

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name SWAROOP REDDY GAYAM | Social security number 598-91-1939 |
| Spouse's name RAMYA CHINTAKUNTLA | Spouse's social security number 272-57-9379 |

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|---|---|----------|
| 1 | Adjusted gross income | 1 | 212,294. |
| 2 | Total tax | 2 | 22,439. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 38,467. |
| 4 | Amount you want refunded to you | 4 | 16,028. |
| 5 | Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 1 | 1 | 9 | 3 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 9 | 3 | 7 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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 SWAROOP REDDY Last name GAYAM Your social security number 598 91 1939

If joint return, spouse's first name and middle initial RAMYA Last name CHINTAKUNTLA Spouse's social security number 272 57 9379

Home address (number and street). If you have a P.O. box, see instructions. 144 CRAMERTON DRIVE Apt. no. Presidential Election Campaign 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. [] You [] Spouse

Filing Status [] Single [] Head of household (HOH) [X] Married filing jointly (even if only one had income) [] Married filing separately (MFS) [] 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:

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 [X] 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 rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 221,976. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a (see instructions). 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions). 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions) 4,606. 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h 226,582.

Table with rows 2a through 6a. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 4a IRA distributions. 4b Taxable amount. 5a Pensions and annuities. 5b Taxable amount. 6a Social security benefits. 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here -3,000. 8 Additional income from Schedule 1, line 10 -15,041. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 212,294. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 212,294. 12 Standard deduction or itemized deductions (from Schedule A) 34,179. 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13 34,179. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 178,115.

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, and total other payments and refundable credits.

Refund table with rows 34-36. Includes amount overpaid, amount refunded to you (with routing and account numbers), and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section. Includes a declaration to allow another person to discuss the return with the IRS, and fields for name, phone, and PIN.

Sign Here section. Includes a declaration under penalties of perjury, and signature/occupation fields for the preparer and spouse.

Paid Preparer Use Only section. Includes fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

**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
SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA

Your social security number
598-91-1939

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 | -15,041. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABLE account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -15,041. |

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 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
SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA

Your social security number
598-91-1939

Part I 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 | |

Part II Other Taxes

| | | | |
|-----------|--|-----------|------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Social security and Medicare tax on unreported tip income. Attach Form 4137 | 5 | |
| 6 | Uncollected social security and Medicare tax on wages. Attach Form 8919 | 6 | |
| 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 <input type="checkbox"/> | 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 | 139. |
| 12 | Net investment income tax. Attach Form 8960 | 12 | |
| 13 | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 | 13 | |
| 14 | Interest on tax due on installment income from the sale of certain residential lots and timeshares | 14 | |
| 15 | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 | 15 | |
| 16 | Recapture of low-income housing credit. Attach Form 8611 | 16 | |

(continued on page 2)

Part II Other Taxes *(continued)*

| | | | | |
|-----------|---|------------|--|-----------|
| 17 | Other additional taxes: | | | |
| a | 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 | | |
| c | 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 | | |
| e | 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 | 17j | | |
| k | Golden parachute payments | 17k | | |
| l | Tax on accumulation distribution of trusts | 17l | | |
| 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 | | |
| o | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR | 17o | | |
| p | 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 taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | | | 21 |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA

Your social security number
598-91-1939

Part I Nonrefundable Credits

| | | | |
|-----------|---|-----------|--------|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5a | Residential clean energy credit from Form 5695, line 15 | 5a | |
| b | Energy efficient home improvement credit from Form 5695, line 32 | 5b | |
| 6 | Other nonrefundable credits: | | |
| a | General business credit. Attach Form 3800 | 6a | |
| b | Credit for prior year minimum tax. Attach Form 8801 | 6b | |
| c | Adoption credit. Attach Form 8839 | 6c | |
| d | Credit for the elderly or disabled. Attach Schedule R | 6d | |
| e | Reserved for future use | 6e | |
| f | Clean vehicle credit. Attach Form 8936 | 6f | 7,500. |
| g | Mortgage interest credit. Attach Form 8396 | 6g | |
| h | District of Columbia first-time homebuyer credit. Attach Form 8859 | 6h | |
| i | Qualified electric vehicle credit. Attach Form 8834 | 6i | |
| j | Alternative fuel vehicle refueling property credit. Attach Form 8911 | 6j | |
| k | Credit to holders of tax credit bonds. Attach Form 8912 | 6k | |
| l | Amount on Form 8978, line 14. See instructions | 6l | |
| m | Credit for previously owned clean vehicles. Attach Form 8936 | 6m | |
| z | Other nonrefundable credits. List type and amount: _____ | 6z | |
| 7 | Total other nonrefundable credits. Add lines 6a through 6z | 7 | 7,500. |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 7,500. |

(continued on page 2)

Part II Other Payments and Refundable Credits

| | | | | |
|-----------|--|------------|-----------|--|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | |
| 10 | Amount paid with request for extension to file (see instructions) | | 10 | |
| 11 | Excess social security and tier 1 RRTA tax withheld | | 11 | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | |
| 13 | Other payments or refundable credits: | | | |
| a | Form 2439 | 13a | | |
| b | Credit for repayment of amounts included in income from earlier years | 13b | | |
| c | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c | | |
| d | Deferred amount of net 965 tax liability (see instructions) | 13d | | |
| z | Other payments or refundable credits. List type and amount: | 13z | | |
| 14 | Total other payments or refundable credits. Add lines 13a through 13z | | 14 | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | | 15 | |

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

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

SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA

Your social security number

598-91-1939

| | | | | |
|------------------------------------|---|--|----------|-------------------|
| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | |
| | 1 | Medical and dental expenses (see instructions) | | |
| | 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | |
| | 3 | Multiply line 2 by 7.5% (0.075) | 3 | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 4 |
| Taxes You Paid | 5 | State and local taxes. | | |
| | 5a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 9,694. | |
| | 5b | State and local real estate taxes (see instructions) | 3,990. | |
| | 5c | State and local personal property taxes | | |
| | 5d | Add lines 5a through 5c | 13,684. | |
| | 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 10,000. | |
| | 6 | Other taxes. List type and amount: _____ | | |
| | 7 | Add lines 5e and 6 | | 7 10,000. |
| Interest You Paid | 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| | 8a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 24,179. | |
| | 8b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | | |
| | 8c | Points not reported to you on Form 1098. See instructions for special rules | | |
| | 8d | Reserved for future use | | |
| | 8e | Add lines 8a through 8c | 24,179. | |
| | 9 | Investment interest. Attach Form 4952 if required. See instructions | | |
| | 10 | Add lines 8e and 9 | | 10 24,179. |
| Gifts to Charity | 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | | |
| | 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | | |
| | 13 | Carryover from prior year | | |
| | 14 | Add lines 11 through 13 | | 14 |
| Casualty and Theft Losses | 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | 15 |
| Other Itemized Deductions | 16 | Other—from list in instructions. List type and amount: _____ | | 16 |
| Total Itemized Deductions | 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | 17 34,179. |
| | 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA

Your social security number

598-91-1939

**Part I
Interest**

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Robinhood Securities LLC

Amount

3,753.

1

2 Add the amounts on line 1

3,753.

2

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

3,753.

4

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

**Part II
Ordinary Dividends**

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer: _____

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

6

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

7a At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

| Yes | No |
|-----|----|
| | X |

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located: _____

8 During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

| | |
|--|---|
| | X |
|--|---|

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return: **SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA** Your social security number: **598-91-1939**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 17,049. | 17,688. | -65. | -704. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 (15,843.) |
| 7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -16,547. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 (402.) |
| 15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 -402. |

Part III Summary

| | | |
|---|-----------|------------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | -16,949. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 | (3,000.) |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Name(s) shown on return

SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA

Your social security number

598-91-1939

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

| | |
|----------|--|
| A | NEAR PUNJABI COMMUNITY HAL HYDERABAD TELANGANA IN 500010 |
| B | 301 HUNTING HILL DR, B37 CUMBERLAND RI 02864 |
| 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 | A | B | <input type="checkbox"/> | <input type="checkbox"/> |
| A | 3 | | | 365 | | 0 | | <input type="checkbox"/> | |
| B | 1 | | | 90 | | 275 | | <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 | 1,013. | 9,900. | |
| 4 Royalties received | | | |
| Expenses: | | | |
| 5 Advertising | | | |
| 6 Auto and travel (see instructions) | | | |
| 7 Cleaning and maintenance | 1,059. | 148. | |
| 8 Commissions | | 1,200. | |
| 9 Insurance | | | |
| 10 Legal and other professional fees | | | |
| 11 Management fees | 1,163. | 900. | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | | 3,338. | |
| 13 Other interest | | | |
| 14 Repairs | 4,569. | 542. | |
| 15 Supplies | 3,951. | 370. | |
| 16 Taxes | | 1,306. | |
| 17 Utilities | | | |
| 18 Depreciation expense or depletion | 5,455. | 1,953. | |
| 19 Other (list) _____ | | | |
| 20 Total expenses. Add lines 5 through 19 | 16,197. | 9,757. | |
| 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 | -15,184. | 143. | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | (15,184.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | | 10,913. | |
| b Total of all amounts reported on line 4 for all royalty properties | | | |
| c Total of all amounts reported on line 12 for all properties | | 3,338. | |
| d Total of all amounts reported on line 18 for all properties | | 7,408. | |
| e Total of all amounts reported on line 20 for all properties | | 25,954. | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | | | 143. |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | (15,184.) | | |
| 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 | | | -15,041. |

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.

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

Social security number of HSA beneficiary.
 If both spouses have HSAs, see instructions.
 598-91-1939

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | |
|----|--|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> 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 |
| 8 | Add lines 6 and 7 | 8 7,750. |
| 9 | Employer contributions made to your HSAs for 2023 | 9 5,600. |
| 10 | Qualified HSA funding distributions | 10 |
| 11 | Add lines 9 and 10 | 11 5,600. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 2,150. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | |
|-----|--|-----|
| 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 |
| c | 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 <input type="checkbox"/> | |
| 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 III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, 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

Attach to your tax return.
Go to www.irs.gov/Form8936 for instructions and the latest information.

2023
Attachment
Sequence No. **69**

| | |
|---|-----------------------------------|
| Name(s) shown on return SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA | Identifying number 598-91-1939 |
|---|-----------------------------------|

Notes: • Complete a separate Schedule A (Form 8936) for each clean vehicle placed in service during the tax year.
• Individuals completing Parts II, III, or IV, must also complete Part I. See "Note" text below.

Part I Modified Adjusted Gross Income Amount

| | | | |
|---|-----------|----------|----------|
| 1a Enter the amount from line 11 of your 2023 Form 1040, 1040-SR, or 1040-NR | 1a | 212,294. | |
| b Enter any income from Puerto Rico you excluded | 1b | | |
| c Enter any amount from Form 2555, line 45 | 1c | | |
| d Enter any amount from Form 2555, line 50 | 1d | | |
| e Enter any amount from Form 4563, line 15 | 1e | | |
| 2 Add lines 1a through 1e | 2 | | 212,294. |
| 3a Enter the amount from line 11 of your 2022 Form 1040, 1040-SR, or 1040-NR | 3a | 120,198. | |
| b Enter any income from Puerto Rico you excluded | 3b | | |
| c Enter any amount from Form 2555, line 45 | 3c | | |
| d Enter any amount from Form 2555, line 50 | 3d | | |
| e Enter any amount from Form 4563, line 15 | 3e | | |
| 4 Add lines 3a through 3e | 4 | | 120,198. |
| 5 Enter the smaller of line 2 or line 4 | 5 | | 120,198. |

Part II Credit for Business/Investment Use Part of New Clean Vehicles

Note: Individuals can't claim a credit on line 6 if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

| | | | |
|--|----------|--|----|
| 6 Enter the total credit amount figured in Part II of Schedule(s) A (Form 8936) | 6 | | 0. |
| 7 New clean vehicle credit from partnerships and S corporations (see instructions) | 7 | | |
| 8 Business/investment use part of credit. Add lines 6 and 7. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y | 8 | | 0. |

Part III Credit for Personal Use Part of New Clean Vehicles

Note: You can't claim the Part III credit if Part I, line 5, is more than \$150,000 (\$300,000 if married filing jointly or a qualifying surviving spouse; \$225,000 if head of household).

| | | | |
|--|-----------|--|---------|
| 9 Enter the total credit amount figured in Part III of Schedule(s) A (Form 8936) | 9 | | 7,500. |
| 10 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | 10 | | 29,800. |
| 11 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) | 11 | | |
| 12 Subtract line 11 from line 10. If zero or less, enter -0- and stop here. You can't claim the personal use part of the credit | 12 | | 29,800. |
| 13 Personal use part of credit. Enter the smaller of line 9 or line 12 here and on Schedule 3 (Form 1040), line 6f. If line 12 is smaller than line 9, see instructions | 13 | | 7,500. |

Part IV Credit for Previously Owned Clean Vehicles

Note: You can't claim the Part IV credit if Part I, line 5, is more than \$75,000 (\$150,000 if married filing jointly or a qualifying surviving spouse; \$112,500 if head of household).

| | | | |
|--|-----------|--|--|
| 14 Enter the total credit amount figured in Part IV of Schedule(s) A (Form 8936) | 14 | | |
| 15 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 | 15 | | |
| 16 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) | 16 | | |
| 17 Subtract line 16 from line 15. If zero or less, enter -0- and stop here. You can't claim the Part IV credit | 17 | | |
| 18 Enter the smaller of line 14 or line 17 here and on Schedule 3 (Form 1040), line 6m. If line 17 is smaller than line 14, see instructions | 18 | | |

Part V Credit for Qualified Commercial Clean Vehicles

| | | | |
|---|-----------|--|--|
| 19 Enter the total credit amount figured in Part V of Schedule(s) A (Form 8936) | 19 | | |
| 20 Qualified commercial clean vehicle credit from partnerships and S corporations (see instructions) | 20 | | |
| 21 Add lines 19 and 20. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1aa | 21 | | |

SCHEDULE A (Form 8936)

Clean Vehicle Credit Amount

OMB No. 1545-2137

2023

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8936 for instructions and the latest information.

Attachment Sequence No. 69A

Name(s) shown on return: SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA Identifying number: 598-91-1939

Part I Vehicle Details

- 1a Year: 2023
b Make: TESLA
c Model: MODEL Y
2 Vehicle identification number (VIN): 7SAYGDEE3PF683210
3 Enter date vehicle was placed in service (MM/DD/YYYY): 02/22/2023
4 Was the vehicle used primarily outside the United States? Answer "No" if it was but an exception applies. See instructions. [X] No.
5 Does the VIN entered on line 2 belong to a new clean vehicle placed in service during the tax year? See instructions for definitions. [X] Yes. Go to Part II.
6 Does the VIN entered on line 2 belong to a previously owned clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions.
7 Does the VIN entered on line 2 belong to a qualified commercial clean vehicle acquired after 2022 and placed in service during the tax year? See instructions for definitions.

Part II Credit Amount for Business/Investment Use Part of New Clean Vehicle

- 8 Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person. [X] Yes.
9 Tentative credit amount (see instructions): 7,500.
10 Business/investment use percentage (see instructions): %
11 Multiply line 9 by line 10. Include this credit amount on line 6 in Part II of Form 8936. If you entered 100% on line 10, stop here. Otherwise, go to Part III below: 0.

Part III Credit Amount for Personal Use Part of New Clean Vehicle

12 Subtract line 11 from line 9 in Part II. Stop here and include this credit amount on line 9 in Part III of Form 8936: 7,500.

Part IV Credit Amount for Previously Owned Clean Vehicle

- 13a** Is the sales price of the vehicle more than \$25,000?
 - Yes. Stop here.** The vehicle doesn't qualify for the Part IV credit.
 - No.**

- b** Did you acquire the vehicle for use and not for resale? Answer "No" if you are leasing the vehicle from another person.
 - Yes.**
 - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or acquired for resale.

- c** Can you be claimed as a dependent on another person's tax return, such as your parent's return?
 - Yes. Stop here.** You can't claim a credit amount if you can be claimed as a dependent.
 - No.**

- d** Is the vehicle a qualified fuel cell motor vehicle? See instructions.
 - Yes.**
 - No.**

| | | |
|--|-----------|--------|
| 14 Enter the sales price of the vehicle | 14 | |
| 15 Multiply line 14 by 30% (0.30) | 15 | |
| 16 Maximum vehicle credit amount | 16 | 4,000. |
| 17 Enter the smaller of line 15 or line 16. Stop here and include this credit amount on line 14 in Part IV of Form 8936 | 17 | |

Part V Credit Amount for Qualified Commercial Clean Vehicle

- 18a** Is the vehicle of a character subject to the allowance for depreciation? Answer "Yes" if the exception for certain tax-exempt entities discussed in the instructions applies.
 - Yes.**
 - No. Stop here.** The vehicle is not a qualified commercial clean vehicle unless the exception applies.

- b** Did you acquire the vehicle for use or to lease to others, and not for resale? Answer "No" if you are leasing the vehicle from another person.
 - Yes.**
 - No. Stop here.** You can't claim a credit amount for a vehicle you didn't acquire for use or to lease to others, or acquired for resale.

- c** Is the vehicle also powered by gas or diesel? See instructions.
 - Yes.**
 - No.**

| | | |
|--|-----------|--|
| 19 Enter the cost or other basis of the vehicle. See instructions | 19 | |
| 20 Section 179 expense deduction (see instructions) | 20 | |
| 21 Subtract line 20 from line 19 | 21 | |
| 22 Multiply line 21 by 15% (0.15) [30% (0.30) if the answer on line 18c above is "No"] | 22 | |
| 23 Enter the incremental cost of the vehicle. See instructions | 23 | |
| 24 Enter the smaller of line 22 or line 23 | 24 | |
| 25 Maximum credit. Enter \$7,500 (\$40,000 if the vehicle's gross vehicle weight rating (GVWR) is 14,000 pounds or more) | 25 | |
| 26 Enter the smaller of line 24 or line 25. Include this credit amount on line 19 in Part V of Form 8936 | 26 | |

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.

Name(s) shown on return

SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA

Your social security number

598-91-1939

Part I 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 | 1 | 265,401. | |
| 2 | Unreported tips from Form 4137, line 6 | 2 | | |
| 3 | Wages from Form 8919, line 6 | 3 | | |
| 4 | Add lines 1 through 3 | 4 | 265,401. | |
| 5 | Enter the following amount for your filing status: | | | |
| | Married filing jointly \$250,000 | | | |
| | Married filing separately \$125,000 | | | |
| | Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | 5 | 250,000. | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | 15,401. |
| 7 | Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II | 7 | | 139. |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|----|--|----|--|--|
| 8 | Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- | 8 | | |
| 9 | Enter the following amount for your filing status: | | | |
| | Married filing jointly \$250,000 | | | |
| | Married filing separately \$125,000 | | | |
| | Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | 9 | | |
| 10 | Enter the amount from line 4 | 10 | | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | | |
| 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 III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|----|--|----|--|--|
| 14 | Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | |
| 15 | Enter the following amount for your filing status: | | | |
| | Married filing jointly \$250,000 | | | |
| | Married filing separately \$125,000 | | | |
| | Single, Head of household, or Qualifying surviving spouse . . . \$200,000 | 15 | | |
| 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). Enter here and go to Part IV | 17 | | |

Part IV Total Additional Medicare Tax

| | | | | |
|----|--|----|--|------|
| 18 | Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V | 18 | | 139. |
|----|--|----|--|------|

Part V Withholding Reconciliation

| | | | | |
|----|---|----|----------|----|
| 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 | 19 | 3,848. | |
| 20 | Enter the amount from line 1 | 20 | 265,401. | |
| 21 | Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 3,848. | |
| 22 | Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | 0. |
| 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 | | 0. |



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

| | | | | |
|--|-------------|--|--|--|
| Your first name and initial SWAROOP REDDY GAYAM | Last name | Your Social Security number 598911939 | | |
| If a joint return, spouse's first name and initial RAMYA CHINTAKUNTLA | Last name | Spouse's Social Security number 272579379 | | |
| Present street address (and apartment number) 144 CRAMERTON DRIVE | | | | |
| City/Town/Post Office HOLLY SPRINGS | State NC | Zip 27540 | Filing status: <input type="radio"/> Single <input type="radio"/> Married filing separately | <input checked="" type="radio"/> Married filing jointly <input type="radio"/> Head of household |

Part 1. Tax Return Information for Electronic Filing

| | | |
|--|----------|-------|
| 1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12) | 1 | 55986 |
| 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36) | 2 | 2613 |
| 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38) | 3 | |
| 4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42) | 4 | 3136 |
| 5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57) | 5 | 523 |
| 6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58) | 6 | |

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

| | | | |
|----------------|------|--------------------|------|
| Your signature | Date | Spouse's signature | Date |
|----------------|------|--------------------|------|

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

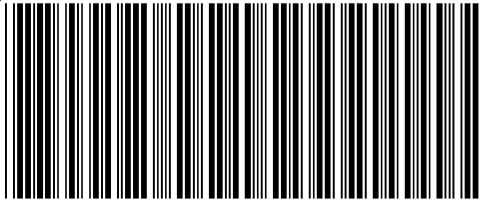
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

| | | | | | |
|--|-------------|-----------|-------|---|--|
| ERO's signature and SSN or PTIN | Date | EIN | | | <input type="radio"/> Fill in if self-employed |
| | 04032024 | 843171965 | | | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip | <input type="radio"/> Fill in if also paid preparer | |
| GLOBAL TAXES LLC 245 ROONEY CT | E BRUNSWICK | NJ | 08816 | | |

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

| | | | | | |
|--|-------------|-------|-------|--|--|
| Paid preparer's signature and SSN or PTIN | Date | EIN | | | <input type="radio"/> Fill in if self-employed |
| P02082703 | 04032024 | | | | |
| Firm name (or yours, if self-employed) and address | City/Town | State | Zip | | |
| SYAM PRIYA RAM SAGAR GUPTA 245 ROONEY CT | E BRUNSWICK | NJ | 08816 | | |



2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning Ending

SWAROOP REDDY GAYAM 598911939
RAMYA CHINTAKUNTLA 272579379
144 CRAMERTON DRIVE HOLLY SPRINGS NC 27540

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula
Taxpayer deceased
Fill in if under age 18
Fill in if name change

\$1 You \$1 Spouse TOTAL
You Spouse
You Spouse
You Spouse
You Spouse

Check one: Nonresident Filing as both nonresident and part-year resident
 Part-year resident Nonresident composite

a. Total federal income 212294
b. Federal adjusted gross income 212294

1. Filing status (select one only):

Single
 Married filing jointly
Married filing separate return NRA
Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From To

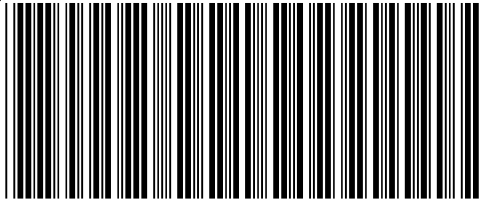
3. Total days as Massachusetts resident ÷ 365 = . 3

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

601-608-6467

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



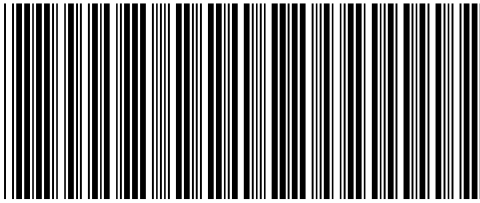
2023 Form 1-NR/PY, pg. 2

MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
598911939

4. Exemptions:

| | | | |
|--|--------------------------|----------------|--------|
| a. Personal exemptions | | 4a | 8800 |
| b. Number of dependents. (Do not include yourself or your spouse.) Enter number | | × \$1,000 = 4b | |
| c. Age 65 or over before 2024 | You + Spouse = | × \$700 = 4c | |
| d. Blindness | You + Spouse = | × \$2,200 = 4d | |
| e. Medical/dental | | 4e | |
| f. Adoption | | 4f | |
| g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a | | 4g | 8800 |
| 5. Wages, salaries, tips | | 5 | 71027 |
| 6. Taxable pensions and annuities | | 6 | |
| 7. Mass. bank interest: a. | - b. exemption | = 7 | |
| 8. Business/profession income/loss a. | + b. Farming income/loss | = 8 | |
| 9. Rental, royalty and REMIC, partnership, S corp., trust income/loss | | 9 | -15041 |
| 10a. Unemployment | | 10a | |
| 10b. Mass. lottery winnings | | 10b | |
| 11. Other income | | 11 | |
| 12. TOTAL 5.0% INCOME | | 12 | 55986 |
| 13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: | | | |
| | working days | miles | sales |
| | | | other: |
| Working days (or other basis) outside Massachusetts | | | 13a |
| Working days (or other basis) inside Massachusetts | | | 13b |
| Total working days | | | 13c |
| Nonworking days (holidays, weekends, etc.) | | | 13d |
| Massachusetts ratio | | | 13e |
| Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2 | | | 13f |
| Massachusetts income | | | 13g |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return

SWAROOP REDDY

GAYAM

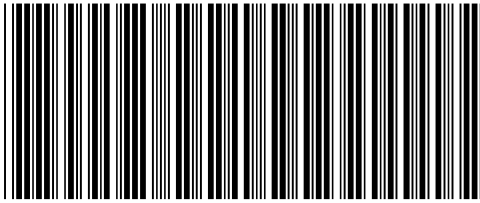
598911939

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

| | | |
|---|-----|--------|
| a. Total 5.0% income | 14a | 55986 |
| b. Interest income | 14b | |
| c. Total capital gain income | 14c | |
| d. Total income this return | 14d | 55986 |
| e. Non-Massachusetts source income. Not less than "0" | 14e | 230335 |
| f. Total income | 14f | 286321 |
| g. Deduction and exemption ratio | 14g | 0.1955 |
| 15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement | 15a | 2000 |
| 15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement | 15b | |
| 16. Reserved for future use | 16 | |
| 17. Reserved for future use | 17 | |

| | | |
|--|----------|-------|
| 18. Rental deduction. a. | ÷ 2 = 18 | |
| Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future | | |
| 19. Other deductions from Schedule Y, line 19 | 19 | |
| 20. Total deductions. Add lines 15 through 19 | 20 | 2000 |
| 21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0" | 21 | 53986 |
| 22. Exemption amount. a. 8800 | 22 | 1720 |
| 23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0" | 23 | 52266 |
| 24. INTEREST AND DIVIDEND INCOME | 24 | |
| 25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24 | 25 | 52266 |
| 26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585 | 26 | 2613 |
| 27. INCOME FROM SCHEDULE B. Not less than "0." | | |
| a. x .085 = 27a | | |
| b. x .12 = 27b | | |
| TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b | 27 | |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 4

MA23006041555

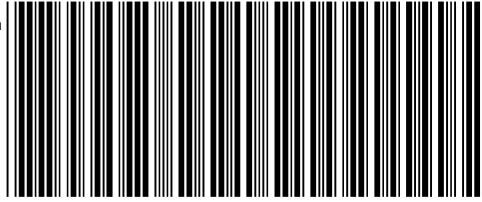
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

598911939

| | | | | |
|--|-----|------|------------|------|
| 28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS | | | 28 | |
| Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 | | | | |
| 29. Credit recapture amount (from Credit Recapture Schedule) | | | 29 | |
| 30. Additional tax on installment sale | | | 30 | |
| 31. If you qualify for No Tax Status, fill in and enter "0" on line 32 | | | | |
| 32. TOTAL INCOME TAX. | | | | |
| a. Income tax. Add lines 26 through 30 | 32a | 2613 | | |
| b. 4% Surtax. (from Schedule 4% Surtax, line 7) | 32b | | | |
| c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRCR, Nonresident Composite Return. Otherwise, enter 0 | 32c | | | |
| Total tax. Subtract line 32c from the total of lines 32a and 32b | | | 32 | 2613 |
| 33. Limited Income Credit | | | 33 | |
| 34. Income tax due to another state or jurisdiction | | | 34 | |
| 35. Other credits (from Credit Manager Schedule) | | | 35 | |
| 36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0" | | | 36 | 2613 |
| 37. Voluntary Contributions | | | | |
| a. Endangered Wildlife Conservation | | | 37a | |
| b. Organ Transplant Fund | | | 37b | |
| c. Massachusetts Public Health HIV and Hepatitis Fund | | | 37c | |
| d. Massachusetts U.S. Olympic Fund | | | 37d | |
| e. Massachusetts Military Family Relief Fund | | | 37e | |
| f. Homeless Animal Prevention and Care | | | 37f | |
| Total. Add lines 37a through 37f | | | 37 | |
| 38. Use tax due on Internet, mail order and other out-of-state purchases | | | 38 | |
| 39. Health care penalty a. You + b. Spouse | | | 39 | |
| 40. Amended return only. Overpayment from original return | | | 40 | |
| 41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40 | | | 41 | 2613 |
| a. Massachusetts income tax withheld from Form(s) W-2 | 42a | 3136 | | |
| b. Massachusetts income tax withheld from Form(s) 1099 | 42b | | | |
| c. Massachusetts income tax withheld from other forms | 42c | | | |
| Total. Add lines 42a through 42c | | | 42 | 3136 |

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 5

MA23006051555

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
598911939

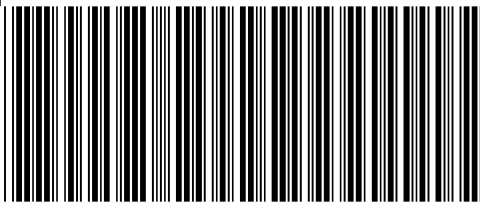
Table with 3 columns: Line number, Description, and Amount. Includes lines 43-57 with descriptions like '2022 overpayment applied to your 2023 estimated tax' and 'Total Refundable Credits'.

Direct deposit of refund. Type of account [X] checking savings
RTN # 101200453 account # 152317764875

58. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204
Interest Penalty M-2210 amt. 58 EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here? Yes
I do not want preparer to file my return electronically (this may delay your refund)
Print paid preparer's name Date Check if self-employed SSN/PTIN
SYAM PRIYA RAM SAGAR GUPTA 04032024 P02082703
Paid preparer's signature Paid preparer's phone Paid preparer's EIN
678-965-9522

SYAM PRIYA RAM SAGAR BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Schedule B

MA23010011555

SWAROOP REDDY

GAYAM

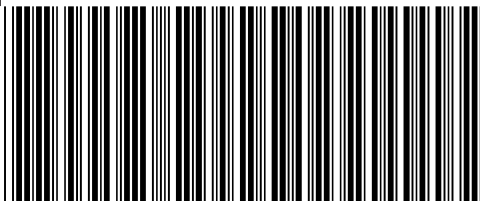
598911939

Part 1. Interest and Dividend Income

| | | |
|---|----|------|
| 1. Total interest income | 1 | 3753 |
| 2. Total ordinary dividends | 2 | |
| 3. Other interest and dividends not included above | 3 | |
| 4. Total interest and dividends | 4 | 3753 |
| 5. Total interest from Massachusetts banks | 5 | |
| 6a. Other interest and dividends to be excluded | 6a | |
| 6b. Part-year/Nonresidents only | 6b | 3753 |
| 7. Subtotal | 7 | |
| 8. Allowable deductions from your trade or business | 8 | |
| 9. Subtotal | 9 | |

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

| | | |
|--|-----|--------|
| 10. Massachusetts short-term capital gains | 10 | |
| 11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales | 11 | |
| 12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 12 | |
| 13a. Add lines 10 through 12 | 13a | |
| 13b. Part-year/Nonresidents only | 13b | |
| 13c. Subtract line 13b from line 13a. Not less than 0 | 13c | |
| 14. Allowable deductions from your trade or business | 14 | |
| 15. Subtotal | 15 | |
| 16. Massachusetts short-term capital losses | 16 | -704 |
| 17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less | 17 | |
| 18. Prior short-term unused losses for years beginning after 1981 | 18 | -21843 |



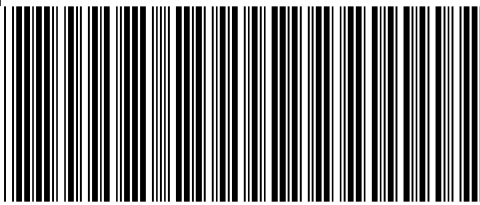
2023 Schedule B, pg. 2

598911939 MA23010021555

| | | |
|--|-----|--------|
| 19a. Combine lines 15 through 18 | 19a | -22547 |
| 19b. Part-year/Nonresidents only | 19b | |
| 19c. Exclude line 19b losses from line 19a | 19c | -22547 |
| 20. Short-term losses applied against interest and dividends | 20 | |
| 21. Available short-term losses | 21 | -22547 |
| 22. Short-term losses applied against long-term gains | 22 | |
| 23. Short-term losses available for carryover in 2024 | 23 | -22547 |
| 24. Short-term gains and long-term gains on collectibles | 24 | |
| 25. Long-term losses applied against short-term gain | 25 | |
| 26. Subtotal | 26 | |
| 27. Long-term gains deduction | 27 | |
| 28. Short-term gains after long-term gains deduction | 28 | |

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

| | | |
|--|----|--------|
| 29. Enter the amount from line 9 | 29 | |
| 30. Short-term losses applied against interest and dividends | 30 | |
| 31. Subtotal interest and dividends | 31 | |
| 32. Long-term losses applied against interest and dividends | 32 | |
| 33. Adjusted interest and dividends | 33 | |
| 34. Enter the amount from line 28 | 34 | |
| 35. Adjusted gross interest, dividends and certain capital gains | 35 | |
| 36. Excess exemptions | 36 | |
| 37. Subtract line 36 from line 35 | 37 | |
| 38. Interest and dividends taxable at 5.0% | 38 | |
| 39. Total taxable 8.5% and 12% capital gains | 39 | |
| 40. Available short-term losses for carryover in 2024 | 40 | -22547 |



2023 Schedule D

MA23012011555

Long-Term Capital Gains and Losses

Excluding Collectibles

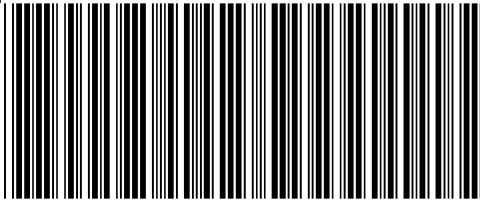
SWAROOP REDDY

GAYAM

598911939

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

| | | |
|---|-----|------|
| 1. Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h | 1 | |
| 2. Enter amounts from U.S. Schedule D, line 9, col. h | 2 | |
| 3. Enter amounts from U.S. Schedule D, line 10, col. h | 3 | |
| 4. Enter amounts from U.S. Schedule D, line 11, col. h | 4 | |
| 5. Enter amounts from U.S. Schedule D, line 12, col. h | 5 | |
| 6. Enter amounts from U.S. Schedule D, line 13, col. h. | 6 | |
| 7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II | 7 | |
| 8. Carryover losses from prior years | 8 | -402 |
| 9. Combine lines 1 through 8 | 9 | -402 |
| 10a. Massachusetts adjustments | 10a | |
| 10b. Part-year/Nonresidents only | 10b | |
| 10c. Combine lines 10a and 10b | 10c | |
| 11. Massachusetts capital gains and losses | 11 | -402 |
| 12. Long-term gains on collectibles and pre-1996 installment sales | 12 | |
| 13. Subtotal | 13 | -402 |
| 14. Capital losses applied against capital gains | 14 | |
| 15. Subtotal | 15 | -402 |
| 16. Long-term capital losses applied against interest and dividends | 16 | |
| 17. Subtotal | 17 | -402 |
| 18. Allowable deductions from your trade or business | 18 | |
| 19. Subtotal | 19 | |
| 20. Excess exemptions | 20 | |
| 21. Taxable long-term capital gains | 21 | |
| 22. Tax on long-term capital gains | 22 | |
| 23. Massachusetts available losses for carryover | 23 | -402 |



2023 Schedule INC

MA23INC011555

SWAROOP REDDY

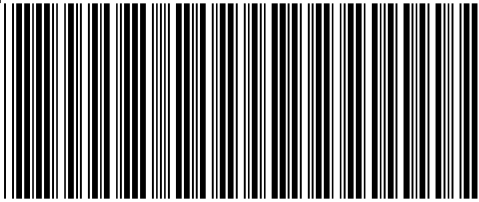
GAYAM

598911939

Form W-2 and 1099 Information

| A. FEDERAL ID NUMBER | B. STATE TAX WITHHELD | C. STATE WAGES/INCOME | D. TAXPAYER SS WITHHELD | E. SPOUSE SS WITHHELD | F. SOURCE OF WITHHOLDING |
|----------------------|-----------------------|-----------------------|-------------------------|-----------------------|--------------------------|
| 043485132 | 3136 | 71027 | 4015 | | W2 |

| | | | | | |
|--------|------|-------|------|--|--|
| TOTALS | 3136 | 71027 | 4015 | | |
|--------|------|-------|------|--|--|



2023 Schedule NTS-L-NRPY

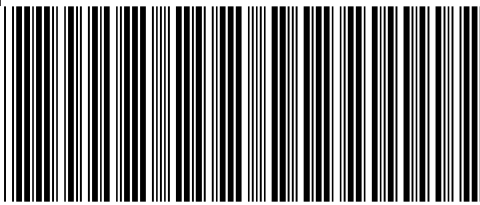
MA23021011555

No Tax Status and Limited Income Credit

598911939

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

| | | |
|---|----|--------|
| 1. Total 5.0% income | 1 | 55986 |
| 2. Adjustments to income | 2 | |
| 3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0" | 3 | 55986 |
| 4. Interest exemption used | 4 | |
| 5. Adjusted gross interest, dividends and certain capital gains | 5 | |
| 6. Long-term capital gain | 6 | |
| 7. Additional income/loss while a nonresident/part-year resident | 7 | 230335 |
| 8. Total income. Combine lines 3 through 7 | 8 | 286321 |
| 9. Additional adjustments to income while a nonresident/part-year resident | 9 | |
| 10. Massachusetts Adjusted Gross Income (AGI) | 10 | 286321 |
| If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status | | |
| 11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount | 11 | 16400 |
| 12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount | 12 | 28700 |
| 13. No Tax Status threshold | 13 | |
| 14. Income for Limited Income Credit | 14 | |
| 15. Tax before adjustments | 15 | |
| 16. Tax for Limited Income Credit | 16 | |
| 17. Limited Income Credit | 17 | |



2023 Schedule E

MA23013041555

SWAROOP REDDY

GAYAM

598911939

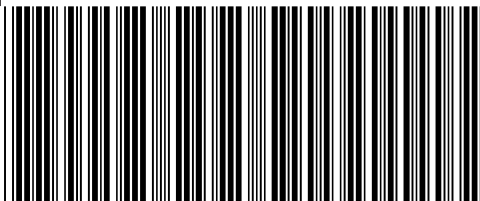
Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|-------|
| 1. Rents received | 1 | 10913 |
| 2. Royalties received | 2 | |

Expenses

| | | |
|---|----|--------|
| 3. Advertising | 3 | |
| 4. Auto and travel | 4 | |
| 5. Cleaning and maintenance | 5 | 1207 |
| 6. Commissions | 6 | 1200 |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | 2063 |
| 10. Mortgage interest paid to banks, etc. | 10 | 3338 |
| 11. Other interest | 11 | |
| 12. Repairs | 12 | 5111 |
| 13. Supplies | 13 | 4321 |
| 14. Taxes | 14 | 1306 |
| 15. Utilities | 15 | |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | 18546 |
| 18. Depreciation expense or depletion | 18 | 7408 |
| 19. Total expenses. Add lines 17 and 18 | 19 | 25954 |
| 20. Income or loss from rental real estate or royalty properties | 20 | -15041 |
| 21. Deductible rental real estate loss | 21 | -15184 |
| 22. Income. Enter positive amounts shown on line 20 | 22 | 143 |
| 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 | 23 | -15184 |
| 24. Rental real estate and royalty income or loss | 24 | -15041 |



2023 Schedule E, pg. 2

MA23013051555

598911939

Income or Loss from Partnerships and S Corporations

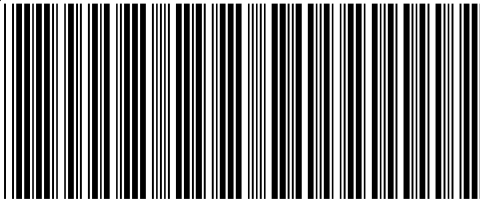
| | |
|---|----|
| 25. Passive loss allowed | 25 |
| 26. Passive income | 26 |
| 27. Non-passive loss | 27 |
| 28. Section 179 expense deduction | 28 |
| 29. Non-passive income | 29 |
| 30. Combine lines 26 and 29 | 30 |
| 31. Combine lines 25, 27 and 28 | 31 |
| 32. Partnership and S corporation income or loss. Combine lines 30 and 31 | 32 |
| 33. Interest (other than MA banks) and dividends if included in line 32 | 33 |
| 34. Interest from Massachusetts banks if included in line 32 | 34 |
| 35. Total income or loss from partnerships and S corporations | 35 |
| 36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses | |

Income or Loss from Estates and Trusts

| | |
|--|----|
| 37. Passive deduction or loss allowed | 37 |
| 38. Passive income | 38 |
| 39. Non-passive deduction or loss | 39 |
| 40. Non-passive other income | 40 |
| 41. Add lines 38 and 40 | 41 |
| 42. Add lines 37 and 39 | 42 |
| 43. Estate and trust income or loss. Combine lines 41 and 42 | 43 |
| 44. Estate or non-grantor-type trust income | 44 |
| 45. Grantor-type trust and non-Massachusetts estate and trust income | 45 |
| 46. Interest and dividends if included in line 45 | 46 |
| 47. Adjustments to 5.0% income | 47 |
| 48. Subtotal. Combine lines 46 and 47 | 48 |
| 49. Income or loss from grantor type and non-Mass estates and trusts | 49 |

Income or Loss from REMICs

| | |
|-----------------------------|----|
| 50. Excess inclusion | 50 |
| 51. Taxable income or loss | 51 |
| 52. Income | 52 |
| 53. Combine lines 51 and 52 | 53 |



2023 Schedule E, pg. 3

MA23013061555

598911939

Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-15041

56. Massachusetts differences Enclose statements

56

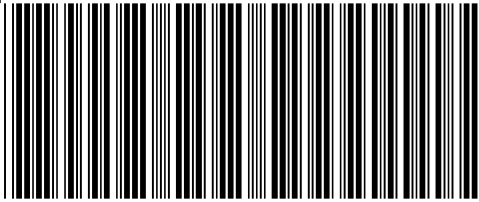
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-15041



2023 Schedule E-1

MA23013011555

SWAROOP REDDY GAYAM 598911939
 1-17-34/C RAM NAGAR ALWAL
 NEAR PUNJABI COMMUNITY H HYDERABAD
 Check one: Real estate Royalty Rental property used for short-term rentals

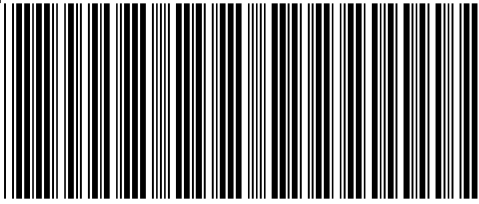
Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|------|
| 1. Rents received | 1 | 1013 |
| 2. Royalties received | 2 | |

Expenses

| | | |
|--|----|--------|
| 3. Advertising | 3 | |
| 4. Auto and travel | 4 | |
| 5. Cleaning and maintenance | 5 | 1059 |
| 6. Commissions | 6 | |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | 1163 |
| 10. Mortgage interest paid to banks, etc | 10 | |
| 11. Other interest | 11 | |
| 12. Repairs | 12 | 4569 |
| 13. Supplies | 13 | 3951 |
| 14. Taxes | 14 | |
| 15. Utilities | 15 | |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | 10742 |
| 18. Depreciation expense or depletion | 18 | 5455 |
| 19. Total expenses. Add lines 17 and 18 | 19 | 16197 |
| 20. Income or loss from rental real estate or royalty properties | 20 | -15184 |
| 21. Deductible rental real estate loss | 21 | -15184 |
| 22. Income. Enter positive amounts shown on line 20 | 22 | |
| 23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21 | 23 | -15184 |
| 24. Rental real estate and royalty income or loss | 24 | -15184 |
| 25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value | | |



2023 Schedule E-1

MA23013011555

SWAROOP REDDY GAYAM
301 HUNTING HILL DR, B37

598911939

301 HUNTING HILL DR, B37 CUMBERLAND

RI 02864

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

| | | |
|-----------------------|---|------|
| 1. Rents received | 1 | 9900 |
| 2. Royalties received | 2 | |

Expenses

| | | |
|---|----|------|
| 3. Advertising | 3 | |
| 4. Auto and travel | 4 | |
| 5. Cleaning and maintenance | 5 | 148 |
| 6. Commissions | 6 | 1200 |
| 7. Insurance | 7 | |
| 8. Legal and other professional fees | 8 | |
| 9. Management fees | 9 | 900 |
| 10. Mortgage interest paid to banks, etc | 10 | 3338 |
| 11. Other interest | 11 | |
| 12. Repairs | 12 | 542 |
| 13. Supplies | 13 | 370 |
| 14. Taxes | 14 | 1306 |
| 15. Utilities | 15 | |
| 16. Other expenses | 16 | |
| 17. Add lines 3 through 16 | 17 | 7804 |
| 18. Depreciation expense or depletion | 18 | 1953 |
| 19. Total expenses. Add lines 17 and 18 | 19 | 9757 |
| 20. Income or loss from rental real estate or royalty properties | 20 | 143 |
| 21. Deductible rental real estate loss | 21 | |
| 22. Income. Enter positive amounts shown on line 20 | 22 | 143 |
| 23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21 | 23 | |
| 24. Rental real estate and royalty income or loss | 24 | 143 |

25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value

**Other Interest and Dividends
Excluded Statement**

2023

▶ Attach to your return

Statement EXCL

| | | |
|---|---|------------------------------------|
| Name as Shown on Return S GAYAM & R CHINTAKUNTLA | | Social Security No. 598-91-1939 |
| 1 | Any interest on U.S. debt obligations (including its territories or dependencies) | 1 |
| 2 | Any interest and dividends taxed directly to Massachusetts estates and trusts | 2 |
| 3 | Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2 | 3 |
| 4 | Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3 | 4 |
| 5 | Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions | 5 |
| 6 | Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F. | 6 |
| 7 | Any interest on pre-retirement distributions from state and municipal contributory pension plans | 7 |
| 8 | Other: _____ _____ _____ _____ | 8 |
| 9 | Total to Schedule B, line 6a | 9 |

| | |
|--|--|
| Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends | |
| Note: Only use this worksheet if you are not filing as a full year Massachusetts resident. | |
| A | Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 <u>3753</u> |
| B | Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts <u>0</u> |
| C | Massachusetts excludable interest and dividends from sources other than Massachusetts (A minus B). Enter amount on Schedule B, line 6b. <u>3753</u> |

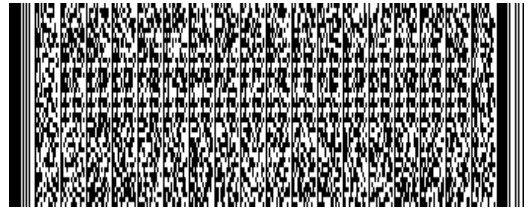
2023 Form RI-1040

Resident Individual Income Tax Return



23100115550101

| | | | |
|---------------------------------|---|--|---|
| Your social security number | | Spouse's social security number | |
| 598-91-1939 | | 272-57-9379 | |
| Your first name | MI | Last name | Suffix |
| SWAROOP REDDY | | GAYAM | |
| Spouse's name | MI | Last name | Suffix |
| RAMYA | | CHINTAKUNTLA | |
| Address | | | |
| 144 CRAMERTON DRIVE | | | |
| City, town or post office | | State | ZIP code |
| HOLLY SPRINGS | | NC | 27540 |
| City or town of legal residence | | Check each box that applies. Otherwise, leave blank. | Primary deceased? <input type="checkbox"/> |
| OUT OF STATE | | | Spouse deceased? <input type="checkbox"/> |
| | | | New address? <input type="checkbox"/> |
| | | | Amended Return? * <input type="checkbox"/> |
| 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 <input type="checkbox"/> |
| | | | 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. <input type="checkbox"/> |



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 | 212294 | 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 | 212294 | 00 |
| 4 | RI Standard Deduction from left. If line 3 is over \$233,750 see Standard Deduction Worksheet | 4 | 20050 | 00 |
| 5 | Subtract line 4 from line 3. If zero or less, enter 0..... | 5 | 192244 | 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 | 9400 | 00 |
| | | | <input type="text" value="2"/> X \$4,700 = | |
| 7 | RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0..... | 7 | 182844 | 00 |
| 8 | RI income tax from Rhode Island Tax Table or Tax Computation Worksheet..... | 8 | 8148 | 00 |
| 9a | RI percentage of allowable Federal credit from page 3, RI Sch I, line 22..... | 9a | | 00 |
| b | RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29..... | 9b | 4968 | 00 |
| c | Other Rhode Island Credits from RI Schedule CR, line 9..... | 9c | | 00 |
| d | Total RI credits. Add lines 9a, 9b and 9c..... | 9d | 4968 | 00 |
| 10a | Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero) | 10a | 3180 | 00 |
| b | Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 12..... | 10b | | 00 |
| 11 | RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due | 11 | 0 | 00 |
| 12a | USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies | 12a | | 00 |
| b | Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage. <input checked="" type="checkbox"/> | 12b | | 00 |
| 13a | TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b..... | 13a | 3180 | 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.

Check ✓ to certify use tax amount on line 12a is accurate.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

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

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



23100115550102

| | |
|--|--|
| Name(s) shown on Form RI-1040 or RI-1040NR SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA | Your social security number 598-91-1939 |
|--|--|

PAYMENTS AND PROPERTY TAX RELIEF CREDIT

| | | | |
|---|-----|------|----|
| 13 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a..... | 13b | 3180 | 00 |
| 14 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. | 14a | 3422 | 00 |
| b 2023 estimated tax payments and amount applied from 2022 return.... | 14b | | 00 |
| c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H..... | 14c | | 00 |
| d RI earned income credit from page 3, RI Schedule EIC, line 40..... | 14d | | 00 |
| e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238.. | 14e | | 00 |
| f Other payments..... | 14f | | 00 |
| g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f..... | 14g | 3422 | 00 |
| h Previously issued overpayments (if filing an amended return)..... | 14h | | 00 |
| i NET PAYMENTS. Subtract line 14h from line 14g..... | 14i | 3422 | 00 |
| 15 a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b..... | 15a | | 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 15a or subtracted from line 16, whichever applies..... | 15b | 0 | 00 |
| c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️ | 15c | | 00 |
| 16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... 😊 | 16 | 242 | 00 |
| 17 Amount of overpayment to be refunded..... | 17 | 242 | 00 |
| 18 Amount of overpayment to be applied to 2024 estimated tax..... | 18 | 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 |
| Spouse's signature | Spouse's driver's license number and state | Date | 601-608-6467 |
| Paid preparer signature | Print name | Date | Telephone number |
| SYAM PRIYA RAM SAGAR GUPTA | GLOBAL TAXES LLC | 04/03/2024 | 678-965-9522 |
| Paid preparer address | City, town or post office | State | ZIP code PTIN |
| 245 ROONEY CT | E BRUNSWICK | NJ | 08816 P02082703 |



23100115550103

| | |
|--|--|
| Name(s) shown on Form RI-1040 or RI-1040NR SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA | Your social security number 598-91-1939 |
|--|--|

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

| | | | |
|--|----|--|----|
| 19 RI income tax from page 1, line 8 | 19 | | 00 |
| 20 Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2..... | 20 | | 00 |
| 21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500)..... | 21 | | 00 |
| 22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a..... | 22 | | 00 |

RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE
 (ATTACH COPY OF OTHER STATE(S) RETURN)

| | | | |
|---|----|--------|----|
| 23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 | 23 | 8148 | 00 |
| 24 Income derived from other state. If more than one state, see instructions..... | 24 | 129431 | 00 |
| 25 Modified federal AGI from page 1, line 3..... | 25 | 212294 | 00 |
| 26 Divide line 24 by line 25 | 26 | 0.6097 | |
| 27 Tentative credit. Multiply line 23 by line 26..... | 27 | 4968 | 00 |
| 28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid <u>MU</u> | 28 | 4968 | 00 |
| 29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b | 29 | 4968 | 00 |

RI CHECKOFF CONTRIBUTIONS SCHEDULE

| | | \$1.00 | \$5.00 | \$10.00 | Other | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------|----|--|----|
| 30 Drug program account RIGL §44-30-2.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 30 | | 00 |
| 31 Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return) | | | | | | 31 | | 00 |
| 32 RI Organ Transplant Fund RIGL §44-30-2.5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 32 | | 00 |
| 33 RI Council on the Arts RIGL §42-75.1-1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 33 | | 00 |
| 34 Nongame Wildlife Fund RIGL §44-30-2.2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 34 | | 00 |
| 35 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"/> | | 35 | | 00 |
| 36 RI Military Family Relief Fund RIGL §44-30-2.9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 36 | | 00 |
| 37 TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11 | | | | | | 37 | | 00 |

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

| | | | |
|--|----|-----|----|
| 38 Federal earned income credit from Federal Form 1040 or 1040-SR, line 27..... | 38 | | 00 |
| 39 Rhode Island percentage | 39 | 15% | |
| 40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d | 40 | | 00 |

2023 RI Schedule W



23101015550101

| | |
|--|--|
| Name(s) shown on Form RI-1040 or RI-1040NR SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA | Your social security number 598-91-1939 |
|--|--|

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 | | NBC OPERATING LP | 043485132 | 3422 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..... | | | 3422 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 Form RI-1040MU
 Credit for Income Taxes Paid to Multiple States



23100315550101

| | |
|--|-----------------------------|
| Name(s) shown on Form RI-1040 | Your social security number |
| SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA | 598-91-1939 |

NOTE: Enter MU in the space provided for "abbreviation for name of state paid" on RI-1040, page 3, Schedule II, line 28. Complete one part for each state that you are claiming credit. If there is not enough space, additional forms may be completed as needed. You MUST attach a signed copy of the state return for each state you are claiming credit.

PART 1

| | | | | | | |
|---|--|---|--------|----|------|----|
| 1 | RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 | 1 | 8148 | 00 | | |
| 2 | Income derived from other state..... | 2 | 55986 | 00 | | |
| 3 | Modified Federal AGI from RI-1040, page 1, line 3..... | 3 | 212294 | 00 | | |
| 4 | Divide line 2 by line 3..... | 4 | 0.2637 | | | |
| 5 | Tentative credit. Multiply line 1 by line 4..... | 5 | 2149 | 00 | | |
| 6 | Tax due and paid to other state. Insert abbreviation for name of state paid <u>MA</u> | 6 | 2613 | 00 | | |
| 7 | MAXIMUM TAX CREDIT. Line 1, 5 or 6, whichever is the smallest..... | 7 | | | 2149 | 00 |

PART 2

| | | | | | | |
|----|--|----|--------|----|------|----|
| 8 | RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 | 8 | 8148 | 00 | | |
| 9 | Income derived from other state..... | 9 | 73445 | 00 | | |
| 10 | Modified Federal AGI from RI-1040, page 1, line 3..... | 10 | 212294 | 00 | | |
| 11 | Divide line 9 by line 10..... | 11 | 0.3460 | | | |
| 12 | Tentative credit. Multiply line 8 by line 11..... | 12 | 2819 | 00 | | |
| 13 | Tax due and paid to other state. Insert abbreviation for name of state paid <u>NC</u> | 13 | 3070 | 00 | | |
| 14 | MAXIMUM TAX CREDIT. Line 8, 12 or 13, whichever is the smallest..... | 14 | | | 2819 | 00 |

PART 3

| | | | | | | |
|----|--|----|--|----|--|----|
| 15 | RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22 | 15 | | 00 | | |
| 16 | Income derived from other state..... | 16 | | 00 | | |
| 17 | Modified Federal AGI from RI-1040, page 1, line 3..... | 17 | | 00 | | |
| 18 | Divide line 16 by line 17..... | 18 | | | | |
| 19 | Tentative credit. Multiply line 15 by line 18..... | 19 | | 00 | | |
| 20 | Tax due and paid to other state. Insert abbreviation for name of state paid _____ | 20 | | 00 | | |
| 21 | MAXIMUM TAX CREDIT. Line 15, 19 or 20, whichever is the smallest..... | 21 | | | | 00 |

PART 4

| | | | | | | |
|----|---|----|--|----|--|----|
| 22 | RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22..... | 22 | | 00 | | |
| 23 | Income derived from other state..... | 23 | | 00 | | |
| 24 | Modified Federal AGI from RI-1040, page 1, line 3..... | 24 | | 00 | | |
| 25 | Divide line 23 by line 24..... | 25 | | | | |
| 26 | Tentative credit. Multiply line 22 by line 25..... | 26 | | 00 | | |
| 27 | Tax due and paid to other state. Insert abbreviation for name of state paid _____ | 27 | | 00 | | |
| 28 | MAXIMUM TAX CREDIT. Line 22, 26 or 27, whichever is the smallest..... | 28 | | | | 00 |

PART 5 TOTAL OF PARTS 1, 2, 3 AND 4 Enter MU in the space provided for "name of state paid" on RI-1040, pg 3, Sch II, line 28.

| | | | | | | |
|----|---|----|--|--|--------|----|
| 29 | TOTAL INCOME FROM OTHER STATES. Add lines 2, 9, 16 and 23. Enter here and on RI-1040, pg 3, Sch II, line 24. | 29 | | | 129431 | 00 |
| 30 | TOTAL CREDIT. Add lines 7, 14, 21 and 28. Enter here and on RI-1040, page 3, Schedule II, line 28..... | 30 | | | 4968 | 00 |

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 | Your social security number |
| SWAROOP REDDY GAYAM & RAMYA CHINTAKUNTLA | 598911939 |

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 checked="" 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 | 2 |
| 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 | 2 |