Page 2 Form 1040-V (2022) 2023

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2023

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

- ▶ Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040. ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

of your payment . .

Enter the amount

4,006.

REV 02/05/24 PRO

Form 1040-V Payment Voucher

PALLABI HZOHD

655 ₩ IRVING PARK ROAD 4516 CHICAGO IL 60613

INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40543-7000

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



£1040	•	artment of the Treasury-Internal Revenue Servi		rn 201	23	OMB No. 1545	-0074	IRS Use	Only—	Do not w	rite or sta	ple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, 6	ending	<u>'</u>		, 20		See sep	oarate i	nstructions.	
Your first name	and m	iddle initial	Last nam	ne					,	our so	cial sec	urity number	_
PALLABI			GHOSI	I						123	45	0267	
If joint return, s	pouse's	s first name and middle initial	Last nam	ne						Spouse's	s social	security numb	eı
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			Δ	Apt. no.	-	Presider	ntial Ele	ection Campai	 gn
655 W II	RVIN	G PARK ROAD					4	516			,	ou, or your	_
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	te	ZIP co	ode				jointly, want \$3 nd. Checking a	
CHICAGO					II	i .	606	13		0		not change	1
Foreign countr	y name		Fo	oreign province/sta	te/count	ty	Foreig	n postal c	ode	our tax	or refu		se
Filing Status	s ×	Single				☐ Head of he	ouseh	old (HOF	1)		7		_
_		Married filing jointly (even if only o	ne had in	come)				`					
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	surviv	ing spou	use (C	(SS)			
0.10 2011	lf y	you checked the MFS box, enter the	name of	your spouse. If y	ou che	ecked the HOF	or QS	SS box,	enter	the chi	ld's nai	me if the	
	qu	alifying person is a child but not you	ır depend	lent:									
District	Λ+ o	ov time during 2022, did your (a) rea	oivo (oo o					oor (iooo)	\. or (k	s) ooll			_
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig									ΠYe	es 🛛 No	
Standard		neone can claim: You as a de				a dependent	7. (-						_
Deduction	_	Spouse itemizes on a separate retur	•										_
Age/Blindnes	s You	: Were born before January 2, 1	959 🗌	Are blind S	pouse	: Was bor	n befo	re Janua	ary 2,	1959	☐ Is	s blind	
Dependent	s (see	instructions):		(2) Social secu	rity	(3) Relationsh	_{ip} (4) Check t	he box	if qualif	fies for (see instructions	s):
If more	(1) F	irst name Last name		number		to you		Child t	ax cre	dit	Credit fo	r other depender	nts
than four													
dependents, see instruction	e —												
and check	. —												
here L								[
Income	1a	Total amount from Form(s) W-2, b	` `							1a	-	223,623.	<u>. </u>
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			e instru	ıctions)				1d	_		_
1099-R if tax	е	Taxable dependent care benefits f								1e			_
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839, line	29 .					1f			_
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g	-		_
W-2, see	h	Other earned income (see instruct					· ·			1h	_	0.	<u>. </u>
instructions.	i	Nontaxable combat pay election (s	see instru	ictions)		<u>li</u>						222 622	
	<u>z</u>	Add lines 1a through 1h		· · · · i						1z	+	223,623.	_
Attach Sch. B if required.	2a		2a	671.		axable interest				2b	+	433.	_
roquirou.	3a_		3a	0/1.		ordinary divide				3b	+	671.	-
Standard	4a		4a			axable amoun				4b			_
Deduction for—	5a		5a			axable amoun				5b	+		_
Single or Married filing	6a		6a	othod sheet by		axable amoun	ι			6b			_
separately, \$13,850		If you elect to use the lump-sum e		*	`	,			. 📙	7			
Married filing	7	Capital gain or (loss). Attach Sche		•	•	•			. Ш	7	+		_
jointly or Qualifying	8	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7	-							9	+	224,727.	_
surviving spouse, \$27,700		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							+	447,141.	-
Head of	10	Adjustments to income from Sche								10	+	224 727	_
household, \$20,800	11	Subtract line 10 from line 9. This is	•	_						11	+	13 950	
If you checked	12	Standard deduction or itemized		,		 5 A				12	+	13,850	<u>.</u>
any box under Standard	13	Qualified business income deduct								13	+	12 050	_
Deduction, see instructions.	14	Add lines 12 and 13		ontor O. This is						14	+	13,850.	

Form 1040 (2023	3)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	46,199.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	46,199.
	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	46,199.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	350.
	24	Add lines 22 and 23. This is your total tax	24	46,549.
Payments	25	Federal income tax withheld from:		
-	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	42,543.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	7	
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	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	42,543.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings		
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X		
	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 <i>www.irs.gov/Payments</i> or see instructions	37	4,006.
	38	Estimated tax penalty (see instructions)		
Third Party		by you want to allow another person to discuss this return with the IRS? See structions	olow	—————————————————————————————————————
Designee		signee's Phone Personal identifi		INU
		me no. number (PIN)	CallOII	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity
				N, enter it here
Joint return?		SOFTWARE ENGINEER (see in		
See instructions. Keep a copy for your records.	Sp		ity Prote	nt your spouse an ection PIN, enter it here
	Ph	one no. (312)340-4820 Email address		
D-:-I	Pre	eparer's name Preparer's signature Date PTIN		Check if:
Paid	VENK	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	833	Self-employed
Preparer				678)965-9522
Use Only		m's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's		88-2145487

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 PALLABI GHOSH

Your social security number 123-45-0267

Par	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 II 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	308.
12	Net investment income tax. Attach Form 8960	12	42.
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	
	(cc	ntin	ued on page 2)

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

Schedule 2 (Form 1040) 2023

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

Part II Other Taxes (continued)

17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home 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	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17 j			
k	Golden parachute payments	17k			
ı	Tax on accumulation distribution of trusts	17 I			
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	17o			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	es. E	nter here and	21	350.

Health Savings Accounts (HSAs)

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8889 for instructions and the latest information. OMB No. 1545-0074

Attachment Sequence No. **52**

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

PALLABI GHOSH

Department of the Treasury

Internal Revenue Service

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 123-45-0267

beior	e you begin: Complete Form 6653, Archer MSAs and Long-Term Care insurance Contracts, in	requ	irea.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	lf-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	548.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	7,202.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	rate l	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		
	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

Department of the Treasury Internal Revenue Service Name(s) shown on return

PALLABI GHOSH

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

Attachment Sequence No. **71**

Your social security number 123-45-0267

Part	Additional Medicare Tax on Medicare Wages		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one		
	Form W-2, enter the total of the amounts from box 5		
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3		
5	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
_	Single, Head of household, or Qualifying surviving spouse \$200,000 5 200,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0	6	34,221.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to	″ _ I	200
Doub	Part II	7	308.
Part			
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0		
9	had a loss, enter -0	-	
9	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
10	Enter the amount from line 4	-	
11	Subtract line 10 from line 9. If zero or less, enter -0	-	
12	Subtract line 11 from line 8. If zero or less, enter -0	12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and		
	go to Part III	13	
Part			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		
	(see instructions)		
15	Enter the following amount for your filing status:		
	Married filing jointly		
	Married filing separately		
	Single, Head of household, or Qualifying surviving spouse \$200,000		
16	Subtract line 15 from line 14. If zero or less, enter -0	16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009).		
Part	Enter here and go to Part IV	17	
	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS		
18	filers, see instructions), and go to Part V	18	308.
Part	Withholding Reconciliation	10	300.
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form		
	W-2, enter the total of the amounts from box 6		
20	Enter the amount from line 1		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	-	
	withholding on Medicare wages		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		
	withholding on Medicare wages	22	308.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box		
	14 (see instructions)	23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with		
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers,		
	see instructions)	24	308

BAA

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023
Attachment
Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN PALLABI GHOSH 123-45-0267 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 433. 2 2 671. 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b 4c Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7.... 8 1,104 Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) Miscellaneous investment expenses (see instructions) . 9с 9d 10 10 Total deductions and modifications. Add lines 9d and 10 . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 1,104. Individuals: Modified adjusted gross income (see instructions) 13 224,727. 14 200,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 24,727. 16 16 1,104. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 42. **Estates and Trusts:** Net investment income (line 12 above) 18a Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b c Subtract line 19b from line 19a. If zero or less, enter -0- 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21



or for fiscal year ending ____/____

Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

3 Other additions. Attach Schedule M. 4 Total income. Add Lines 1 through 3. 4 224,727.0 Step 3: Base Income 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 5	Α							
PALLABT GHOSH 655 W IRVING PARK ROAD A516 CHICAGO IL 60613 COOX B Filing status: Single Married filing jointly Married filing separately Widowed Head of household C Check If someone can claim you, or your spouse if filing Jointly, as a dependent. See instructions. You Spouse D Check the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR Step 2: Income C Prederal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 12. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1840-SR, Line 2a. Total income. Add Lines I through 3. Step 3: Base Income S Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Slep 2: Income S Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Schedule 1, Ln. 1. 7 Other subtractions. Attach Schedule M. 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 8 0. Slep 4: Exemptions - See instructions for income limitations 10 a Enter the exemption amount for yourself and your spouse. See Instructions. b C heck if 65 or older: You + I Spouse & of checkboxes X \$1,000 = b. C Check if 16 gaily blind: You + I Spouse & of checkboxes X \$1,000 = b. Attach Schedule IL-EFIC. Exemption allowance. Add Lines 10a through 10d. Step 5: Net Income and Tax 11 Residents: Not income. Subtract Line 8 from Schedule NR. 12 11,004. Step 6: Tax After Nonrefundable Credits 15 1 noone tax. Add Lines 2 and 13. Centure beneate the macron from Schedule NR. 16 8 85.00 17 Credit amount long Schedule 1299-C. Attach Schedule 1299-C. 17 10 00 18 Add Lines 15, 16, and 17, 17 his is the total of your credit of Schedule 1299-C. 17 20 00 18 Add Lines 15, 16, and 17, 17 his is the total of your credit Schedule 1299-C. 17 20 00 18 Add Lines 15, 16, and 17, 17 his is t	1 ′)2 4F 0267 10	005			WIFTERWAYS	raskarkari	(1786) 188 4
B Filing status: Single Married filing jointly Married filing separately Widowed Head of household								
B Filing status: Single Married filing jointly Married filing separately Widowed Head of household C Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions: You Spouse D Check the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR Step 2: Income (Whole dollars only)	FI	THADI	GIIOSII			ha (Dight) al Stail Dailte. Mai leannachta		364383
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	2			ut-of-state purchas	ses from UT Worksheet or UT	Table	04	0 ==
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 22) 2			Program Act and ex	ale of assets by gaming license	ae curcharges	21 22	00.00
	_			rogram Act and Sa	aic of assets by gairing neerist	o surcriaryes.		10,919.00



24 Tot	tal tax from Page 1, Line 2	3.				24	10,919.00
Step 8:	Payments and Refund	lable Credit					
25 Illino	ois Income Tax withheld. A	ttach Schedule IL-W	/IT.		25 10	<u>,929.00</u>	
26 Estir	mated payments from Forr	ns IL-1040-ES and I	L-505-I,				
	ıding any overpayment apı				26	.00	
	s-through withholding. Atta				27 28	.00	
28 Pass	.00						
	ned Income Credit from Sch				. 29	.00	10 000
30 Tota	al payments and refundal	ole credit. Add Lines	s 25 through	29.		30	10,929.00
Step 9:	Total						
31 If Lir	ne 30 is greater than Line 24	, subtract Line 24 fro	m Line 30.			31	10.00
32 If Lir	ne 24 is greater than Line 30	, subtract Line 30 fro	m Line 24.			32	.00
Step 10	: Underpayment of Es	timated Tax Pena	alty and Do	onations			
	e-payment penalty for unde				33	.00	
	Check if at least two-third			-			
_	Check if you or your spor		-				
С	Check if your income was	not received evenly	/ during the	year and you annuali:	zed your income of	on Form IL-22	10.
	Attach Form IL-2210.						
_	Check if you were not red			Income Tax return in			
	intary charitable donations				34	.00 35	.00
	al penalty and donations.		4 .			35	.00
-	: Refund or Amount y		:	(in - OF in the t) : OF form I in a	0.4	
-	u have an amount on Line	31 and this amount	is greater th	an Line 35, subtract i	Line 35 from Line	31. 36	10.00
	is your overpayment . ount from Line 36 you want	refunded to you.	book one bo	v on Line 38. See inst	tructions	36 <u></u> 37	10.00
	•	-	neck one bo.	X ON LINE 30. See IIISI	iructions.	31	
	pose to receive my refund	•		1 (1 : 1			
а∟	direct deposit - Comple	te the information be	low if you cr	neck this box.			
	You may also contribute	Routing number			Checkin	ng or Savi	ngs
	to college savings funds here. See instructions!	Account number					
	7						
	paper check.	0.11 11: 07.5	11. 00			20	00
	ount to be credited forward					39	.00
-	ou have an amount on Li		_				
	ss than Line 35, subtract L			and 32 are blank (ze	ero) , enter the am		00
from	Line 35. This is the amo u	nt you owe. See in:	structions.			40	.00
Step 12	2: Health Insurance Cl	neckbox and Sign	nature				
	Check this box and include						
	agencies in order to deteri	mine your eligibility f	or health ins	urance benefits. See	instructions for m	ore informatio	n.
0: 4							
_	ure - Note: If this is a joint re			_	less avela data : it	:- 4	4 and asmedate
Under p	enalties of perjury, I state	triat i riave examine	a mis returi	i, and to the best of r	ny knowiedge, it	is true, correc	t, and complete.
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phon	e number
Here	100.000	_ ==== (,,,,,,,,			Dato (IIIII) da/yyyy)	4 \	
	Drint/Type paid preparer's no	mo	Doid propers	r'a aignatura	Data (/III)	(312) 340	
Paid	Print/Type paid preparer's na		Paid prepare	-	Date (mm/dd/yyyy)	Check if self-employed	Paid Preparer's PTIN P02470833
Preparer	VENKATA SAI PAVAN KUMAR D		VENKAIA SAI	PAVAN KUMAR DUDIPALLI			
Use Only		AL TAXES LLC			Firm's FEIN	88214548	
			BRUNSWIC	KNJ 08816	Firm's phone	(678) 969	5-9522
Third	Designee's name (please pri	nt)		Designee's phone num	nber		e Department may
Party Dosignoo				()			eturn with the third e shown in this step.
Designee		000 11 4040 1	- 4 4*	- 6 48 - 8 8	4- **		
	Reter to the 2	023 IL-1040 Ins	struction	s for the addre	ss to mail vo	our return	

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 01/23/24 PRO





Illinois Credits

IL Attachment No. 23

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit See Publication 108.
- K-12 Education Expense Credit See Publications 112, 119, & 132.
- Volunteer Emergency Worker Credit See Instructions.
- You must complete Form IL-1040 through Line 14 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit, K-12
 Education Expense Credit, and Volunteer Emergency Worker
 Credit cannot exceed tax due.

S	te	p 1: Provide the following information	on					
PΑ	LLA	ABI GHOSH	1 2	3 _	4 5	0 2	6	7
′ 0ι	ur na	me as shown on your Form IL-1040	our Social Se	curity number				
S	te	p 2: Figure your nonrefundable cred	dit					
1		ter the amount of tax from your Form IL-1040, Line 14.				1	11,	004.00
2		ter the amount of credit for tax paid to other states from your Form II	L-1040, Line	e 15.		2		.00
3	Su	btract Line 2 from Line 1.				3	11,	004.00
Se	ectio	on A - Illinois Property Tax Credit (See instructions for direc	tions on ho	ow to obtain	your prop	erty number)		
4	а	Enter the total amount of Illinois Property Tax paid during the						
		tax year for the real estate that includes your principal residence.	4a _		1,690.00			
	b	Enter the county and property number of your principal residence.	See instruc	tions.				
		4b COOK 60613 Property number						
	С	Enter the county and property number of an adjoining lot, if include		a.				
		4c						
	٨	County Property number		. 4				
	d	Enter the county and property number of another adjoining lot, if in	iciuded in L	ine 4a.				
		County Property number						
	е	Enter the portion of your tax bill that is deductible as a business	,					
		expense on U.S. income tax forms or schedules, even						
		if you did not take the federal deduction.	4e _		.00			
	f	Subtract Line 4e from Line 4a.	4f _		1,690.00			
_	g	Multiply Line 4f by 5% (.05).	4g _		85.00	_		
5		mpare Lines 3 and 4g, and enter the lesser amount here.				5		85 .00
3	Su	btract Line 5 from Line 3.	6 _	1	0,919.00			
Se	ectio	on B - K-12 Education Expense Credit						
No	te: `	You must complete the K-12 Education Expense Credit Workshee	et on the las	st page				
		schedule and attach any receipt(s) you received from your student's	s school to	claim				
an •		cation expense credit.						
•	а	Enter the total amount of K-12 education expenses from Line 15 of the worksheet on Page 3 of this schedule.	7a		.00			
			-					
	b	You may not take a credit for the first \$250 paid.	7b ₋		250.00			
	C C	Subtract Line 7b from Line 7a. If the result is negative, enter "zero.	" 7c ₋		.00			
	d	Multiply Line 7c by 25% (.25). Compare the result and \$750, and enter the lesser amount here.	7d		.00			
3	Co	mpare Lines 6 and 7d, and enter the lesser amount here.	74 -		.00	8		.00
9		btract Line 8 from Line 6.	9	1	0,919.00	<u> </u>		.00
-	Ju	add Line o nom Line o.	٠.		- ,00			

Continue on Page 2. →



Schedule ICR Illinois Credits

Step 2: Figure your nonrefundable credit, continued

Section C - Volunteer Emergency Worker Credit - see instructions.

Note: This credit is only available if you received a Volunteer Emergency Worker Credit Certificate from the Illinois Department of Revenue.

10 a Enter your Volunteer Emergency Worker Credit Certificate Number.

10a _____

b Enter your spouse's Volunteer Emergency Worker Credit Certificate Number.

10b

c Enter \$500.00 if you, or your spouse if married filing jointly, were awarded the volunteer emergency worker credit. Enter \$1,000.00 if married filing jointly, and **both** you and your spouse were awarded the credit.

10c ______

11 Compare Lines 9 and 10c, and enter the lesser amount here.

12 Subtract Line 11 from Line 9.

10,919.00

Section D - Total Nonrefundable Credit

13 Add Lines 5, 8, and 11. This is your nonrefundable credit amount. Enter this amount on Form IL-1040, Line 16.

Continue on Page 3. →



K-12 Education Expense Credit Worksheet

<u>=Note</u>→ You must complete this worksheet and attach any receipt(s) you received from your student's school to claim an education expense credit.

14 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F School type (check only one) P = Public N = Non-public H = Home school	G Total tuition, book/lab fees
a					LJ LJ LJ P N H	
b						
c						
<u> </u>					P N H	
d					_ 0 0 0	
e					р N Н П П П	
e						
f						
a					р N Н 🗆 🗆 🗆	
9					P N H	
h						
					P N H	
i					_ 0 0 0	
					P N H \square \square	
					P N H	
15 Add the amounts in Column G additional pages you attached) this year. Enter this amount her	. This is the total amount of you	r qualified ed			15	.00

Warning: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

ID: 3WM REV 01/23/24 PRO





Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

	LLABI GHOSH ur name as shown	on Form IL-1040							
Column A Form type		Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.			Column E Illinois Income Tax Withheld	
1	W	36-4468504 000 6	- \$	223,623,00	\$2	223,623 .00	\$	10,929•00	
2			- \$ <u></u>	•00	\$ \$	•00 •00	\$ \$	•00 •00	
4			\$	•00	\$	•00	\$	•00	
5			- \$	•00	\$	•00	\$	<u>•00</u>	

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Υοι	ır spouse's name	e as shown on Form IL-1040	Your spouse's Social Security number						
	Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.		Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.		Column E Illinois Income Tax Withheld		
6			_ \$	•00	\$	•00	\$	•00	
7			_ \$	•00	\$	•00	\$	<u>•00</u>	
8			_ \$	<u>•00</u>	\$	•00	\$	<u>•00</u>	
9			_ \$	<u>•00</u>	\$	•00	\$	<u>•00</u>	
10			_ \$	<u>•00</u>	\$	•00	\$	<u>•00</u>	

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 10,929**.00**

→ Attach all Schedules IL-WIT to your IL-1040. ←

