Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
VENKATESHWARA MEKHA	736-89-3321
Spouse's name	Spouse's social security number
ANUPAMA CHALLAGULLA	871-61-8760
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	
2 Total tax	· · · · · · · · · · · · · · · · ·
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be Under penalties of perjury, I declare that I have examined a copy of the income tax re	
my knowledge and belief, it is true, correct, and complete. I further declare that the return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of for any delay in processing the return or refund, and (c) the date of any refund. If app. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financi payment of my federal taxes owed on this return and/or a payment of estimated tax, authorization is to remain in full force and effect until I notify the U.S. Treasury Fin. payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. P business days prior to the payment (settlement) date. I also authorize the financial in taxes to receive confidential information necessary to answer inquiries and resolve personal identification number (PIN) below is my signature for the income tax return Electronic Funds Withdrawal Consent.	eservice provider, transmitter, or electronic return originator (ERO) receipt or reason for rejection of the transmission, (b) the reason blicable, I authorize the U.S. Treasury and its designated Financial al institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This ancial Agent to terminate the authorization. To revoke (cancel) a ayment cancellation requests must be received no later than 2 stitutions involved in the processing of the electronic payment of existing issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
* *	to enter or generate my PIN 9 3 3 2 1 as my
ERO firm name	don't enter all zeros
signature on the income tax return (original or amended) I am now a	
I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN and your return is filed using the below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN 1 8 7 6 0 as my
ERO firm name signature on the income tax return (original or amended) I am now a	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) ram now a	-
if you are entering your own PIN and your return is filed using the below.	
Spouse's signature ▶	Date ▶
Practitioner PIN Method Returns O	nly—continue below
Part III Certification and Authentication — Practitioner PIN M	ethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se	Plected 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 electrate authorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized	confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form —	

REV 03/07/24 PRO

Don't Submit This Form to the IRS Unless Requested To Do So

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



£104 (artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this:	space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstruction	ons.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity nun	nber
VENKATE	SHWA	RA	MEKH	A							736	89	3321	
If joint return, s	pouse's	s first name and middle initial	Last na	me									security	
ANUPAMA			CHAL	LAGUL	LA						871	61	8760	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.				ction Ca	
14500 3	4TH .	AVE NORTH						3	329		Check h	nere if y	ou, or yo	our
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode			0.	jointly, w	
PLYMOUT:	Н					MN	1	554	47		•		nd. Chec not chan	_
Foreign countr	y name		F	oreign pr	ovince/state/	count	ty	Foreiç	ın postal o		your tax		nd	Spouse
Filing Status		Single	no bod i	~~~~			☐ Head of h	ouseh	old (HOI	-)				
Check only		Married filing jointly (even if only o	ne nau i	ncome)			Qualifying				2001			
one box.	lt.	Married filing separately (MFS)	nomo	of vour or	souce If you	, obo	, ,		0 1	,	,	ld'a na	ma if the	•
		you checked the MFS box, enter the lalifying person is a child but not you			oouse. II you	ı cne	ескей іле пог	1 Or Q	55 DOX,	enter	the chi	iu s na	ne ii the	3
	- Ч ^и	lamying person is a crilid but not you	ii depei											
Digital		ny time during 2023, did you: (a) rec										□ v.		NI.
Assets		nange, or otherwise dispose of a dig						et) ? (Se	e instru	Ctions	S.)	Y€	es X	NO
Standard	_	neone can claim: You as a de	•		•		a dependent							
Deduction	Ш:	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Sp o	ouse	: Was bor	rn befo	ore Janu	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instru	uctions):
If more	(1) First name Last name				number		to you	Child tax		ax cre	edit	Credit fo	r other de	pendents
than four														
dependents,														
see instruction and check	5													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		123,4	451.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f					
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i							
	z	Add lines 1a through 1h			· · ;						1z		123,4	<u>451.</u>
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes				2b			
if required.	3a_		3a				rdinary divide				3b			
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ _	6b			
separately,	_c	If you elect to use the lump-sum e		•		`	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7			
jointly or Qualifying	8	Additional income from Schedule									8		-14,5	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		108,9	913.
\$27,700 • Head of	10	Adjustments to income from Sche									10		16.5	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		108,9	
If you checked	12	Standard deduction or itemized									12		27 ,	700.
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 7	<u>700.</u>
	15	Subtract upo 1/1 tram lina 11 lf zar	o or loca	contor	II This is v	~ · · · · · •	ravabla incom	••			15	1	νı ′	/ 1 - 2

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	9,307.
Credits	17	Amount from Schedule 2, lir							17	
	18	Add lines 16 and 17							18	9,307.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	,
	20	Amount from Schedule 3, lir	•						20	
	21	•							21	
	22	Subtract line 21 from line 18							22	9,307.
	23	Other taxes, including self-e							23	0.
	24	Add lines 22 and 23. This is			•				24	9,307.
Payments	25	Federal income tax withheld								
i ayınıcını	а	Form(s) W-2				25a	20.	554.		
	b	Form(s) 1099				25b	,			
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,						25d	20,554.
16	26	2023 estimated tax paymen							26	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from			_	28				
	29	American opportunity credit				29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32						edits		32	
	 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments								33	20,554.
Refund	34	If line 33 is more than line 24							34	11,247.
riciana	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here								35a	11,247.
Direct deposit?	b								-	,
See instructions.	d	Account number 8 0 8		0 1 2				90		
	36	Amount of line 34 you want			ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe	01	For details on how to pay, g		37						
	38	Estimated tax penalty (see in	_	-		38				
Third Party	Do									
Designee		Do you want to allow another person to discuss this return with the IRS? See instructions								⋈ No
J		signee's		Phone				al identifi	cation	
		name no. number (PIN)								
Sign		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.								
Here		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		i			1		nt vou an Identity
	YO	ur signature		Date	Your occupation					IN, enter it here
Joint return?					VISION ENG	INEER		(see i		,
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on				nt your spouse an
Keep a copy for your records.									•	ection PIN, enter it here
your records.					HOME MAKER			(see ii	ist.)	
		one no. (512) 665-514		Email address	MEKHAVENKY			TINI.		0
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	04/05/	2024 P	02082		Self-employed
Use Only		m's name GLOBAL TA								(678) 965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firm's	s EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

VENKATESHWARA MEKHA & ANUPAMA CHALLAGULLA

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

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

	Sequence No. 01
Your soc	ial security number
736-89	-3321

Par	t 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. Att		5	-14,538.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) 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 nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z				
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-14,538.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-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				
С	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:				
а	Jury duty pay (see instructions)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
_	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
_	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24 j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		07/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV U3/	ULIZA ENO	uu	

SCHEDULE E (Form 1040)

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

VENE	ATESHWARA MEKHA & ANUPAMA CHALLAGULLA						736-	-89-3323	1
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	nd Ro	yalties Schedule	c . See	instru	ctions. If you a	are an in	ndividual, re	port farm
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZIF	P code	e)						
Α	SRINIVAS NAGAR CAMP, AT MALLANAYAKANAHALLI PO	ST.GU	JDADAHAL	LI,TQ-	-HARI	HAR, DAVANG	GERE, K	ARNATAKA	IN 577530
В									
С									
1b	(from list below) above, report the number of fair	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box on if you meet the requirements to file as a qualified joint venture. See instructions.					Pers I	QJV	
Α									
В	If you meet the requirements to the country of the								
С	qualified joint venture. See institu	action is	J.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ital	5 Land 6 Roya						
						Propert	ies:		
Incon		_		Α	0.0	В			С
3	Rents received	3		/	20.				
4	Royalties received	4							
Exper 5		5							
6	Advertising	6							
7	Cleaning and maintenance	7		a	80.				
8	Commissions	8			00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	49				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0	10.				
13	Other interest	13							
14	Repairs	14		3,2	01.				
15	Supplies	15		4,1					
16	Taxes	16							
17	Utilities	17		1,9	52.				
18	Depreciation expense or depletion	18		3,1					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,2	58.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-14 , 5	38.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		14,53		()()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		720		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	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	3	3,124		
е	Total of all amounts reported on line 20 for all properties				23e	15	,258		
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			. 24	4	
25	Losses. Add royalty losses from line 21 and rental real estate	e loss	es from lin	ie 22. Ei	nter to	tal losses her	e 2 5	5 (14,538.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at						on 26	6	-14,538.





2023 Form M1, Individual Income Tax Do not use staples on anything you submit.

	KATESHWARA	MEKHA Last Name		736893321 Your Social Security Number	04271992 Your Date of Birth (MM/DD/YYYY)
ANUE	PAMA Return, Spouse's First Name and Initial	<u>CHAL</u> Spouse's L	LAGULLA ast Name	871618760 Spouse's Social Security Number	08011994 Spouse's Date of Birth
	00 34TH AVE NORTH Home Address	H APT #329	9	Check if Address is:	New Foreign
PLYN City	MOUTH			MN State	<u>55447</u> ZIP Code
2023	B Federal Filing Statu	ıs (place an X	in one box):		
(1)) Single X (2) Married Filing Join		ng Separately	(4) Head of Household	(5) Qualifying Surviving Spouse
	e Elections Campaign \$5 to this fund, enter the code for the		ll help candidates for state offices pa	y campaign expenses. This will not i	ncrease your tax or reduce your refund.
Your Cod		l Party Code Numbers:	Republican	. •	Legal Marijuana Now
Fron	n Your Federal Retur	n (see instruct	tions)		
A. Wage	123451 es, salaries, tips, etc. B. I	() RA, pensions, and annuiti	es C. Unemploym	O D. Fee	81213 deral taxable income
1	Federal adjusted gross income	e (from line 11 of feder	ral Form 1040 and 1040-SR).		1 ■ 108913
2	Additions to income from line 2	10 of Schedule M1M a	nd line 9 of Schedule M1MB (s	see instructions)	2 ■
3	Add lines 1 and 2				108913
4	Itemized deductions (from Sch	edule M1SA) or your	standard deduction (see instru	uctions)	4 ■ 27650
5	Exemptions (from Schedule M1	!DQC)			5 🔳
6	State income tax refund from la	ine 1 of federal Schedo	ule 1		6 ■
7	Subtractions from line 35 of Sci	hedule M1M and line	21 of Schedule M1MB (see ins	tructions)	7 ■
8	Total subtractions. Add lines 4	through 7			8 27650
9	Minnesota taxable income. Su	btract line 8 from line	3. If zero or less, leave blank.		981263
10	Tax from the table or schedules	s in the Form M1 instr	uctions		104888
11	Alternative minimum tax (encl	ose Schedule M1MT)			11 ■
12	Add lines 10 and 11				12 4888
13	Full-year residents: Enter the of Part-year residents and nonres line 13, from line 28 on line 13 of 13a ■ 0	idents: From Schedule a, and from line 29 on	M1NR, enter the amount from line 13b (enclose Schedule M1	n line 32 on	13 4888

2023 M1, page 2



14	Other taxes, such as recapture amounts and the tax on lump-su	m distributions (check appropriate boxes)	^ 2 3 .	
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 🔳 _	
15	Tax before credits. Add lines 13 and 14		15 _	4888
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits (16 ■ _		
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank Nongame Wildlife Fund contribution (see instructions)			
	This will reduce your refund or increase the amount you owe		18 ■ _	
19	Add lines 17 and 18		.19 _	4888
20	Minnesota income tax withheld. Complete and enclose Schedul	e M1W to report		
	Minnesota withholding from Forms W-2, 1099, and W-2G and Sch	nedules KPI, KS, and KF	20 ■ _	8041
21	Minnesota estimated tax and extension payments made for 202	23	21 🔳 _	
22	Amount from line 11 of Schedule M1REF, Refundable Credits (se	ee instructions; enclose Schedule M1REF)	22 🔳 _	
23	Total payments. Add lines 20 through 22		23 _	8041
24	REFUND . If line 23 is more than line 19, subtract line 19 from line For direct deposit, complete line 25	ne 23 (see instructions).	24 ■ _	3153
25	Direct deposit of your refund (you must use an account not ass \times Checking Savings $\frac{111900659}{\text{Routing Number}}$	ociated with a foreign bank): 8080015012 Account Number		
26	AMOUNT YOU OWE. If line 19 is more than line 23, subtract line	e 23 from line 19 (see instructions)	26 ■ _	
27	Penalty amount from Schedule M15 (see instructions). Also sub this amount from line 24 or add it to line 26 (enclose Schedule N		27 ■	
	this amount normalice 2 for additional line 20 (choose schedule)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Penalty and interest (see instructions) OU PAY ESTIMATED TAX and want part of your refund credited to		28 ■ _	
	Amount from line 24 you want sent to you		29 ■ _	
30	Amount from line 24 you want applied to your 2024 estimated	tax	30 ■ _	
Гахр	ayer(s): I declare that this return is correct and complete to the be	est of my knowledge and belief.		
		Spouse's Signature (If Filing Jointly)	Date	(MM/DD/YYYY)
		MEKHAVENKY@GMAIL.COM Email Address		
-		04052024	DΛΩ	2082703
		Date (MM/DD/YYYY)		or VITA/TCE # (required
		syam@gtaxfile.com		,
		Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with the preparer or the third-party designee indica		

Include a copy of your 2023 federal return and schedules.

Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

REV 03/05/24 PRO 1031





2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

VENKATESHWA		MEKHA			736893321		
Your First Name and Init	ial	Last Name		Your Social Security Number 871618760			
ANUPAMA			AGULLA				
If a Joint Return, Spouse's	First Name and Initial	Spouse's Las	st Name			Spouse's S	ocial Security Number
complete this schedu amounts to the near W-2G; keep them with	ule to determine line est whole dollar. You th your tax records. and Minnesota tax won the back.	e 20 of Form M u must include All instruction	11. List only the for this schedule whe s are included on the	ms that re n you file y nis schedu	, KS, or KF showing M port Minnesota incom our return. DO NOT s le. W-2G. If you have mor	ne tax withhe send in your	eld. Round dollar Forms W-2, 1099, or
Α	B—Box 13	C—Box 15		D—Bo	x 16	E—Box 1	7
If the Form W-2 is for:			even-digit Minnesota		vages, tips, etc.		ta tax withheld
you, enter 1	box is checked,	Tax ID Numb	er	(round	to nearest whole dollar)	(round to	nearest whole dollar)
• spouse, enter 2	mark an X below.		7.0.4.0.5.0		100151		0.0.4.1
a1 <u> </u>	b1	c1 MN	7684858	d1	123451	e1	8041
a2	b2	c2 MN		d2		e2	
a3	b3	c3 MN		d3		e3	
a4	b4	c4 MN		d4		e4	
a5	b5	c5 MN		d5		e5	
Subtotal for addition	onal Forms W-2 (fron	n line 5 on page	2)				
Total Minnesota ta	ax withheld on all Fo	orms W-2 (add o	amounts in line 1, co	lumn E) .		1■	8041
 Minnesota tax with A If the Form 1099, W-2 you, enter 1 spouse, enter 2 		B Payer's seve	42-S. If you have mondigit Minnesota Tax ID	C Incom	ur forms, complete line e amount (see the table on ck for amounts to include)	D Minne	k. sota tax withheld to nearest whole dollar)
a1		b1 MN		c1		d1	
a2		b2 MN		c2		d2	
a3		b3 МN		c3		d3	
a4		b4 MN		c4		d4	
Subtotal for addition	onal 1099, W-2G, and	d 1042-S <i>(from</i>	line 6 on page 2)				
Total Minnesota ta	ax withheld on all 10	99, W-2G, and	1042-S (add amoun	ts in line 2,	column D)	2■	
3 Total Minnesota to			•			ર ■	
4 Total. Add the Mir	•					J =	
	o and on line 20 of E	, ,	iu J.			4 ■	8041