

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 PRIYANKA Last name ALAPATI Your social security number 858 21 4902

If joint return, spouse's first name and middle initial Last name Spouse's social security number 132 04 4320

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

10 COTTAGE STREET City, town, or post office. If you have a foreign address, also complete spaces below. State RI ZIP code 02838

MANVILLE Foreign country name Foreign province/state/county Foreign postal code 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.

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying 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 child's name if the qualifying person is a child but not your dependent: SUDHEER GARIKAPATI

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

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

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

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

Income section table with columns 1a-1z and 1a-1z. Rows include: Total amount from Form(s) W-2, box 1; Household employee wages; Tip income; Medicaid waiver payments; Taxable dependent care benefits; Employer-provided adoption benefits; Wages from Form 8919, line 6; Other earned income; Nontaxable combat pay election; Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Taxable interest; Ordinary dividends; Taxable amount.

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

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800; If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	8,282.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,282.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,282.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	8,282.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	8,682.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	8,682.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	8,682.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	400.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	400.
Direct deposit? See instructions.	b	Routing number 211070175 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1338983803		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (603) 290-1070	Email address GSUDHEER@OUTLOOK.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/27/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Phone no. (678) 965-9522	Firm's EIN 84-3171965

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

PRIYANKA ALAPATI

Your social security number

858-21-4902

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-14,389.
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 ABLÉ account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-14,389.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

Your social security number

PRIYANKA ALAPATI

858-21-4902

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 4-2-151/310/1/B SRINIVAS NAGAR KHAMMAM, TELANGANA IN 507003

B
C

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 634.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 2,896.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 2,350.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 2,512.		
15 Supplies	15 2,733.		
16 Taxes	16		
17 Utilities	17 2,245.		
18 Depreciation expense or depletion	18 2,287.		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 15,023.		
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 -14,389.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (14,389.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 634.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d 2,287.		
e Total of all amounts reported on line 20 for all properties	23e 15,023.		
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 (14,389.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -14,389.		

For Paperwork Reduction Act Notice, see the separate instructions.

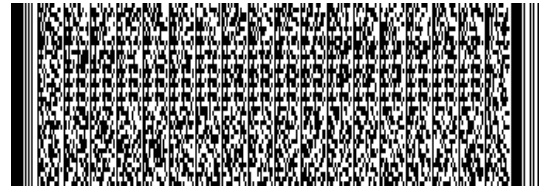
Schedule E (Form 1040) 2023

State of Rhode Island Division of Taxation
2023 Form RI-1040NR
 Nonresident Individual Income Tax Return



23100415550101

Your social security number: 858-21-4902
 Spouse's social security number: _____
 Your first name: PRIYANKA MI Last name: ALAPATI Suffix: _____
 Spouse's name: _____ MI Last name: _____ Suffix: _____
 Address: 10 COTTAGE STREET
 City, town or post office: MANVILLE State: RI ZIP code: 02838
 City or town of legal residence: LINCOLN
 Check each box that applies. Otherwise, leave blank.
 Primary deceased? Yes Spouse deceased? New address? Amended Return? *
ELECTORAL CONTRIBUTION If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.



FILING STATUS Check one
 Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

INCOME, TAX AND CREDITS				
1	Federal AGI from Federal Form 1040 or 1040-SR, line 11	1	72808	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)....	3	72808	00
4	RI Standard Deduction from left. If line 3 is over \$233,750, see Standard Deduction Worksheet.....	4	10025	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	62783	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,700 and enter result on line 6. If line 3 is over \$233,750, see Exemption Worksheet	6	4700	00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	58083	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	2178	00
9	RI percentage of allowable Federal credit from page 3, RI Sch I, line 25.....	9		00
10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8 ...	10	2178	00
11	RI allocated income tax. Check only one box. <input type="checkbox"/> All income is from RI, enter amount from line 10 on this line. <input type="checkbox"/> Nonresident with income from outside RI, complete Sch II and enter result on this line. <input checked="" type="checkbox"/> Part-year resident with income from outside RI, complete Sch III and enter result on this line.	11	415	00
12	Other Rhode Island Credits from RI Schedule CR, line 9.....	12		00
13a	Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero)	13a	415	00
13b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 12.....	13b	0	00
14	RI checkoff contributions from page 3, RI Checkoff Schedule, line 33. Contributions reduce your refund or increase your balance due	14	0	00
15a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies. Check <input type="checkbox"/> to certify use tax amount on line 15a is accurate.	15a		00
15b	Individual Mandate Penalty (see instructions). Check <input checked="" type="checkbox"/> to certify full year coverage.	15b		00
16a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14, 15a and 15b.....	16a	415	00

Rhode Island Standard Deduction
 Single **\$10,000**
 Married filing jointly or Qualifying widow(er) **\$20,050**
 Married filing separately **\$10,025**
 Head of household **\$15,050**

Using a paper clip, please attach Forms W-2 and 1099 here.

* If filing an amended return, attach the Explanation of Changes supplemental page

State of Rhode Island Division of Taxation
2023 Form RI-1040NR
 Nonresident Individual Income Tax Return - page 2



23100415550102

Name(s) shown on Form RI-1040 or RI-1040NR PRIYANKA ALAPATI	Your social security number 858-21-4902
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16b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a.....	16b	415	00
17a RI 2023 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding.	17a	555	00
b 2023 estimated tax payments and amount applied from 2022 return....	17b		00
c Nonresident withholding on real estate sales in 2023.....	17c		00
d RI earned income credit from page 3, RI Schedule EIC, line 38.....	17d		00
e Other payments.....	17e		00
f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e.....	17f	555	00
g Previously issued overpayments (if filing an amended return).....	17g		00
h NET PAYMENTS. Subtract line 17g from line 17f.....	17h	555	00
18a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b.....	18a		00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies.....	18b	0	00
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹️	18c	0	00
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19..... 😊	19	140	00
20 Amount of overpayment to be refunded.....	20	140	00
21 Amount of overpayment to be applied to 2024 estimated tax.....	21	0	00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
			(603) 290-1070
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM		02/27/2024	(678) 965-9522
Paid preparer address	City, town or post office	State	ZIP code PTIN
245 ROONEY CT	E BRUNSWICK	NJ	08816 P02082703

May the Division of Taxation contact your preparer? YES



23100415550103

Name(s) shown on Form RI-1040 or RI-1040NR PRIYANKA ALAPATI	Your social security number 858-21-4902
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RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22	RI income tax from page 1, line 8	22		00
23	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2.....	23		00
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500).....	24		00
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9.....	25		00

RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.
 RI Schedule II is located on page 13.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.
 RI Schedule III is located on page 15.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other		
26	Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	00
27	Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					27	00
28	RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	00
29	RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	00
30	Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	00
31	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	00
32	RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	00
33	TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14.....					33	00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

34	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....	34		00
35	Rhode Island percentage	35	15%	
36	RI EARNED INCOME CREDIT. Multiply line 34 by line 35	36		00
37	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000.....	37		
38	TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2, line 17d.....	38		00

State of Rhode Island Division of Taxation
2023 RI Schedule III
 Part-year Resident Tax Calculation



23100615550101

Name(s) shown on Form RI-1040NR	Your social security number
PRIYANKA ALAPATI	858-21-4902

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS.
 FULL YEAR NONRESIDENTS COMPLETE RI SCHEDULE II.**

A part-year resident is a person who changed his legal residence by moving into or out of Rhode Island at any time during the year 2023. If you are a part-year resident you should complete this schedule. If you did not earn any income outside the state of Rhode Island while you were living in Rhode Island, complete part 1 below. If any of your income earned while you were living in Rhode Island was taxed by another state, complete Part 1 and Part 2 of this Schedule.

If at any time during 2023 you were not a legal resident of RI, DO NOT COMPLETE THIS SCHEDULE. Complete RI Schedule II.

PART 1: ALLOCATION AND TAX WORKSHEET Instructions for this schedule can be found on page I-8.

Enter the dates you were a RI resident:	FEDERAL INCOME	RI RESIDENT PERIOD	RI NONRESIDENT PERIOD	
From <u>04/01/2023</u>	Column A	Column B	Column C	Column D
to <u>12/31/2023</u>	Income from	Income from Col A	Income from Col A	Income from Col C
	Federal Return	from RI Resident time	from NonResident time	from RI sources
1 Wages, salaries, tips, etc from Federal Form 1040 or 1040-SR, line 1z.....	87197 00	13888 00	73309 00	0 00
2 Interest and dividends from Federal Form 1040 or 1040-SR, lines 2b and 3b.....	00	00	00	00
3 Business income from Federal Form 1040 or 1040-SR, Schedule 1, line 3.....	00	00	00	00
4 Sale or exchange of property from Fed Form 1040 or 1040-SR, line 7 and Sch 1, line 4....	00	00	00	00
5 Pension and annuities; rents, royalties, etc. from Fed Form 1040 or 1040-SR, lines 4b and 5b, and Schedule 1, line 5..	-14389 00	0 00	-14389 00	0 00
6 Farm income from Federal Form 1040 or 1040-SR, Schedule 1, line 6.....	00	00	00	00
7 Miscellaneous income from Federal Form 1040 or 1040-SR, line 6b, and Schedule 1, lines 1, 2a, 7, and 9.....	00	00	00	00
8 TOTAL. Add lines 1 through 7.....	72808 00	13888 00	58920 00	0 00
9 Adjustments to AGI from Federal Form 1040 or 1040-SR, line 10.....	00	00	00	00
10 Adjusted gross income. Subtract line 9 from line 8.....	72808 00	13888 00	58920 00	0 00
11 Net modifications to Fed AGI from RI-1040NR, RI Schedule M, line 3.....	0 00	00	0 00	00
12 Modified Fed AGI. Combine lines 10 and 11. Amount in column A must equal the amount on RI-1040NR, page 1, line 3.....	72808 00	13888 00	58920 00	0 00
13 TOTAL RI INCOME. Add line 12 from column B and line 12 from column D.....			13	13888 00
14 Allocation. Divide line 13 by line 12, column A. If line 13 is greater than line 12, column A, enter 1.0000.....			14	0.1907
15 RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10.....			15	2178 00
16 RI INCOME TAX. Multiply line 15 by line 14. If you have income earned in another state while you were a resident of RI, complete Part 2. Otherwise, enter tax here and on RI-1040NR, pg 1, line 11. Check the Part-year resident box.....			16	415 00

2023 RI Schedule III

Part-year Resident Tax Calculation



23100615550102

Name(s) shown on Form RI-1040NR	Your social security number
PRIYANKA ALAPATI	858-21-4902

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS.
ATTACH A SIGNED COPY OF THE RETURN FILED WITH THE OTHER STATE.**

PART 2 - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE AND TAX WORKSHEET

17	RI income tax from RI-1040NR, RI Schedule III, part 1, line 16	17		00
18	Income taxed by other state while a RI resident included on RI Sch III, line 10, col B	18		00
19	Total RI income from RI Schedule III, part 1, line 13.....	19		00
20	Divide line 18 by line 19.....	20		
21	Multiply line 17 by line 20.....	21		00
22	Tax due and paid to other state. Insert abbreviation for name of state paid _____	22		00
23	Amount from line 18 above	23		00
24	Total adjusted gross income from other state's income tax return (attach copy of return)	24		00
25	Divide line 23 by line 24. If the amount on line 23 is greater than line 24, enter 1.0000.....	25		
26	Multiply line 22 by line 25.....	26		00
27	MAXIMUM TAX CREDIT. Line 17, 21 or 26, whichever is the smallest.....	27		00
28	RI INCOME TAX. Subtract line 27 from line 17. Enter here and on RI-1040NR, page 1, line 11. Check the Part-year resident box.....	28		00

IF YOU WORKED IN MORE THAN ONE STATE WHILE A RI RESIDENT, SEE INSTRUCTIONS.



23101015550101

Name(s) shown on Form RI-1040 or RI-1040NR PRIYANKA ALAPATI	Your social security number 858-21-4902
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Complete this Schedule listing all of your and, if applicable, your spouse's W-2s, 1099s, etc. showing Rhode Island Income Tax withheld. W-2s, 1099s, etc. showing Rhode Island Income Tax withheld must still be attached to the front of your return.

Failure to do so may delay the processing of your return. ATTACH THIS SCHEDULE W TO YOUR RETURN

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2, 1099, etc.	Enter letter code from chart below	Employer's Name from Box C of your W-2 or Payer's Name from your other forms	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from other forms	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		CORUS SOFT INC	238043699	555 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			555 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld			1

Schedule W Reference Chart								
Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	16	RI K-1	P	Sect. IV, line 2
1099-DIV	D	16	1099-NEC	N	5			

State of Rhode Island Division of Taxation
2023 RI Schedule E
 Exemption Schedule for RI-1040 and RI-1040NR



23105915550101

Name(s) shown on Form RI-1040 or RI-1040NR PRIYANKA ALAPATI	Your social security number 858214902
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EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

1a	Yourself	<input checked="" type="checkbox"/>
b	Spouse	<input type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	1
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	0
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	1