	Dependent's Social Security number	Dependent's relationship to you	Check if qualifying child for family size tax credit
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Use this **Family Size Tax Credit Table** to determine the percentage of family size credit. You will need to know your family size and your modified gross income (a worksheet is located within the instructions). You will enter the percentage for the family size tax credit on Form 740 or 740-NP, line 21.

Family Size	One		Two		Three		Four or More		Credit Percentage is
	If MGI . . .	is over	is not over	is over	is not over	is over	is not over	is over	
Tax Year 2023	\$ ---	\$ 14,580	\$ ---	\$19,720	\$ ---	\$24,860	\$ ---	\$30,000	10
	14,580	15,163	19,720	20,509	24,860	25,854	30,000	31,200	90
	15,163	15,746	20,509	21,298	25,854	26,849	31,200	32,400	80
	15,746	16,330	21,298	22,086	26,849	27,843	32,400	33,600	70
	16,330	16,913	22,086	22,875	27,843	28,838	33,600	34,800	60
	16,913	17,496	22,875	23,664	28,838	29,832	34,800	36,000	50
	17,496	18,079	23,664	24,453	29,832	30,826	36,000	37,200	40
	18,079	18,517	24,453	25,044	30,826	31,572	37,200	38,100	30
	18,517	18,954	25,044	25,636	31,572	32,318	38,100	39,000	20
	18,954	19,391	25,636	26,228	32,318	33,064	39,000	39,900	10
19,391	---	26,228	---	33,064	---	39,900	---	0	

Multiply tax from Form 740 or 740-NP, line 19, by the applicable family size tax credit percentage and enter on Form 740 or 740-NP line 21. This is your **Family Size Tax Credit**.



Complete this Schedule KW-2 to determine the total Kentucky income tax withholding to be entered on Kentucky Form 740, 740-NP, or 740-NP-R. This schedule must be fully completed in order to receive proper credit for Kentucky income tax withheld. Include multiple Schedule KW-2(s) as needed to report all Kentucky income tax withholdings. Do not send in your W-2, 1099, or W-2-G forms; keep them with your tax records.

NAME(S) AS SHOWN ON THE TAX RETURN: THIPPAREDDY, SUSWETHA REDDY
 SPOUSE'S SOCIAL SECURITY NUMBER: 794-53-9037
 YOUR SOCIAL SECURITY NUMBER: 014-61-9008

Part I-Form W-2 Enter all W-2s with Kentucky income tax withheld (round to the nearest whole dollar). Do not include other state withholding or local income tax.

A	B	C	D	E		F	
Employee's Social Security Number	Employer's Identification Number (EIN)	State	Employer's State I.D. Number (Box 15 of Form W-2)	KY State Wages (Box 16 of Form W-2)		KY Income Tax Withheld (Box 17 of Form W-2)	
014-61-9008	98-0429806	KY	086432	89,175.	00	3,878.	00
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
					00		00
TOTAL FROM ALL W-2s				89,175.	00	3,878.	00

Part II-Form 1099 and W-2G Enter all 1099s and W-2Gs with Kentucky income tax withheld (round to the nearest whole dollar).

A	B	C	D	E		F	
Recipient's Social Security Number	Payer's Identification Number (EIN)	State	Payer's State I.D. Number	KY Income Amount		KY Income Tax Withheld	
					00		00
					00		00
					00		00
					00		00
					00		00
TOTAL FROM ALL 1099s AND W-2Gs					00		00

Part III-Totals Enter total Kentucky income tax withheld (round to the nearest whole dollar) from line 18, Column F on your Kentucky income tax return (Form 740 and 740-NP, line 31(a) or 740-NP-R, line 1).

				F	
				Total Kentucky Income Tax Withheld	
18 Enter combined totals from Column F, lines 11 and 17.				3,878.	00