

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 VINAY TEJA | Last name VELIGETI | Your social security number 812 62 7814 |
| If joint return, spouse's first name and middle initial MADHURI | Last name VANAM | Spouse's social security number 982 98 6372 |
| Home address (number and street). If you have a P.O. box, see instructions. 1900 KNIGHTSBRIDGE ROAD | | Apt. no. 3305 |
| City, town, or post office. If you have a foreign address, also complete spaces below. FARMERS BRANCH | | State TX |
| Foreign country name | | ZIP code 75234 |
| Foreign province/state/county | | Foreign postal code |

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)
 Married filing jointly (even if only one had income)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)
 Check only one box.
 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 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

| Dependents (see instructions): | (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 |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | | | | | Credit for other dependents |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

| Income | Description | Amount |
|-----------|---|----------|
| 1a | Total amount from Form(s) W-2, box 1 (see instructions) | 64,750. |
| b | Household employee wages not reported on Form(s) W-2 | |
| c | Tip income not reported on line 1a (see instructions) | |
| d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | |
| e | Taxable dependent care benefits from Form 2441, line 26 | |
| f | Employer-provided adoption benefits from Form 8839, line 29 | |
| g | Wages from Form 8919, line 6 | |
| h | Other earned income (see instructions) | 0. |
| i | Nontaxable combat pay election (see instructions) 1i | |
| z | Add lines 1a through 1h | 64,750. |
| 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 | |
| c | If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | |
| 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | |
| 8 | Additional income from Schedule 1, line 10 | -10,182. |
| 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 54,568. |
| 10 | Adjustments to income from Schedule 1, line 26 | |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income | 54,568. |
| 12 | Standard deduction or itemized deductions (from Schedule A) | 27,700. |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A | |
| 14 | Add lines 12 and 13 | 27,700. |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 26,868. |

Attach Sch. B if required.

Standard Deduction for—
 • Single or Married filing separately, \$13,850
 • Married filing jointly or Qualifying surviving spouse, \$27,700
 • Head of household, \$20,800
 • If you checked any box under Standard Deduction, see instructions.

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, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, 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 with a declaration and fields for name, phone, and PIN.

Sign Here section with a declaration and signature fields for the preparer and spouse.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm 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
VINAY TEJA VELIGETI & MADHURI VANAM

Your social security number
812-62-7814

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 | -10,182. |
| 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 | -10,182. |

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 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
VINAY TEJA VELIGETI & MADHURI VANAM

Your social security number
812-62-7814

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 | 200. |
| 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 | |
| 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 | |
| 8 | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 8 | 200. |

(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 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

VINAY TEJA VELIGETI & MADHURI VANAM

Your social security number

812-62-7814

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 NO 2 KUNTLOOR HAYATNAGAR HYDERABAD TELANGANA IN 501505

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 | 3 674. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,451. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,450. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 1,650. | | |
| 15 Supplies | 15 1,540. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 1,692. | | |
| 18 Depreciation expense or depletion | 18 3,073. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 10,856. | | |
| 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 -10,182. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (10,182.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 674. | | |
| 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 3,073. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 10,856. | | |
| 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 (10,182.) | | |
| 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 -10,182. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA -10,182.

Schedule E (Form 1040) 2023

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8889 for instructions and the latest information.

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
812-62-7814

VINAY TEJA VELIGETI

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 | 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 | 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 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 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 | 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 | |
| 8 | Add lines 6 and 7 | 7,750. |
| 9 | Employer contributions made to your HSAs for 2023 | 520. |
| 10 | Qualified HSA funding distributions | |
| 11 | Add lines 9 and 10 | 520. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 7,230. |
| 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. | 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) | 4,239. |
| 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 | |
| c | Subtract line 14b from line 14a | 4,239. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 4,239. |
| 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 | 0. |
| 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 | |

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 | |
| 19 | Qualified HSA funding distribution | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f | |
| 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 | |

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2023
Attachment
Sequence No. **54**

Name(s) shown on return

VINAY TEJA VELIGETI & MADHURI VANAM

Your social security number

812-62-7814



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

| | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| 1 | | |
| 2 | 2,220. | |
| 3 | 2,220. | |
| 4 | | |
| 5 | 2,220. | |
| 6 | 2,000. | |
| 7 | | 2,000. |
| 8 | 54,568. | |

| If line 8 is— | | And your filing status is— | | |
|------------------|---------------|----------------------------|-------------------|---|
| Over— | But not over— | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying surviving spouse |
| Enter on line 9— | | | | |
| --- | \$21,750 | 0.5 | 0.5 | 0.5 |
| \$21,750 | \$23,750 | 0.5 | 0.5 | 0.2 |
| \$23,750 | \$32,625 | 0.5 | 0.5 | 0.1 |
| \$32,625 | \$35,625 | 0.5 | 0.2 | 0.1 |
| \$35,625 | \$36,500 | 0.5 | 0.1 | 0.1 |
| \$36,500 | \$43,500 | 0.5 | 0.1 | 0.0 |
| \$43,500 | \$47,500 | 0.2 | 0.1 | 0.0 |
| \$47,500 | \$54,750 | 0.1 | 0.1 | 0.0 |
| \$54,750 | \$73,000 | 0.1 | 0.0 | 0.0 |
| \$73,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

| | | |
|-----------|---|--------|
| 10 | Multiply line 7 by line 9 | 200. |
| 11 | Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | 2,785. |
| 12 | Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 | 200. |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.



| | | | |
|---|-----------|--|------|
| Your first name and initial VINAY TEJA VELIGETI | Last name | Your Social Security Number 1 8 1 2 6 2 7 8 1 4 | 2023 |
| Spouse's first name and initial MADHURI VANAM | Last name | Spouse's Social Security Number 2 9 8 2 9 8 6 3 7 2 | |
| Present home address (number and street including apartment number or rural route) 1900 KNIGHTSBRIDGE ROAD #3305 | | Daytime Telephone Number 4 0 1 3 3 8 2 4 4 2 | |
| City, town, or post office FARMERS BRANCH | | State ZIP TX 75234 | |

Part A Tax Return Information

Balance Due , , . Refund Due , , .

Part B Direct Deposit of Refund (Optional) or Direct Debit (Optional)

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Direct Debit Payment

, , .

Account Number

Withdrawal Date

MM DD YYYY

Type of Account: Checking Savings
(Check one.)

Full Payment Partial Payment
 Payment made/will be made by credit card.

PART C Declaration of Taxpayer

REV 12/19/23 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____
Your signature Date Spouse's signature (if joint return) Date

Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. _____
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. _____
Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

This form is to be maintained by ERO. Do not submit to LDR.

IT-540B-2D (Page 1 of 4)
**2023 LOUISIANA NONRESIDENT
 AND PART-YEAR RESIDENT - 2D**

DEV ID 1002

Name Change

Decedent Filing

VINAY TEJA VELIGETI

Your SSN

812627814

Spouse Decedent

MADHURI VANAM

Spouse's SSN

982986372

Address Change

1900 KNIGHTSBRIDGE ROAD APT 3305

Area code and daytime telephone number

Amended Return

FARMERS BRANCH TX 75234

4013382442

NOL

MSRA Nonresident Return

Your Date of Birth

Spouse's Date of Birth

NRPA Part-Year Return

02021994

12021996

FILING STATUS: Enter the appropriate number in the filing status box. It must agree with your federal return.

6 EXEMPTIONS:

Enter a "1" in box if **single**.

6A Yourself

65 or older

Blind

Enter a "2" in box if **married filing jointly**.

6B Spouse

65 or older

Blind

Total of 6A & 6B 2

2

Enter a "3" in box if **married filing separately**.

Enter a "4" in box if **head of household**.
 If the qualifying person is not your dependent, enter name here.

Enter a "5" in box if **qualifying surviving spouse**.
 If the qualifying person is not your dependent, enter name here.

6C DEPENDENTS – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here.

6C 0

| First Name | Last Name | Social Security Number | Relationship to you | Birth Date (mm/dd/yyyy) |
|------------|-----------|------------------------|---------------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C

6D 2

REV 12/19/23 PRO

FOR OFFICE USE ONLY

Field Flag

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Line 14.

| | | | |
|-----|---|-----|-------|
| 7 | FEDERAL ADJUSTED GROSS INCOME – From the NPR worksheet, Federal column, Line 12 | 7 | 54568 |
| 8 | LOUISIANA ADJUSTED GROSS INCOME – From the NPR worksheet, Line 20 | 8 | 41550 |
| 9 | RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME | 9 | 7614 |
| 10A | FEDERAL ITEMIZED DEDUCTIONS | 10A | 0 |
| 10B | FEDERAL ITEMIZED DEDUCTION FOR MEDICAL AND DENTAL EXPENSES | 10B | 0 |
| 10C | FEDERAL STANDARD DEDUCTION | 10C | 0 |
| 10D | EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10C from Line 10B | 10D | 0 |
| 10E | ALLOWABLE DEDUCTIONS – Multiply Line 10D by the percentage on Line 9. Round to the nearest dollar. | 10E | 0 |
| 11 | LOUISIANA NET INCOME – Subtract Line 10E from Line 8. If less than zero, enter zero "0". | 11 | 41550 |
| 12 | YOUR LOUISIANA INCOME TAX | 12 | 915 |
| 13 | NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C-NR, Line 5 | 13 | 0 |
| 14 | TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 13 from Line 12. If less than zero, enter zero "0". | 14 | 915 |
| 15 | 2023 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Care Credit Worksheet. | 15 | 0 |
| 15A | Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3. | 15A | 0 |
| 15B | Enter the amount from the Refundable Child Care Credit Worksheet, Line 6. | 15B | 0 |
| 16 | 2023 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet. | 16 | 0 |
| | 5 0 4 0 3 0 2 0 | | 0 |
| 17 | OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F-NR, Line 9 | 17 | 0 |
| 18 | TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 15, 16, and 17. Do not include amounts on Lines 15A and 15B. | 18 | 0 |
| 19 | TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS | 19 | 915 |
| 20 | OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS | 20 | 0 |
| 21 | NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J-NR, Line 16 | 21 | 0 |

REV 12/19/23 PRO



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| | | | | |
|-----|---|---|---------------------------------------|--------|
| 22 | ADJUSTED LOUISIANA INCOME TAX – Subtract Line 21 from Line 19. | | 22 | 915 |
| 23A | CONSUMER USE TAX | <input checked="" type="checkbox"/> No use tax due. | 23A | 0 |
| | | Amount from the Consumer Use Tax Worksheet. | | |
| 23B | ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE | <input checked="" type="checkbox"/> No usage fee due. | 23B | 0 |
| | | Amount from Form R-19000A. | | |
| 24 | TOTAL INCOME TAX, CONSUMER USE TAX, AND ELECTRIC AND HYBRID VEHICLE ROAD USAGE FEE - Add Lines 22, 23A, AND 23B. | | 24 | 915 |
| 25 | OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 20. | | 25 | 0 |
| 26 | REFUNDABLE PRIORITY 4 CREDITS – From Schedule I-NR, Line 6 | | 26 | 0 |
| 27 | AMOUNT OF LOUISIANA TAX WITHHELD FOR 2023 – Attach Forms W-2 and 1099. | | 27 | 1457 |
| 28 | AMOUNT OF CREDIT CARRIED FORWARD FROM 2022 | | 28 | 0 |
| 29 | AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership. _____ | | 29 | 0 |
| 30 | AMOUNT OF ESTIMATED PAYMENTS FOR 2023 | | 30 | 0 |
| 31 | AMOUNT OF EXTENSION PAYMENT | | 31 | 0 |
| 32 | TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 25 through 31. | | 32 | 1457 |
| 33 | OVERPAYMENT – If Line 32 is greater than Line 24, subtract Line 24 from Line 32. Your overpayment may be reduced by Underpayment of Estimated Tax Penalty. Otherwise, go to Line 40. | | 33 | 542 |
| 34 | UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box. | | 34 | 0 |
| 35 | ADJUSTED OVERPAYMENT – If Line 33 is greater than Line 34, subtract Line 34 from Line 33, and enter on Line 35. If Line 34 is greater than Line 33, subtract Line 33 from Line 34, and enter the balance on Line 40. | | 35 | 542 |
| 36 | TOTAL DONATIONS – From Schedule D-NR, Line 22 | | 36 | 0 |
| 37 | SUBTOTAL – Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund. | | 37 | 542 |
| 38 | AMOUNT OF LINE 37 TO BE CREDITED TO 2024 INCOME TAX CREDIT | | 38 | 0 |
| | AMOUNT TO BE REFUNDED – Subtract Line 38 from Line 37. If mailing to LDR, use the address on the bottom of page 4. | | | |
| 39 | Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check. | REFUND | <input checked="" type="checkbox"/> 3 | 39 542 |

DIRECT DEPOSIT INFORMATION

Type: Checking Savings

Will this refund be forwarded to a financial institution located outside the United States? Yes No

Routing Number 111000025

Account Number 586036059992



Social Security Number 812627814

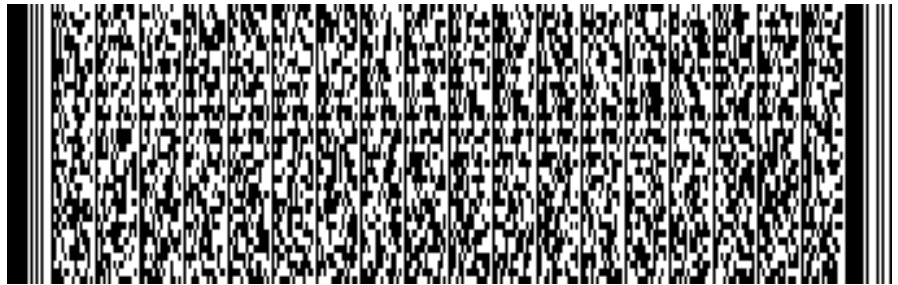
AMOUNTS DUE LOUISIANA

| | | | |
|----|--|----|---|
| 40 | AMOUNT YOU OWE – If Line 24 is greater than Line 32, subtract Line 32 from Line 24 | 40 | 0 |
| 41 | ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND | 41 | 0 |
| 42 | ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND | 42 | 0 |
| 43 | ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION | 43 | 0 |
| 44 | INTEREST – From the Interest Calculation Worksheet, Line 5. | 44 | 0 |
| 45 | DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet Line 3. | 45 | 0 |
| 46 | DELINQUENT PAYMENT PENALTY – From the Delinquent Payment Penalty Calculation Worksheet Line 7. | 46 | 0 |
| 47 | UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box. | 47 | 0 |
| 48 | BALANCE DUE LOUISIANA – Add Lines 40 through 47. | 48 | 0 |

**PAY THIS AMOUNT.
DO NOT SEND CASH.**

IMPORTANT!

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip.
Do not staple.



Status 10

Contribution and Donation 0000

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. If I made a contribution to a START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 39

| | | | |
|----------------|-------------------|---|-------------------|
| Your Signature | Date (mm/dd/yyyy) | Spouse's Signature (If filing jointly, both must sign.) | Date (mm/dd/yyyy) |
|----------------|-------------------|---|-------------------|

| | | | | |
|---------------------------------------|----------------------------|----------------------|-------------------|---|
| PAID PREPARER USE ONLY | Print/Type Preparer's Name | Preparer's Signature | Date (mm/dd/yyyy) | Check <input type="checkbox"/> if Self-employed |
| | Firm's Name | Firm's FEIN | 84-3171965 | |
| | Firm's Address | Telephone | 678-965-9522 | |

Name
VELI

Individual Income Tax Return
Calendar year return due 5/15/2024

P02082703

Mail to: Department of Revenue
PO BOX 3440
BATON ROUGE LA 70821-3440

PTIN, FEIN, or
LDR Account Number
of Paid Preparer


For Office
Use Only.



2023 Nonresident and Part-Year Resident (NPR) Worksheet

| <i>See instructions for completing the NPR worksheet.</i> | | Federal | Louisiana |
|---|--|----------------|------------------|
| 1 | Wages, salaries, tips, etc. | 64750 | 41550 |
| 2 | Taxable interest | | |
| 3 | Dividends | | |
| 4 | Business income (or loss) and farm income (or loss) | | |
| 5 | Gains (or losses) | | |
| 6 | IRA distributions, pensions and annuities | | |
| 7 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. | -10182 | 0 |
| 8 | Social Security benefits | | |
| 9 | Other income - Enter the amount of Louisiana NOL utilized | | |
| 10 | Total Income – Add the income amounts on Lines 1 – 9 for each column. | 54568 | 41550 |
| 11 | Total Adjustments to Income | | |
| 12 | Adjusted Gross Income – Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on Form IT-540B, Line 7. The amount shown in the Federal column should agree with Federal Form 1040 or 1040-SR, Line 11. | 54568 | 41550 |
| Additions | 13 Interest and dividend income from other states and their political subdivisions | | |
| | 14 Recapture of START contributions | | |
| | 15 Recapture of START K12 contributions | | |
| | 16 Add back of pass-through entity loss | | |
| | 17 Total - Add Lines 12 through 16. | | 41550 |

| EXEMPT INCOME - Enter on Lines 18A through 18F the amount of any exempt income included on Line 12 in the Louisiana column. Enter the description and associated code, along with the dollar amount. <i>See the instructions.</i> | | | |
|--|---|---|---------------|
| | | Code | Amount |
| Subtractions | 18A | Exempt Income Description | |
| | 18B | | |
| | 18C | | |
| | 18D | | |
| | 18E | | |
| | 18F | | |
| | 19 | Total Exempt Income – Add Lines 18A through 18F. | |
| 20 | LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 19 from Line 17. Also, enter this amount on Form IT-540B, Line 8. | | 41550 |

| Description - See instructions. | Code |
|---|-------------|
| Interest and Dividends on U.S. Government Obligations | 01E |
| Louisiana State Employees' Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____ | 02E |
| Louisiana State Teachers' Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____ | 03E |
| Federal Retirement Benefits Taxpayer date retired: _____ Spouse date retired: _____ | 04E |
| Other Retirement Benefits – Provide name or statute: _____ Taxpayer date retired: _____ Spouse date retired: _____ | 05E |
| Annual Retirement Income Exemption for Taxpayers 65 or over Provide name of pension or annuity: _____ | 06E |

| Description - See the instructions. | Code |
|--|-------------|
| Native American Income | 08E |
| START Savings Program Contribution | 09E |
| Military Pay Exclusion | 10E |
| Road Home | 11E |
| Recreation Volunteer | 13E |
| Volunteer Firefighter | 14E |
| Voluntary Retrofit Residential Structure | 16E |
| Elementary and Secondary School Tuition | 17E |
| Educational Expenses for Home-Schooled Children | 18E |
| Educational Expenses for Quality Public Education | 19E |
| Capital Gain from Sale of Louisiana Business | 20E |
| Employment of Certain Qualified Disabled Individuals | 21E |
| S Bank Shareholder Income Exclusion | 22E |
| Entity Level Taxes Paid to Other States | 23E |
| Pass - Through Entity Exclusion | 24E |
| IRC Code 280C Expense | 25E |
| COVID-19 Relief Benefits | 27E |
| START K12 Savings Program Contributions | 28E |
| Digital Nomads | 29E |
| Other, see instructions. Identify: _____ | 49E |

