Deduction for- Sa Definition and annuities Sa Definition and annuities Sa <	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
PRIYANKA ALAPATI 95.8 12.1 19.02 If port values, spouse's first name and middle initial Last name Spouse's social security number Home address (number and streed, if you have a PO-box, see instructions. Apt. no. Precidential Election Campaign 10 COTTAGE STREET Check here if you ary our streed is pouse if fing jointy wards 3 Precidential Election Campaign Foreign country name Foreign province/state/county Foreign post-oc/state/county Precidential Election Campaign Filing Status Single Married filing jointly (oven if only one had income) India of household (HOH) Check noty Married filing asparately (HFS) India of aname if the qualifying person is child but not your dependent is guite gamma and the qualifying person is child but not your dependent is guite gamma and the qualifying person is child but not your dependent is guite gamma and the qualifying person is child but not your dependent is guite gamma and the sectange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) If we is No Statadard Statadard Spouse: (9) Scola security (9) Feationarity (10) Check the box if qualifies for informity in your your ware a dependent in you ware a dual-status allon Id dual dependent in you ware and theored in the security in you ware and thor theoredin theoreding your your yourese and dependent in you w	For the year Jan	. 1-Dec	a. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instructions.
If joint return, spouse's first name and middle initial Late name Pagenual's social security number Idence dates spunche and street, if you have a P.O. box, see instructions. Apt. no. Predetonial Election campaign 10 COTTAGE STREET Construction of the physic your Construction of the physic your Chy, torm, or post office. If you have a P.O. box, see instructions. RT 2P code Does the physic your Foreign province/state/county Presign province/state/county Presign province/state/county Description of the physic your to go to this fund. Obsecting your is not redund. Filing Status Single Image data the MFS box, onter the name of your spouse. If you checked the MFS box, onter the name of your spouse. A work or pagents / MFS Qualifying surviving spouse (QSS) If you checked the MFS box, onter the name of your spouse. A work or pagents or dependent Your uppuse as a dependent Your spouse as a dependent Digital Anary time during 2023, dd your (g) receive (as a reward, award, or pagenum for property or services); or (b) sell, tassed instructions) Yes Is hold Dependents Social security (g) Social security (p) Resting Status Social security Dependents Social security (g) Resting Status Social security Social security Social security	Your first name	and mi	iddle initial	Last na	me						Your so	cial security number
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NANUTLIE RI 02.83 box below will not change Foreign constry name Foreign province/state/county Foreign postuloads you that or refuture. Filing Status Single Head of household (HOH) Warried filing jointly (even if only one had income) Oualifying surviving spouse (QSS) If you check der 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: SUDREER. GARTKAPATT Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Someone can chim: You s a dependent Ouar spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Bindness You: Yes No Standard Someone can chim: (2) Social security (a) Relationship If more instructions): (1) First name Last name (a) Popular (a) Relationship If a Total amount from Form(s) W-2, box 1 (see instructions) Ital Total amount from Form(s) W-2 (see instructions) Ital Total amount from Form(s) W-2, for instructions) Weater Ame Ital Bardwide Ital Ital Bardwide Ital	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co	ode		
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Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) Image: Comparison of the comparison												
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Married filing jointly or Qualifying surviving spouse, \$27,700 8 -14,389. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 72,808. 9 72,808. 9 72,808. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72,808. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.			, ,		-			,		[7	
Qualifying surviving spouse, surviving spouse, Head of household,9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income972,808.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1172,808.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	 Married filing jointly or 				•	•		-				-14,389
10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72,808. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Qualifying			,								
Head of household, S20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 72,808. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.					-							,
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 It Add lines 12 and 13 13 14 13,850.	 Head of household. 		•									72,808.
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$20,800			-								
Standard 14 Add lines 12 and 13 13,850	any box under							5-A				
		15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is yo	our t	taxable incom	ie .	<u> </u>	. 15	

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	8,282.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	8,282.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8				[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-e	mployment tax,	from Schedule	e 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							<u>.</u>
·	а	Form(s) W-2				25a 8	,682.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	,					25d	8,682.
If you have a	26	2023 estimated tax payment					[26	·
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	•		-			33	8,682.
Refund	34	If line 33 is more than line 24						34	400.
neruna	35a	Amount of line 34 you want				•	-	35a	400.
Direct deposit?	b	Routing number 2 1 1					Savings		
See instructions.	ď	Account number 1 3 3					ournige		
	36	Amount of line 34 you want a			d tax	36			
Amount	37	Subtract line 33 from line 24	•••••						
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	,						
Designee		structions	•		· · · · · ·		omplete bel	ow.	× No
200.9.100	De	signee's		Phone			, onal identifica		
	nai	ne		no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare the							
Here		ief, they are true, correct, and com	piete. Declaration of	i preparer (otrie	,	ased on all mormalic		•	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see ins		iv, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the IF	lS ser	nt your spouse an
Keep a copy for	οp		e an maor olgin	2410			Identity	Prote	ection PIN, enter it here
your records.							(see ins	:t.)	
	Ph	one no. (603) 290-107	0	Email address	GSUDHEER@	OUTLOOK.COM	Ι		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM <u>S</u> AGAR	GUPTA TALLAM	02/27/2024	P020827	03	Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC				Phone	no. (678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's I	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)

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	Your social security number
PRIYANKA ALAPATI	858-21-4902
Part I Additional Income	

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-14,389.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	_	
m	Olympic and Paralympic medals and USOC prize money (see			
	,	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p	-	
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r	-	
r s	Nontaxable amount of Medicaid waiver payments included on Form		-	
3	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:		-	
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-14,389.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

1	Adjustments to Income Educator expenses				. 11	
	•					
2	Certain business expenses of reservists, performing artists, and fee	-pasis	s gov	ernme	nt . 12	
`	officials. Attach Form 2106	• •	• •	• •	· 12	
3	Moving expenses for members of the Armed Forces. Attach Form 3903					
4						
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					a
b	Recipient's SSN	·			_	
С	Date of original divorce or separation agreement (see instructions):				_	
0	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
3	Archer MSA deduction				. 23	3
24	Other adjustments:					
а	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				
С	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				
е	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				
•	Attorney fees and court costs for actions involving certain unlawful	9			_	
••	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				
	Housing deduction from Form 2555	24i 24i				
۲ ا	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2 4j			_	
ĸ		24k				
-		24K				
z	Other adjustments. List type and amount:	24z				
F	Total athen adjustments Add lines 04- through 04-					
25	Total other adjustments. Add lines 24a through 24z				. 25)
6	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040, 1040-SR, or 1040-NR, line 10	• •			. 26	i

(Form	n 1040)	(From r	ental real esta	ate, royalties, partners	hips, S	corporat	ions, es	states,	trusts, REMI	Cs, etc.)	えん	23
	nent of the Treasury Revenue Service		Go to www	Attach to Form 1040, v.irs.gov/ScheduleE fo					formation.		Attachm Sequend	ent ce No. 13
Name(s) shown on return									Your soci	al security r	
PRIY	ANKA ALAPA	TI								858-2	1-4902	
Part				ntal Real Estate an								
	Note: If yo	ou are in t	he business of s from Form 4	renting personal proper 835 on page 2, line 40.	rty, use	Schedule	c . See	instru	ctions. If you	are an indiv	vidual, repo	ort farm
A [nat would require you	to file	Form(s) 1	099? 5	See ins	tructions.		. Ye	s 🛛 No
				ed Form(s) 1099?								
1a				(street, city, state, ZII								
A	,		,	S NAGAR KHAMMAN		,	TN	5070	13			
B	4 2 101/0	10/1/1	SILINIVA			JANGANA	7 TIV	5070	0.5			
1b	Type of Prope	erty 2	For each re	ntal real estate prope	ertv list	ted		Fa	ir Rental	Person	al Use	0.11/
	(from list belo		above, repo	ort the number of fair	rental	and			Days	Da		QJV
Α	3			e days. Check the Q			Α		365		0	
В				the requirements to the requirements to the requirements to the nt venture. See instruction			В					
С			quantou joi				С					
	of Property:											
	Single Family R			ation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Re	esidence	4 Com	imercial		6 Roya	alties	8	Other (desc	ribe)		
									Propert	ies:		
Incon							Α		В			С
3					3		6	34.				
4		ived			4							
Exper					-							
5	-				5							
6			,		6		2 0	0.0				
7 8	•				8		۷, ۵	96.				
9					<u> </u>							
10					10							
11	•	•			11		2.3	50.				
12	-			c. (see instructions)	12							
13				· · · · · · · · ·	13							
14	Repairs				14		2,5	12.				
15	Supplies .				15		2,7	33.				
16					16							
17					17			45.				
18		expense	or depletion		18		2,2	87.				
19	Other (list)	- A -I -I -I'			19		1 - 0	0.0				
20			0	19	20		15,0	23.				
21				nd/or 4 (royalties). If find out if you must								
					21		-14,3	89.				
22				ter limitation, if any,			, 。					
				· · · · · · · ·	22	(14,38	39.)	()	(
23a			,	e 3 for all rental prope				23a		634.		
b				e 4 for all royalty prop				23b				
с				e 12 for all properties				23c				
d				e 18 for all properties				23d		2,287.		
е				e 20 for all properties				23e	1:	5,023.		
24				wn on line 21. Do no		-				. 24	1	
25				21 and rental real estat							(1	14,389.
26	Total rental r	eal estat	te and royal	ty income or (loss).	Comb	ine lines	24 anc	25. E	nter the res	ult		

Supplemental Income and Loss

SCHEDULE E

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.

OMB No. 1545-0074



State of Rhode Island Division of Taxation 2023 Form RI-1040NR

Nonresident Individual Income Tax Return



23100415550101

Your social security number Spouse's social security number 858-21-4902 858-21-4902			
Your first name MI Last name Suffix			
PRIYANKA ALAPATI			2005-000
Spouse's name MI Last name Suffix			
	11. Mail 21. 11. 2017 AV		
Address			
10 COTTAGE STREET			
City, town or post office State ZIP code			
MANVILLE RI 02838 City or town of legal residence Check each box Primary Spouse N			
that applies. Other-Innary doposed doposed 2	ew ldress?	Amended Return? *	
			tv. check t
ELECTORAL If you want \$5.00 (\$10.00 if a joint return) to go if you want the state \$2.00 (\$4.00 if a joint return) to go CONTRIBUTION to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes box and fill in the name of the policy wise, it will be paid to a nonpartisan g	l party. Othe	r	ty, encourt
FILING Married filing Married filing Head of STATUS Single ➡ jointly ⇒ Married filing ⇒ Head of Check one Single ➡ → → → → → Head of		Qualifying widow(er) ⇔	
INCOME, 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
Rhode Island Island 3 Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases) Deduction	. 3	72808	00
Single \$10,000 Married 4 RI Standard Deduction from left. If line 3 is over \$233,750, see Standard Deduction Worksheet	4	10025	00
Married filing jointly 5 Subtract line 4 from line 3. If zero or less, enter 0	5	62783	00
Qualifying widow(er)6Enter # 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 Worksheet1X \$4,700=	6	4700	00
Married filing 7 RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0		58083	00
\$10,025 8 RI income tax from Rhode Island Tax Table or Tax Computation Worksheet	. 8	2178	00
household \$15,050 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. RI allocated All income is Nonresident with in- Part-year resident with	10	2178	00
Using a paper one box. 10 on this line. 10 on this line. 11 on the line of the line one box. 10 on this line. 10 on this line	11	415	00
clip, please 12 Other Rhode Island Credits from RI Schedule CR, line 9	12		00
attach Forms 13 a Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero) W-2 and	13a	415	00
1099 b 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
15 a USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies Check ✓ to certify use tax amount on line 15a is accurate.	15a		00
b Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage.	15b		00
16 a TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14, 15a and 15b	. 16a	415	00

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

REV 02/15/24 PRO Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

1555

* 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

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

16 b	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a	16b	415	00			
17 a	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						
b	2023 estimated tax payments and amount applied from 2022 return	17b		00			
С	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			
е	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
18 a	AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h	from li	ine 16b		18a		00
b	Enter the amount of underestimating interest due from Form RI-2210 or This amount should be added to line 18a or subtracted from line 19, where the term of te		(/		18b	0	00
с	TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and	d sen	d in with your payment	$\overline{\mbox{\scriptsize ($)}}$	18c	0	00
19	AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line is an amount due for underestimating interest on line 18b, subtract line	19	140	00			
20	Amount of overpayment to be refunded	20	140	00			
21	Amount of overpayment to be applied to 2024 estimated tax						
19 20	TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V an AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line is an amount due for underestimating interest on line 18b, subtract line Amount of overpayment to be refunded	18c 19	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 Print name Date Paid preparer signature Telephone number SYAM PRIYA RAM SAGAR GUPTA TALLAM (678) 965-9522 02/27/2024 Paid preparer address City, town or post office State ZIP code PTIN 245 ROONEY CT E BRUNSWICK NJ 08816 P02082703

REV 02/15/24 PRO





State of Rhode Island Division of Taxation 2023 Form RI-1040NR



Nonresident Individual Income Tax Return - page 3

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

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22	RI incom	e 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	MAXIMU	M CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9	25		00
RI S	CHEDUL	E II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS			
		II should be completed by NONRESIDENTS with income from outside Rhode Island. Iule II is located on page 13.			
		III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island. lule III is located on page 15.			
		SIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need ete either schedule II or III.			
RI C	HECKOF	FF CONTRIBUTIONS SCHEDULE \$1.00 \$5.00 \$10.00 Other			
26	P	Drug program account RIGL §44-30-2.4	26		00
27	f	Olympic Contribution RIGL §44-30-2.1 Yes \$1.00 contribution (\$2.00 if a joint return)	27		00
28	\heartsuit	RI Organ Transplant Fund RIGL §44-30-2.5	28		00
29	1º	RI Council on the Arts RIGL §42-75.1-1	29		00
30	E K	Nongame Wildlife Fund RIGL §44-30-2.2	30		00
31	906	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	31		00
32		RI Military Family Relief Fund RIGL §44-30-2.9	32		00
33	TOTAL C	ONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14	33		00
RI S	CHEDUL	E EIC - RHODE ISLAND EARNED INCOME CREDIT			
34	Federal e	earned income credit from Federal Form 1040 or 1040-SR, line 27	34		00
35	Rhode Is	land percentage	35	15%	
36	RI EARN	ED INCOME CREDIT. Multiply line 34 by line 35	36		00
37		land allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule 4. If all income is from RI, enter 1.0000	37		
38		I EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2,	38		00





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.

Ente	r the dates you were a RI resident:		ME	RI RESIDENT PER	IOD		ESID	ENT PERIOD	
From		Column A Income from		Column B Income from Co	IA	Column C Income from Co	IA	Column D Income from Col	С
to	12/31/2023	Federal Return		from RI Resident	time	from NonResident	time	from RI sources	s
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 colu	13	13888	00					
14	14 Allocation. Divide line 13 by line 12, column A. If line 13 is greater than line 12, column A, enter 1.0000							0.1	907
15	RI tax after allowable federal credits before		15	2178	00				
16	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							415	00





Name(s) shown on Form RI-1040NR

PRIYANKA ALAPATI

Your social security number

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		
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		
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. 1555

REV 02/15/24 PRO





Rhode Island Withholding Information - Page 4

Name(s) shown on Form RI-1040 or RI-1040NR PRIYANKA ALAPATI 858-21-4902

Your social security number

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

	Column A	Column B	Column C	Column D	Column	
	<u>Enter "S"</u> if Spouse's	Enter letter code from	Employer's Name from Box C of your W-	Employer's state ID # from box 15 of your W-2 or Payer's	Rhode Island Incom Withheld (SEE BE	
	<u>W-2, 1099, etc.</u>	chart below	2 or Payer's Name from your other forms	Federal ID # from other forms	FOR BOX REFERE	NCES)
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			d lines 1 through 15, Col. E. Enter total here ar		555	00
17	Total number of W	/-2s and 1099s s	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		
W-2		17		1099-G	G	11		1099-OID	0	14	
W-2G	W	15		1099-INT		17		1099-R	R	14	
1042-S	S	17a		1099-K	К	8		RI-1099E	E	11	
1099-B	В	16		1099-MISC	М	16		RI K-1	Р	Sect. IV, line 2	
1099-DIV	D	16		1099-NEC	N	5					





Name(s) sho	wn on Form RI-1040 or RI-1040NR
PRIYANKA	ALAPATI

Your social security number 858214902

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

1a	Yourself						
b	Spouse						
	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(1	D) Relationship		
2a							
b							
с							
d							
e							
f							
g							
h							
i							
j							
k							
I							
m							
	Exemptio	on Number Summary					
3	Enter the number of boxes checked on lines 1	a and 1b		3	1		
4a	Enter the number of children from lines 2a thr		4a	0			
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation						
с	Enter the number of other dependents from line	s 2a through 2m not included	l on lines 4a or 4b.	4c	0		
5	Add the numbers from lines 3 through 4c. Enter	here and in the box on RI-104	10/NR, pg 1, line 6 .	5	1		