

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 NAVEEN K PAVUTURI	Social security number 796-36-4467
Spouse's name	Spouse's social security number

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	32,764.
2	Total tax	2	2,051.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	3,232.
4	Amount you want refunded to you	4	1,181.
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

6	4	4	6	7
---	---	---	---	---

 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 _____ to enter or generate my PIN

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 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: NAVEEN K Last name: PAVUTURI Your social security number: 796 36 4467

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

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

10357 SOUTH WEEPING WILLOW DR City, town, or post office. If you have a foreign address, also complete spaces below. State: UT ZIP code: 84070

SANDY Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status: [X] Single [] Head of household (HOH) [] Married filing jointly [] Married filing separately (MFS) [] Qualifying surviving spouse (QSS)

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... [] 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

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

Table with columns: Description, Amount. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2,051.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,051.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,051.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	2,051.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	3,232.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	3,232.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	3,232.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,181.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,181.
Direct deposit? See instructions.	b	Routing number 1 2 4 0 0 1 5 4 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 9 0 1 5 8 1 0 3 8		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

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

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

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

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

Your signature	Date	Your occupation APPLICATION DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (385) 630-0228	Email address OM.NAVEENKUMAR@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/02/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
				Firm's EIN 84-3171965

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

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

Your social security number
796-36-4467

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-4,236.
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 ABL 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	-4,236.

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 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

NAVEEN K PAVUTURI

Your social security number

796-36-4467

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				
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 (45,084.)
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 -45,084.

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 ()
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

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	-45,084.
<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)**

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

NAVEEN K PAVUTURI

Your social security number

796-36-4467

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 GANDHI NAGAR HYDERABAD TELANGANA IN 500046

B
C

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 410.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 540.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 680.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,052.		
15 Supplies	15 1,524.		
16 Taxes	16		
17 Utilities	17 850.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 4,646.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -4,236.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (4,236.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 410.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 4,646.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (4,236.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -4,236.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-4,236.

Schedule E (Form 1040) 2023

2023 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

For Taxable Year January 1, 2023 – December 31, 2023 or Other Tax Year
Beginning _____, 2023 Ending _____, 2024

1555

NJ-1040NR
2023
Page 1



040NV01230

Your Social Security Number
796364467

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
PAVUTURI NAVEEN K

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
UTAH

Home Address (Number and Street, incl. apt. # or rural route)
10357 SOUTH WEEPING WILLOW DR

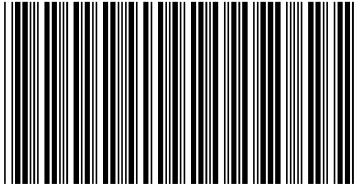
Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
		SANDY	UT	84070

This is an amended return
 Federal extension application attached or enter confirmation number _____
 The address above is a foreign address
 Your address has changed
 Death certificate for deceased taxpayer is attached (See instructions)
 I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

Gubernatorial Elections Fund	Do you want to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner want to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02230

Name(s) as shown on Form NJ-1040NR
PAVUTURI NAVEEN K

Your Social Security Number
796364467

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

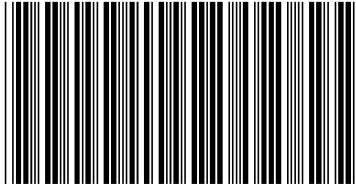
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 1
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10.
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. 1 13b. 13c.

Dependent Information

- | 14. Dependent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|---|------------------------------------|------------|
| a. _____ | | |
| b. _____ | | |
| c. _____ | | |
| d. _____ | | |

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 69 through 75	15.	40000	.	15.	40000	.
16. Interest	16.		.	16.		.
17. Dividends	17.		.	17.		.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.		.	18.		.
19. Net gains or income from disposition of property (From line 68)	19.		.	19.		.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0	.	20.	0	.
21. Net gambling winnings (See Instructions)	21.		.	21.		.
22. Taxable pensions, annuities, and IRA distributions/withdrawals	22.		.	22.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		.	23.		.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		.	24.		.
25. Alimony and separate maintenance payments received	25.		.	25.		.
26. Other – State Nature and Source _____	26.		.	26.		.
27. TOTAL INCOME (Add lines 15 through 26)	27.	40000	.	27.	40000	.



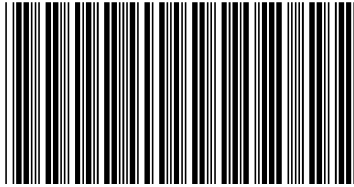
040NV03230

Name(s) as shown on Form NJ-1040NR
PAVUTURI NAVEEN K

Your Social Security Number
796364467

1555

28a. Pension/Retirement Exclusion (See Instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c. .
29. Gross Income (Subtract line 28c from line 27)	29.	40000 .	29. 40000 .
30. Total Exemption Amount (See Instructions)	30.	1000 .	
31. Medical Expenses (See Worksheet and Instructions)	31.	.	
32. Alimony and separate maintenance payments	32.	.	
33. Qualified Conservation Contribution	33.	.	
34. Health Enterprise Zone Deduction	34.	.	
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0 .	
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37a. NJBEST Deduction	37a.	.	
37b. NJCLASS Deduction	37b.	.	
37c. NJ Higher Education Tuition Deduction	37c.	.	
38. Total Exemptions and Deductions (Add lines 30 through 37c)	38.	1000 .	
39. Taxable Income (Subtract line 38 from line 29, column A)	39.	39000 .	
40. Tax on amount on line 39 (From Tax Table)	40.	683 .	
41. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
42. New Jersey Tax (Multiply amount from line 40 by income percentage from line 41)	42.		683 .
43. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	43.		.
44. Gold Star Family Counseling Credit (See Instructions)	44.		.
45. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	45.		.
46. Total Credits (Add lines 43, 44, and 45)	46.		.
47. Balance of Tax After Credits (Subtract line 46 from line 42)	47.		683 .
48. Interest on Underpayment of Estimated Tax.	48.		.
Check box if Form NJ-2210NR is enclosed			
49. Total Tax Due (Add line 47 and line 48)	49.		683 .
50. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) (Part-year nonresidents, see instructions)	50.	1069 .	
51. New Jersey Estimated Tax Payments/Credit from 2022 return	51.	.	Also enter on line 51:
52. Tax paid on your behalf by Partnership(s)	52.	.	• Payments made in connection with sale of NJ real property
53. Excess NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	53.	.	• Payments by S corporation for nonresident shareholder
54. Excess NJ Disability Insurance Withheld (Enclose Form NJ-2450)	54.	.	
55. Excess NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	55.	.	
56. Pass-Through Business Alternative Income Tax Credit (See instructions)	56.	.	



040NV04230

Name(s) as shown on Form NJ-1040NR
PAVUTURI NAVEEN K

Your Social Security Number
796364467

1555

57.	Total Payments/Credits (Add lines 50 through 56)	57.	1069 .
58.	If line 57 is less than line 49, you have tax due. Subtract line 57 from line 49 and enter the amount you owe. If you owe tax, you can still make a donation on line 61A through 61F	58.	.
59.	If line 57 is more than line 49, you have an overpayment. Subtract line 49 from line 57 and enter the overpayment	59.	386 .
60.	Amount from line 59 you want to credit to your 2024 tax	60.	.
61.	Amount you want to credit to:		
	(A) N.J. Endangered Wildlife Fund	61A.	.
	(B) N.J. Children's Trust Fund	61B.	.
	(C) N.J. Vietnam Veterans' Memorial Fund	61C.	.
	(D) N.J. Breast Cancer Research Fund	61D.	.
	(E) U.S.S. N.J. Educational Museum Fund	61E.	.
	(F) Designated Contribution	Code	61F.
62.	Total Adjustments to Tax Due/ Overpayment (Add lines 60 through 61F)	62.	.
63.	Balance due (If line 58 is more than zero, add line 58 and 62)	63.	.
64.	Refund amount (If line 59 is more than zero, subtract line 62 from line 59)	64.	386 .

NOTE:
An entry on lines 60 through 61F will reduce your tax refund

Under 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. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Federal Employer Identification Number

Firm's Name GLOBAL TAXES LLC

84-3171965

Pay amount on line 63 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You can also make a payment on our website:
nj.gov/taxation

Name(s) as shown on Form NJ-1040NR PAVUTURI NAVEEN K	Your Social Security Number 796364467
---	--

Part I	Net Gains or Income From Disposition of Property	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible as reported on federal Schedule D.
---------------	---	---

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
65.					
66. Capital Gains Distribution					66
67. Other Net Gains.....					67.
68. Net Gains (Add lines 65, 66, and 67) (Enter here and on line 19) (If loss, enter zero)					

Part II	Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey	See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used. Note: Residents of states that impose a convenience of the employer test , see instructions before completing Part II.
----------------	---	---

69. Amount reported on line 15 in column A required to be allocated	69.		
70. Total days in taxable year	70.		
71. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	71.		
72. Total days worked in taxable year (subtract line 71 from line 70)			
73. Deduct days worked outside New Jersey.....	73.		
74. Days worked in New Jersey (subtract line 73 from line 72).....	74.		
75. Allocation Formula _____ x _____ = _____ (Enter amount from line 69) (Salary earned inside N.J.)			
(Include this amount on line 15, col. B)			

Part III	Allocation of Business Income to New Jersey	(See instructions if other than Formula Basis of allocation is used.)
-----------------	--	---

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____% = \$ _____

From Line No. _____ \$ _____ x _____% = \$ _____

From Line No. _____ \$ _____ x _____% = \$ _____

Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2023

Part I Net Profits From Business List the net profit (loss) from business(es). See Instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)		4.

Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.
Type of Property:
1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	GANDHI NAGAR	796364467	1	-4,236.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)		4.	-4,236.

Part III Distributive Share of Partnership Income List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships	Share of Pass-Through Business Alternative Income Tax
1.					
2.					
3.					
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)				
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.				
6.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)				

Part IV Net Pro Rata Share of S Corporation Income List the pro rata share of income (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	Share of Pass-Through Business Alternative Income Tax
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.)		4.	
5.	Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)		5.	

Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2023

Part I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-4,236.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2022			5b.	()
6.	Totals	6a.	0.	6b.	-4,236.
Part II Adjustment Calculation					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss) (If loss, enter zero)	8.	0.		
9.	Business Increment (Subtract line 8 from line 7)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.		
Part III Loss Carryforward to Tax Year 2024					
12.	Loss Carryforward to Tax Year 2024	12.			(-4,236.)

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records

Individual Income Tax Return Coupon

Use of Payment Coupon

If you have a tax due balance on your Utah individual income tax return and you have previously filed your return (either electronically or by paper) without a payment, include the payment coupon below with your check or money order to insure proper credit to your account. Do not mail another copy of your income tax return with this payment. Sending a duplicate of your return may delay posting of the payment.

If you are sending a payment with your paper Utah individual income tax return, include the payment coupon below with your check or money order, to insure proper credit to your account.

Do not use this return payment coupon to prepay future individual income taxes. Use form TC-546.

Electronic Payment

You may pay your tax online at tap.utah.gov.

How to Prepare the Payment

Make your check or money order payable to the Utah State Tax Commission. Do not send cash. The Tax Commission does not assume liability for loss of cash placed in the mail.

Print your name and address, daytime telephone number and the year the payment is for on your check or money order.

Sending Payment Coupon

If sending this payment coupon separate from your individual income tax return, do **NOT** mail another copy of your return with this payment.

Complete and detach the payment coupon below.

Do not attach (staple, paper clip, etc.) the check or money order to the payment coupon.

Send the payment coupon and payment to:

Utah State Tax Commission
210 N 1950 W
Salt Lake City, UT 84134-0266

SEPARATE AND RETURN ONLY THE BOTTOM COUPON WITH PAYMENT. KEEP TOP PORTION FOR YOUR RECORDS.

Individual Income Tax Return Payment Coupon

Mail to: Utah State Tax Commission, 210 N 1950 W, SLC UT 84134-0266

INTUIT **TC-547**
Rev. 12/11

Tax year ending
2023

USTC Use Only

Primary taxpayer name NAVEEN K PAVUTURI	Social Security no. 796364467
--	----------------------------------

Secondary taxpayer name	Social Security no.
-------------------------	---------------------

Address 10357 SOUTH WEEPING WILLOW DR		
City SANDY	State UT	ZIP code 84070

Payment amount enclosed	\$	218	00
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40301

1555

Utah State Tax Commission
Utah Individual Income Tax Return
 All state income tax dollars support education,
 children and individuals with disabilities.

**2023
TC-40**

INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?

Your Social Security No. 796364467	Your first name NAVEEN	Your last name PAVUTURI	Y/N Y
Spouse's Soc. Sec. No.	Spouse's first name	Spouse's last name	

If deceased, complete
page 3, Part 1

Address 10357 SOUTH WEEPING WILLOW DR	Telephone number 385-630-0228
City SANDY	Foreign country (if not U.S.)
State UT	
ZIP+4 84070	

1 Filing Status - enter code 1 = Single • 1 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying surviving spouse <small>If using code 2 or 3, enter spouse's name and SSN above</small>	• 2 Qualifying Dependents a Dependents age 16 and under b Other dependents c Dependents born in 2023 d 0 Total (add lines a, b and c) See instructions.	3 Election Campaign Fund Does not increase your tax or reduce your refund. Enter the code for the party of your choice. <table border="0" style="margin-left: 20px;"> <tr> <td>•</td> <td>•</td> <td>•</td> </tr> <tr> <td>•</td> <td>•</td> <td>•</td> </tr> </table> See instructions for code letters or go to incometax.utah.gov/elect . If no contribution, enter N .	•	•	•	•	•	•
•	•	•						
•	•	•						

4 Federal adjusted gross income from federal return	• 4		32764
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)	• 5		
6 Total income - add line 4 and line 5	6		32764
7 State tax refund included on federal form 1040, Schedule 1, line 1 (if any)	• 7		0
8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	• 8		
9 Utah taxable income/loss - subtract the sum of lines 7 and 8 from line 6	• 9		32764
10 Utah tax - multiply line 9 by 4.65% (.0465) (not less than zero)	• 10		1524
11 Utah personal exemption (multiply line 2d by \$1,941)	• 11	0	
12 Federal standard or itemized deductions	• 12	13850	
13 Add line 11 and line 12	13	13850	
14 State income tax included in federal itemized deductions	• 14		
15 Subtract line 14 from line 13	15	13850	
16 Initial credit before phase-out - multiply line 15 by 6% (.06)	• 16	831	
17 Enter: \$16,742 (single or married filing separately); \$25,114 (head of household); or \$33,484 (married filing jointly or qualifying surviving spouse)	• 17	16742	
18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero)	18	16022	
19 Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	208	
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20		623
21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	• 21		
22 Utah income tax - subtract line 20 from line 10 (not less than zero)	• 22		901

**Electronic filing
is quick, easy and
free, and will
speed up your refund.**

**To learn more,
go to
tap.utah.gov**

Utah Individual Income Tax Return (continued)

INTUIT

**TC-40
2023**

Pg. 2

40302 SSN 796364467 Last name PAVUTURI

23	Enter tax from TC-40, page 1, line 22	23	901	
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24		
25	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 41	• 25	901	
26	Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	683	
27	Subtract line 26 from line 25 (not less than zero)	27	218	
28	Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28		
29	AMENDED RETURN ONLY - previous refund	• 29		
30	Recapture of low-income housing credit	• 30		
31	Utah use tax	• 31		
32	Total tax, use tax and additions to tax (add lines 27 through 31)	32	218	
33	Total withholding - If you have mineral production withholding or pass-through entity withholding, complete page 3, Part 5. If not, enter on line 33 the total of TC-40W, Part 1.	• 33		
34	Credit for Utah income taxes prepaid from TC-546 and 2022 refund applied to 2023	• 34		
35	AMENDED RETURN ONLY - previous payments	• 35		
36	Nonapportionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 36		
37	Apportionable refundable credits from TC-40A, Part 6, line c (attach TC-40A, page 2)	• 37		
38	Total withholding and refundable credits - add lines 33 through 37	38		
39	TAX DUE - subtract line 38 from line 32 (not less than zero)	• 39	218	
40	Penalty and interest (see instructions)	40		
41	TOTAL DUE - PAY THIS AMOUNT - add line 39 and line 40	• 41	218	
42	REFUND - subtract line 32 from line 38 (not less than zero)	• 42		
43	Voluntary subtractions from refund (not greater than line 42) Enter the total from page 3, Part 6	• 43		
44	REMAINING REFUND DIRECT DEPOSIT - your account information (see instructions for foreign accounts)	checking	savings	foreign
	• Routing number	• Account number	Type: •	•

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN Your signature _____ Date _____ Spouse's signature (if filing jointly) _____ Date _____
HERE

Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN
Paid Preparer's Section	Preparer's signature SYAM PRIYA RAM SAGAR G Firm's name and address GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWICK	Date 03/02/24 Preparer's telephone number 6789659522	Preparer's PTIN P02082703 Preparer's EIN 843171965

Attach page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, have mineral production or pass-through entity withholding, or no longer qualify for a homeowner's exemption.

Part 5 - Nonapportionable Refundable Credits (enter the code and amount of each credit)	Code	Amount
See instructions or incometax.utah.gov for codes.	•	
	•	
	•	
	•	
	•	

Total nonapportionable refundable credits (add all Part 5 credits and enter total here and on TC-40, line 36)

Part 6 - Apportionable Refundable Credits (enter the code and amount of each credit)	Code	Amount
See instructions or incometax.utah.gov for codes.	•	
	•	
	•	
	•	

- | | |
|---|----|
| a. Total apportionable refundable credits (add all Part 6 credits and enter total here) | a. |
| b. If you are a nonresident or a part-year resident, enter the apportionment fraction from TC-40B, line 39:
If you are a full-year Utah resident, enter "1". | b. |
| c. Apportioned refundable credits (multiply line a by line b and enter the total here)
Enter this amount on TC-40, line 37. | c. |
-

Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.

Credit for Income Tax Paid to Another State

INTUIT

**TC-40S
2023**

40308 SSN 796-36-4467

Last name PAVUTURI

NOTE: Part-year residents rarely qualify for this credit. Nonresidents do not qualify for this credit. See instructions.

FIRST STATE

1	Enter federal adjusted gross income taxed by both Utah and state of: NJ	1	40000	
2	Federal adjusted gross income from TC-40, line 4 (see instructions)	2	32764	
3	Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.			3 1.0000
4	Utah income tax from TC-40, line 22. Part-year residents, see instructions.	4	901	
5	Credit limitation - multiply line 4 by decimal on line 3	5	901	
6	Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1.	6	683	
7	Credit for tax paid another state - lesser of line 5 or line 6			7 683

SECOND STATE

1	Enter federal adjusted gross income taxed by both Utah and state of:	1		
2	Federal adjusted gross income from TC-40, line 4 (see instructions)	2		
3	Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.			3
4	Utah income tax from TC-40, line 22. Part-year residents, see instructions.	4		
5	Credit limitation - multiply line 4 by decimal on line 3	5		
6	Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1.	6		
7	Credit for tax paid another state - lesser of line 5 or line 6			7

THIRD STATE

1	Enter federal adjusted gross income taxed by both Utah and state of:	1		
2	Federal adjusted gross income from TC-40, line 4 (see instructions)	2		
3	Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.			3
4	Utah income tax from TC-40, line 22. Part-year residents, see instructions.	4		
5	Credit limitation - multiply line 4 by decimal on line 3	5		
6	Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1.	6		
7	Credit for tax paid another state - lesser of line 5 or line 6			7

REV 11/30/23 PRO

**Use additional forms TC-40S if claiming credits for more than three states.
Enter the total of all amounts shown on line 7 above on TC-40A, Part 4, using code 17.
Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**