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

- Internal n	levelue del vice								
Submis	ssion Identification Number (SID)								
Taxpayer	r's name		S	Social s	securit	y numb	er		
VENK	CATA S TIPIRNENI			199	-53-	-362	6		
Spouse's			s	Spouse	's soc	ial secu	ırity nı	ımber	
Part)23 (Ent	er y	ear y	ou a	re au	thoriz	zing.)	
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					اما		C 0	044
	Adjusted gross income					1			244.
	Total tax					3			510.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		•		•	4			598.
	Amount you want refunded to you		•		•	5		3,	088.
Part						_	our	retur	n)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original								<u> </u>
to send for any of Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service proving return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or redelay in processing the return or refund, and (c) the date of any refund. If applicable, I aution in the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution on the foliation of the initiation of the initia	eason for respective the account in account in account in account in the account	eject U.S. ndica ition ate the eques ne pr	ion of Treas ited in to deb he aut sts mu rocess ment.	the transition the table table the table table the table table the table tab	ansmised and its of an architecture and its of architecture and it	ssion, design paration to this o revived ne ectron	(b) the ated For soft accordance (contact) accordan	e reason Financial ware for unt. This ancel) a r than 2 rment of that the
	nic Funds Withdrawal Consent.								
	yer's PIN: check one box only				3	3 6	5 2	6	
X	I authorize GLOBAL TAXES LLC to enter o	r generat	e my	y PIN		er five			as my
	signature on the income tax return (original or amended) I am now authorizing.				dor	ı't ente	r all ze	eros	
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitione below.								
Your si	ignature ►	Date ►		01	/23/	202	4		
Spous	e's PIN: check one box only								
	I authorize to enter o	r generat	e my	y PIN					as my
	ERO firm name					er five n't ente			
	signature on the income tax return (original or amended) I am now authorizing.	ما ۱ مم		+					ov onl v
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitione below.	,				_			-
Spouse	e's signature ▶	Date ►							
	Practitioner PIN Method Returns Only—conti	nue belo	w						
Part I	Certification and Authentication — Practitioner PIN Method On	y							
EDO's	EEIN/DIN Enter your aix digit EEIN followed by your five digit celf collected DIN	. 2	2 2	2 4	9 (6 0	8 :	2 7	1
ERUS	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	. [4]	2 4			er all ze		4 /	
				וטם	. i ente	, an Zt	03		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individuced to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file P	t I am sub	omitti	ing thi	s retu	rn in a	accord	lance	
FRO'∘	signature ▶	Date ▶							
	ERO Must Retain This Form — See Instru								
	Don't Submit This Form to the IRS Unless Reque		Do	So					

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



£1040	•	artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple in this	s space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate instruct	ions.
Your first name	and m	iddle initial	Last na	ıme						Your so	ocial security nu	mber
VENKATA	S		TIPI	RNENI	[199	53 3626	5
		s first name and middle initial	Last na								's social security	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				1	Apt. no.	ł	ential Election Ca	
3703 GRI						1					here if you, or you if filing jointly, w	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ate	ZIP c			this fund. Che	
_CLAYMON'						DE		197			low will not char	_
Foreign country	y name			Foreign p	rovince/state/o	coun	ty	Foreig	gn postal code	your ta	x or refund.	1.0
		n									You	Spouse
Filing Status	s 🗠	Single					☐ Head of ho	ouseh	old (HOH)			
Check only	L	Married filing jointly (even if only or	ne had i	income)			П .					
one box.		Married filing separately (MFS)					☐ Qualifying					
		you checked the MFS box, enter the			pouse. It you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if th	ie
	qu	lalifying person is a child but not you	ur deper	ident:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	ment for proper	ty or	services); or	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	ee instructio	ns.)	☐ Yes 🏻	No
Standard		neone can claim: 🔲 You as a de	penden	t 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	1					
Age/Blindness	s You	: Were born before January 2, 1	959 [Are bl	lind Spo	use	: Was bor	n befo	ore January 2	2, 1959	☐ Is blind	
Dependent	s (see	instructions):		(2) 9	Social security	,	(3) Relationshi	p (4) Check the b	ox if qual	ifies for (see instr	ructions):
If more		irst name Last name			number		to you		Child tax c	redit	Credit for other de	ependents
than four												
dependents,												
see instruction and check	s											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)					. 18	70,	091.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1k)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see in	struction	ns)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ir	nstru	uctions)			. 10	t	
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441,	, line 26 .					. 16	•	
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	8839, line 29					. 11	F	
If you did not	g	Wages from Form 8919, line 6 .								. 10	9	
get a Form W-2, see	h	Other earned income (see instruct	,					, .		. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			<u>li</u>					
	Z	Add lines 1a through 1h	· ;		· · · ·					. 1 z	70,	091.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest			. 2t)	
if required.	3a_	Qualified dividends	3a			b C	Ordinary divider	ıds .		. 3t)	
Standard	4a		4a				axable amount					
Deduction for—	5a	-	5a				axable amount			. 5t		
 Single or Married filing 	6a	,	6a				axable amount			. 6t)	
separately,	C	If you elect to use the lump-sum e		-		•	,		L	╣ 🏴		
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sche							L	- 7	_	0.45
jointly or Qualifying	8	Additional income from Schedule	-							. 8		847.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						. 9		244.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		244
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_					. 11		244.
If you checked	12	Standard deduction or itemized		•		,				. 12		850.
any box under Standard	13	Qualified business income deduct			ees or Form	899	ю-A			. 13		0 F O
Deduction, see instructions.	14	Add lines 12 and 13	· ·				 tavabla incom			. 14		850.

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌			16	5,510.
Credits	17	Amount from Schedule 2, lir					 .	. [17	
	18	Add lines 16 and 17						. [18	5,510.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. [19	
	20	Amount from Schedule 3, lir	ne 8					. [20	
	21	Add lines 19 and 20						. [21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				. [22	5,510.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your total tax					. [24	5,510.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	8,5	98.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	8,598.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable cre	dits .	.	32	
	33	Add lines 25d, 26, and 32. T						. [33	8,598.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.					34	3,088.
	35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	is attached, chec	k here .			35a	3,088.
Direct deposit?	b	Routing number 1 2 1				Checking	_	/ings		
See instructions.	d	Account number 9 3 7	7 6 8 7	1 6 6				-		
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe						
You Owe		For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				. Y	es. Com	plete be	low.	X No
		Designee's Phone name no.						l identific	ation	
<u>C:</u>		nder penalties of perjury, I declare t	hat I have evamine	no.	accompanying sched	dulae and eta	number	· /	hoet	of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Υn	our signature		Date	Your occupation			If the I	RS sei	nt you an Identity
		ar digitataro		Bato	Tour occupation					IN, enter it here
Joint return?					SOFTWARE DEVELOPER					
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on				nt your spouse an
your records.								(see in	•	ection PIN, enter it here
		one no. (510)634-346	2	Email address	USNARAYAN.9	100 асмл т	T COM	(,	
		eparer's name	Preparer's signat		V. NIATAANIG V	Date		TIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	'		מווסדם דמו.ו.מא	01/23/2)2082'	703	Self-employed
Preparer		m's name GLOBAL TA	1	TOTIL DUCK	COLIA IADUAN	101/23/2	021 P			678)965-9522
Use Only			<u>хьэ шьс</u> Y CT E BRU	INSWICK M	т 08816			Firm's		84-3171965
	1 11	m 3 address Z T J ROONE	T CI E DRU	TAN MATCIF IN	2 00010			1 11111 8	LIIN	04-21/1302

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

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

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

VENKATA S TIPIRNENI

Sequence No. 01

Your social security number
199-53-3626

Par	t 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):			1
3	Business income or (loss). Attach Schedule C		3	1
4	Other gains or (losses). Attach Form 4797		4	1
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-9,847.
6	Farm income or (loss). Attach Schedule F		6	1
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (<u>)</u>	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (<u>)</u>	
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	0- /		
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	a nongovernmental section 457 plan	8t	-	
u –	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines to through to	8z	9	
9 10	Total other income. Add lines 8a through 8z		9	
10	1040. 1040-SR, or 1040-NR, line 8		10	-9.847.

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

Par	t II 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	· <u> </u>			
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				
	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:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/	12/24 PRO	Schedu	ile 1 (Form 1040) 2023

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,

Department of the Treasury Internal Revenue Service

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

2023
Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number VENKATA S TIPIRNENI 199-53-3626 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) SRIRAM NAGAR HYDEARABAD TELANGANA IN 500045 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 520. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,397. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,459. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,358. 14 Repairs 15 Supplies 15 2,531. 16 16 Taxes 17 Utilities 17 2,622. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 10,367. 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 -9,847. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,847.) 520. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 10,367. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,847. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-9,847.

26

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



DELAWARE 2023 DIVISION OF REVENUE PIT-RES



DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

For Fiscal Year beginning and ending

		FOI FISC	ai rear begiiiiii	8	dill	a enaing					
You	r Taxpayer ID		Spouse Taxpa	ayer ID						Amended Ret Must include page 3 @	
1	9 9 5 3 3 6 2	6					Filing Status (Must 🗸	che	ck one)		
_	9 9 3 3 3 0 2	O			1.	X Single, Divorced, W	_	3.		Married & Filing Separate	Forms
Your	First Name	M.I.	Last Name	Suff		21 3g.e, 5	joint	٠.		married a rining Separate	. 1 011113
	JKATA	S	TIPIRNENI		4.	Married & Filing Co	ombined Separate on this form	5.		Head of Household	
	use First Name	M.I.	Last Name	- Suff		married a rining c	omorned separate on ans form				
-						Form					
Pres	ent Home Address (Numbe	er and Stree	et)	Apartment :	#	Form PIT-UND	If you were a part-	vear	residen	t in 2023 give the	
	3 GREEN STREET			•		Attached	dates you				
City			State	Zip Code		Claimed as					
CLP	YMONT		DE	19703		Dependant on someone	mm-dd-yyyy			mm-dd-yyyy	
						else's return					
	Column A is for Spouse info	rmation, Fil	ing status 4 only.	All other filing sta	tus use C	Column B.					
	SECTION A - ADDITIONS						COLUMN A			COLUMN B	
1.	FEDERAL AGI AMOUNT FRO	M FEDERAL	FORM 1040			1.		.00	1.	60244	.00
2.	INTEREST ON STATE & LOCA	L OBLIGATI	ONS OTHER THAN	DELAWARE		2.		.00	2.		.00
3.	FIDUCIARY ADJUSTMENT, O	IL DEPLETIO	N			3.		.00	3.		.00
4.	TOTAL - Add Lines 1 through	3				4.		.00	4.	60244	.00
	SECTION B - SUBTRACTIONS										
5.	INTEREST RECEIVED ON U.S.	OBLIGATIO	NS			5.		.00	5.		.00
6.	PENSION/RETIREMENT EXCI		a definition of eligible incor	ne, see instructions)							
	Column A if Spouse had a Military			nad a Military Pension		6.		.00	6.		.00
7.	DELAWARE STATE TAX REFU		_		IITY TAX						
	CREDIT, DELAWARE NOL CA					7.		.00	7.		.00
8a.	TAXABLE SOCIAL SECURITY/										
	EXCLUSION/CERTAIN LUMP					8a.		.00	8a.		.00
8b.	529 CONTRIBUTION TO DEL				E PROGR						
•	'	ABLE	Column B if You	529 ABLE		8b.			8b.		.00
9.	Add Lines 5 through 8b					9.		.00		60244	.00
10.	Subtract Line 9 from Line 4	EDCONC CO	AND OVER OR DICA	DIED (Continue diago)		10.			10.	60244	
11.	EXCLUSION FOR CERTAIN P					11. 12.			11. 12.	60244	.00
12.	DELAWARE ADJUSTED GROS SECTION C - DEDUCTIONS				laductions hat		t prorato in accordance with i			00244	.00
13.	TOTAL ITEMIZED DEDUCTION		,			13.	i prorate in accordance with i		13.		.00
14.	FOREIGN TAXES PAID (See inst		LLAWARE SCHEDO	LE A (IVIUST ATTACH F	II-NSA)	14.			14.		.00
15.	CHARITABLE MILEAGE DEDU		netructions)			15.			15.		.00
16.	SUBTOTAL - Add Line 13 thro		istractions)			16.			16.		.00
17.	FORM PIT-CRS TAX CREDIT A	Ü	▼ (See instructions)			17.			17.		.00
18.	NET ITEMIZED DEDUCTIONS	-		5. Enter here and on Line 19	(See instructi				18.		.00
19.	If you elect the DELAWARE						EMIZED DEDUCTION			iere	
	a. X Filing Statuses 1, 3, & 5 en	ter \$3250 in Co			b.	Filing Statuses 1, 2,	3, and 5, enter itemized d	educ	tions fro	m Line 18 in Column B	3;
	Filing Status 2 enter \$6500		adia Caluma D			Filing Status 4 enter	itemized deductions from	l Line	18 in Co	olumns A and B	
	Filing Status 4 enter \$3250) in Column A a	na in Column B			19.		.00	19.	3250	.00
20.	ADDITIONAL STANDARD DE	DUCTIONS (Not Allowed with I	temized Deduction	s - see in:	structions)					
	Multiply the number of boxes chec	ked below by \$2	2500. If you are filing a c	ombined separate retur	n (Filing stati	us 4), enter the total f	or each appropriate colun	nn. A	ll others	enter total in Column I	В.
	Column A - if Spouse was: 65 or or	-		You were: 65 or over	blind	20.			20.		.00
21.	TOTAL DEDUCTIONS - Add L	ine 19 and Li	ine 20 and enter he	re.		21.		.00	21.	3250	.00
	SECTION D - CALCULATIONS	;									
22.	TAXABLE INCOME - Subtract	: Line 21 fror	m Line 12, and com	pute tax on this am	ount	22.		.00	22.	56994	.00
23.	TAX LIABILITY FROM TAX RA	ATE TABLE/S	CHEDULE (See instruct	ions)		23.		.00	23.	2776	.00
24.	TAX ON LUMP SUM DISTRIB	UTION (Forr	m PIT-STC)			24.		.00	24.		.00



DELAWARE 2 0 2 3 MIDIVISION OF REVENUE PIT-RES



DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

25. TOTAL TAX - Add Line 23 and Line 24 25. 2776 .00 25. 2776 .00 26. 2776 .00 2776 .00 277	Col	umn A is for Spouse information, Filing status 4 only. All other filing status use Column B.	COLUMN A		COLUMN B
Enter number of exemptions	25.	TOTAL TAX - Add Line 23 and Line 24	25.	.00 2	5 . 2776 .00
Enter number of exemptions 1 x \$110 Ibdal for each appropriate column. All others enter total in Column B. On Line 26a, enter the number of exemptions for: Column A Column B 1 26a. .00 26a. .110 .00	26a.	PERSONAL CREDITS If you are Filing Status 3, see instructions. If you use Filing Status 4, enter the			
26b. CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B) Enter number of boxes checked on Line 26b x \$110 26b. .00 26b. .00 26b. .00 27c. .00 20c. .00 20c. .00 20c. .00 30c. .00 31c. .00 31c. .00 31c. .00 33c. .00 33c. .00 33c. .00 33c. .00 33c. .00 33c. <td></td> <td></td> <td></td> <td></td> <td></td>					
Enter number of boxes checked on Line 26b x \$110 26b		On Line 26a, enter the number of exemptions for: Column A Column B 1	26a.	.00 26	5a. 110 .00
27. TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.) 27. .00 27. .00 28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount 28. .00 28. .00 29. .00 29. .00 29. .00 .00 30. .010 30. .00 30. .00 .00 31. TOTAL NON-REFUNDABLE CREDITS (See instructions) 31. .00 31. .110.00 32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0. 32. .00 32. .26666.00 33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions) 33. .00 33. .20 34. .3539.00 34. DELAWARE TAX WITHHELD (Attach W2s/1099s) .34. .35 .00 35. .00 35. .00 35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS 35. .00 35. .00 36. .00 36. S CORP PAYMENTS 37. .00 37. .00 .00	26b.	CHECK BOXES Spouse 60 or over (Column A) Self 60 or over (Column B)			
28. VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount 28. .00 28. .00 29. OTHER NON-REFUNDABLE CREDITS (See instructions) 29. .00 29. 0.00 30. CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit) 30. .00 30. .00 31. TOTAL NON-REFUNDABLE CREDITS (See instructions) 31. .00 31. .110 .00 32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0. 32. .00 32. .2666 .00 33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions) 33. .00 33. .00 33. .00 34. DELAWARE TAX WITHHELD (Attach W2s/1099s) 34. .00 34. .3539 .00 35. ESTIMATED TAX PAID & PAYMENTS .00 35. .00 35. .00 36. .00 36. S CORP PAYMENTS .00 .37. .00 .37. .00 .37. .00 37. REFUNDABLE BUSINESS CREDITS .38. .00 .39.		Enter number of boxes checked on Line 26b x \$110	26b.	.00 26	ib00
29. OTHER NON-REFUNDABLE CREDITS (See instructions) 29. .00 29. 0.00 .00 30. CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit) 30. .00 30. .00 31. TOTAL NON-REFUNDABLE CREDITS (See instructions) 31. .00 31. .110 .00 32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0. 32. .00 32. .2666 .00 33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions) 33. .00 33. .00 34. .3539 .00 34. DELAWARE TAX WITHHELD (Attach W25/1099s) 34. .00 34. .3539 .00 35. .00 35. .00 35. .00 36. .00 36. .00 36. .00 36. .00 36. .00 36. .00 37. .00 37. .00 37. .00 37. .00 37. .00 37. .00 38. .00 38. .00 38. .00 38. .00 39. .3539 .00 39. <t< td=""><td>27.</td><td>TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)</td><td>27.</td><td>.00 2</td><td>700</td></t<>	27.	TAX IMPOSED BY OTHER STATES (Must attach copy of PIT-RSS and other state return.)	27.	.00 2	700
30. CHILLD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit) 30. .00 30. .00 31. TOTAL NON-REFUNDABLE CREDITS (See instructions) 31. .00 31. .110.00 32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0. 32. .00 32. .26666.00 33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions) 33. .00 33. .00 34. DELAWARE TAX WITHHELD (Attach W2s/1099s) 34. .00 34. .3539.00 35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS 35. .00 35. .00 36. S CORP PAYMENTS 36. .00 36. .00 37. REFUNDABLE BUSINESS CREDITS 37. .00 37. .00 38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST) 38. .00 38. .00 39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions) 39. .00 39. .3539.00 40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract Line 32 from	28.	VOLUNTEER FIREFIGHTER CO. # Spouse (Column A) Self (Column B) Enter credit amount	28.	.00 2	800
31. TOTAL NON-REFUNDABLE CREDITS (See instructions) 31. .00 31. .110.00 32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0. 32. .00 32. .26666.00 33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions) 33. .00 33. .00 34. .3539.00 34. DELAWARE TAX WITHHELD (Attach W2s/1099s) .34. .00 34. .3539.00 35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS .35. .00 35. .00 36. S CORP PAYMENTS .36. .00 36. .00 37. .00 .37. .00 .00 38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST) .38. .00 .38. .00 39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions) .39. .00 .39. .3539.00 40. BALANCE DUE If Line 39 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39. .41. .00 .41. .87300 42. CONTRIBUTIONS TO SP	29.	OTHER NON-REFUNDABLE CREDITS (See instructions)	29.	.00 2	9. 0 .00
32. BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0. 32. .00 32. .2666 .00 33. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions) 33. .00 33. .00 34. DELAWARE TAX WITHHELD (Attach W2s/1099s) 34. .00 34. .3539 .00 35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS 35. .00 35. .00 36. S CORP PAYMENTS 36. .00 36. .00 37. REFUNDABLE BUSINESS CREDITS 37. .00 37. .00 38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST) 38. .00 38. .00 39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions) 39. .00 39. .3539 .00 40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32. 40. .00 40. .00 41. .873 .00 41. OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39. 41. .00 41. .873 .00 42. CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.	30.	CHILD CARE CREDIT. Must attach Form 2441. (Enter 50% of Federal credit)	30.	.00 3	000
ASS. EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions) 33	31.	TOTAL NON-REFUNDABLE CREDITS (See instructions)	31.	.00 3	1. 110 .00
34.DELAWARE TAX WITHHELD (Attach W2s/1099s)340034.35.39.0035.ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS3500350036.S CORP PAYMENTS3600360037.REFUNDABLE BUSINESS CREDITS3700370038.CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)3800380039.TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)39003935 39.0040.BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.4000400040.41.OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.410041873.0042.CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.420043.AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT430044.PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions440045.NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.4500	32.	BALANCE - Subtract Line 31 from Line 25. If Line 31 is greater than Line 25, enter 0.	32.	.00 3	2 . 2666 . 00
35. ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS 36. S CORP PAYMENTS 36	33.	EARNED INCOME TAX CREDIT. REFUNDABLE NON-REFUNDABLE (See instructions)	33.	.00 3	300
36. S CORP PAYMENTS 37. REFUNDABLE BUSINESS CREDITS 38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST) 38. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions) 39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions) 40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32. 40. 00 40. 0 00. 41. OVERPAYMENT If Line 39 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 39. 41. 00 41. 873.00 42. CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS. 42. 00 43. AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT 43. 0.00 44. PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions 44. 0.00 45. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44. 45. 0.00	34.	DELAWARE TAX WITHHELD (Attach W2s/1099s)	34.	.00 3	4. 3539 .00
37. REFUNDABLE BUSINESS CREDITS 38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST) 38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST) 39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions) 40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32. 40. 00 40. 00 40. 0 .00 41. OVERPAYMENT If Line 39 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 39. 41. 00 41. 873. 00 42. CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS. 4200 43. AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT 4300 44. PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions 4400 45. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44. 4500	35.	ESTIMATED TAX PAID & PAYMENTS WITH EXTENSIONS	35.	.00 3	500
38. CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST) 38	36.	S CORP PAYMENTS	36.	.00 3	600
39. TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions) 40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32. 40	37.	REFUNDABLE BUSINESS CREDITS	37.	.00 3	700
40. BALANCE DUE If Line 33 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32. 40	38.	CAPITAL GAINS TAX PAYMENTS (Attach Form REW-EST)	38.	.00 3	800
41. OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39. 41	39.	TOTAL REFUNDABLE CREDITS For amended return, enter Line 39 then proceed to Line 47 on page 3 (All else, see instructions)	39.	.00 3	9. 3539 .00
42. CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS. 43. AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT 44. PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions 45. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44. 46	40.	BALANCE DUE If Line 39 plus Line 39 is less than or equal to Line 32, Subtract the sum of Line 33 and Line 39 from Line 32.	40.	.00 4	0. 0 .00
4300 44. PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions 4400 45. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44. 4500	41.	OVERPAYMENT If Line 33 plus Line 39 is greater than Line 32, Subtract Line 32 from the sum of Line 33 and Line 39.	41.	.00 4	1. 873 .00
44. PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions 44. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44. 4500	42.	CONTRIBUTIONS TO SPECIAL FUNDS. If electing a contribution, complete and attach PIT-RSS.		4	200
45. NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.	43.	AMOUNT OF LINE 41 TO BE APPLIED TO 2024 ESTIMATED TAX ACCOUNT		4	300
	44.	PENALTIES AND INTEREST DUE. If Line 40 is greater than \$800, see estimated tax instructions		4	400
46. NET REFUND. For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41. 46. 873 .00	45.	NET BALANCE DUE. For Filing Status 4, see instructions. For all other filing statuses Add Line 40, Line 42, and Line 44.		4	500
	46.	NET REFUND. For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 42, Line 43, and Line 44 from Line 41.		4	6. 873 .00

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete Section E below. See instructions for details.

ACCOUNT TYPE

SAVINGS

X CHECKING ROUTING NUMBER

ACCOUNT NUMBER

Is this refund going to or through an account that is located outside of the United States?

YES X NO

DMV STATE ID #

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECOR
--

1 2 1 0 4 2 8 8 2

Under penalties of perjuny, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

—————————————————————————————————————
∂ BUSINESS PHONE NUMBER
510-634-3463

PAID PREPARER INFORMATION	

SYAM PRIYA RAM SAGAR GUPTA TALLAM

→ PAID PREPARER SIGNATURE

01/23/2024

→ DATE

ADDRESS

9 3 7 7 6 8 7 1 6 6

245 ROONEY CT

CITY STATE ZIP CODE

E BRUNSWICK NJ 08816

EIN, SSN or PTIN $\ensuremath{\mathcal{Y}}$ PHONE NUMBER

843171965 678-965-9522

@ EMAIL ADDRESS

SYAM@GTAXFILE.COM

BALANCE DUE WITH
PAYMENT ENCLOSED (LINE 45)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 508, Wilmington, DE 19899-0508
Make check payable to: Delaware Division of Revenue

REFUND (LINE 46)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710



PLEASE REMEMBER TO ATTACH W-2. 1099-R AND APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN @



DELAWARE 2 0 2 3 M PIT-RES



.00 .00 .00 .00 .00 .00 .00

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN

FO	R AMENDED RETURNS ONLY	COL	LUMN A		COLUMN B
47.	TOTAL REFUNDABLE CREDITS - Add Line 39 and any EITC on Line 33.	47.	.00	47.	
48.	AMOUNT PAID ON ORIGINAL RETURN	48.	.00	48.	
49.	SUBTOTAL. Add Lines 47 and 48.	49.	.00	49.	
50.	REFUND RECEIVED (If any, see instructions)	50.	.00	50.	
51.	Estimated tax carryover and/or Special Funds contributions as shown on original return	51.	.00	51.	
52.	Subtract Line 50 and Line 51 from Line 49.	52.	.00	52.	
53.	BALANCE DUE. If Line 32 is greater than Line 52, Subtract 52 from 32.	53.	.00	53.	
54.	OVERPAYMENT. If Line 52 is greater than Line 32, Subtract 32 from 52.	54.	.00	54.	
55.	AMOUNT OF LINE 54 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See instruction	ns)		55.	
56.	PENALTIES AND INTEREST DUE			56.	
57.	NET BALANCE DUE For Filing Status 4, see instructions. For all other filing statuses Add Line 53, Line 55, and Line 56.			57.	
58.	NET REFUND For Filing Status 4, see instructions. For all other filing statuses, Subtract Line 55 and Line 56 from Line 54.			58.	
59.	Is an amended Federal return being filed?			Yes	No
	If no, please explain. If the changes pertain to the DE return only, list the line numbers being	amended.			
60.	Has the Delaware Division of Revenue advised you your original return is being audite	d?		Yes	No

A detailed explanation of all changes must be provided in this space. All supporting schedules and/or documentation must be attached. @

NET BALANCE DUE WITH PAYMENT ENCLOSED (LINE 57) MAIL COMPLETED FORM TO: Delaware Division of Revenue PO Box 508, Wilmington, DE 19899-0508 Make check payable to: Delaware Division of Revenue

Is this amended return being filed as a protective claim?

NET REFUND (LINE 58)
MAIL COMPLETED FORM TO:
Delaware Division of Revenue
PO Box 8710
Wilmington, DE 19899-8710



Yes

No



DELAWARE 2 0 2 3 M DIVISION OF REVENUE PIT-RSS



DELAWARE RESIDENT SCHEDULES

FIRST NAME LAST NAME TAXPAYER ID

VENKATA S TIPIRNENI 1 9 9 5 3 3 6 2 6

Columns: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See instructions for worksheet.) Taxpayers using filing statuses 1,2,3, or 5 are to complete Column B only.

	DE SCHEDULE I - CREDIT FOR INCOME Enter the credit in the highest to lowest amount ord		E	Filing Status 4 ONLY Spouse Information		All other filing statuses You or You plus Spouse
	See the instructions and complete the worksheet	orior to completing DE Schedule I.		COLUMN A		COLUMN B
1.	Tax imposed by State of	(Enter 2 character state name)	1.	.00	1.	.00
2.	Tax imposed by State of	(Enter 2 character state name)	2.	.00	2.	.00
3.	Tax imposed by State of	(Enter 2 character state name)	3.	.00	3.	.00
4.	Tax imposed by State of	(Enter 2 character state name)	4.	.00	4.	.00
5.	Tax imposed by State of	(Enter 2 character state name)	5.	.00	5.	.00
6.	Enter the total here and on Form PIT-RES Page 2 copy of the other state return(s) with your D	, Line 27. You must attach a elaware tax return	6.	.00	6.	.00

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

Complete the Earned Income Tax Credit for each child YOU CLAIMED the Earned Income Credit for on your federal return.

QUALIFYING CHILD INFORMATION

7a. CHILD'S FIRST NAME 7b. CHILD'S LAST NAME 8. CHILD'S SSN 9. CHILD'S DATE OF BIRTH

	Was the child under age 24 at the end of 2023, a student, and younger than	CI	HILD 1	СН	ILD 2	CI	HILD 3
10.	you (or your spouse, if filing jointly)?	Yes	No	Yes	No	Yes	No
11	Was the child permanently and totally disabled during any part of 2023?	CI	HILD 1	СН	ILD 2	СН	ILD 3
11.	was the child permanently and totally disabled during any part of 2023?	Yes	No	Yes	No	Yes	No
12.	DELAWARE STATE INCOME TAX LESS NON-REFUNDABLE CREDITS – Enter the hi Column B of Form PIT-RES Line 32	gher tax a	mount from C	olumn A or	12.		.00
13.	FEDERAL EARNED INCOME TAX CREDIT (EITC) - Enter amount from IRS form 104	10 or 1040-	SR, Line 27		13.		.00
14.	REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.045 and enter here				14.		.00
15.	NON-REFUNDABLE EITC CALCULATION – Multiply Line 13 x 0.20 and enter here				15.		.00
16.	REFUNDABLE EITC - If Line 14 is greater than or equal to Line 12, enter the amound Form PIT-RES and check the refundable box on Line 33 of Form PIT-RES	nt from Lir	e 14 here and	on Line 33	16.		.00
17.	NON-REFUNDABLE EITC – If Line 14 is less than Line 12, compare Line 12 to Line and on Line 33 of Form PIT-RES, and check the non-refundable box on Line 33 of F			ount here	17.		.00

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

		see mon denoma for a description of each.			ie iaila listea selotti				
18.	A.	Non-Game Wildlife	.00	Н.	DE National Guard	.00	Ο.	Senior Trust Fund	.00
	В.	Beau Biden Fund	.00	I.	Juvenile Diabetes Fund	.00	Ρ.	Veterans Trust Fund	.00
	C.	Emergency Housing	.00	J.	Multiple Sclerosis Soc.	.00	Q.	Protect DE's Child Fund	.00
	D.	Breast Cancer Edu.	.00	K.	Ovarian Cancer Fndn	.00	R.	Food Bank of DE	.00
	E.	Organ Donations	.00	L.	Intentionally left blank		S.	DE Hab For Humanity	.00
	F.	Diabetes Education	.00	M.	White Clay Creek	.00	T.	B+ Childhood Cancer	.00
	G.	Veterans Home	.00	N.	Home of the Brave	.00	U.	Combined Campaign for Justice	.00

9. Enter the total Contribution amount here and on Form PIT-RES, Line 42

19. .00

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.





DELAWARE 2 0 2 3 NO 1 OF REVENUE PIT-RSS



DELAWARE RESIDENT SCHEDULES

DE SCHEDULE IV - W-2 AND 1099-R INFORMATION

Complete this Schedule listing all of your, and if applicable, your spouse's, forms W-2 and 1099-R showing Delaware Income Tax withheld. Forms W-2 and 1099-R showing income tax withheld must still be attached to the front of your return if you elect to file by paper. Failure to do so may delay the processing of your return.

	TYPE	EMPLOYER NAME	EMPLOYER TAXPAYER ID	STATE	STATE WAGES	STATE WITHHOLDING	TA	XPAYER OR SPOUSE
Х	W-2						Х	Taxpayer
	1099-R	VALUEPRO INC	462696479	DE	70091	3539		Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R W-2							Spouse
	vv-2 1099-R							Taxpayer Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
	W-2							Taxpayer
	1099-R							Spouse
		EDITIEN DEL ANACADI	C CORRORATION RAVIATAL	TC				-1

DE SCHEDULE V - DELAWARE S CORPORATION PAYMENTS

Complete this Schedule by listing all estimated Delaware tax payments made by an S Corporation on behalf of you or your spouse. Failure to do so may delay the processing of your return.

S CORPORATION FEIN NAME OF S CORPORATION PAYEE ID AMOUNT OF ESTIMATED PAYMENT



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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple in this	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate instructi	ions.
Your first name	and m	iddle initial	Last na	ıme						Your so	ocial security nu	mber
VENKATA	S		TIPI	RNENI	[199	53 3626	5
		s first name and middle initial	Last na								's social security	
Home address	(numb	er and street). If you have a P.O. box, see	instructi	ons.				1	Apt. no.	ł	ential Election Ca	
3703 GR						1					here if you, or you if filing jointly, v	
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ate	ZIP c			this fund. Ched	
_CLAYMON'						DE		197			low will not char	_
Foreign countr	y name			Foreign p	rovince/state/o	coun	ty	Foreig	gn postal code	your ta	x or refund.	•
	I	a									You	Spouse
Filing Status	s 🔀	Single					☐ Head of ho	ouseh	old (HOH)			
Check only	Ļ	Married filing jointly (even if only o	ne had i	income)								
one box.	L	Married filing separately (MFS)					☐ Qualifying					
		you checked the MFS box, enter the			pouse. It you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if the	е
	qι	ialifying person is a child but not you	ur deper	ident:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	ment for proper	ty or	services); or	(b) sell,		
Assets	excl	nange, or otherwise dispose of a dig	ital asse	et (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	ee instructio	ns.)	☐ Yes 🏻	No
Standard		neone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	1					
Age/Blindnes	s You	: Were born before January 2, 1	959 [Are bl	lind Spo	use	: Was bor	n befo	ore January 2	2, 1959	☐ Is blind	
Dependent	s (see	instructions):		(2) 9	Social security	,	(3) Relationshi	p (4) Check the b	ox if qual	ifies for (see instr	uctions):
If more		irst name Last name			number		to you		Child tax c	redit	Credit for other de	ependents
than four												
dependents,												
see instruction and check	5											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)					. 1a	70,	091.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see in	struction	ns)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ir	nstru	uctions)			. 10	i l	
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441,	, line 26 .					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	8839, line 29					. <u>1f</u>	F	
If you did not	g	Wages from Form 8919, line 6 .								. 10	9	
get a Form W-2, see	h	Other earned income (see instruct	,					, .		. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions))		<u>1</u> i					00-
	Z	Add lines 1a through 1h	· ;		· · · ·					. 1z	70,	091.
Attach Sch. B	2a	· –	2a				axable interest			. 2b		
if required.	3a_		3a				Ordinary divider					
Standard	4a	_	4a				axable amount					
Deduction for—	5a		5a				axable amount			. 5b		
 Single or Married filing 	6a	,	6a				axable amount			. 6b)	
separately,	C	If you elect to use the lump-sum e		-		•	,		L	╡┞┋		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							L	 		0.45
jointly or Qualifying	8	Additional income from Schedule	-							. 8		847.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						. 9		244.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		0.4.4
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_					. 11		244.
 If you checked 	12	Standard deduction or itemized		•		,				. 12		850.
any box under Standard	13	Qualified business income deduct			995 or Form	899	ю-А			. 13		0.5.0
Deduction, see instructions.	14	Add lines 12 and 13					tavable incom			. 14		850. 394

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌			16	5,510.
Credits	17	Amount from Schedule 2, lir							17	
	18	Add lines 16 and 17							18	5,510.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	ne 8						20	
	21								21	
	22	Subtract line 21 from line 18							22	5,510.
	23	Other taxes, including self-e	,						23	0.
	24	Add lines 22 and 23. This is			•				24	5,510.
Payments	25	Federal income tax withheld								3,3231
. ayınıdını	а					25a	8	,598.		
	b	Form(s) 1099				25b				
	C	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						25d	8,598.
16	26	2023 estimated tax paymen							26	, , , , , ,
If you have a l qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro				28				
	29	American opportunity credit				29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31			_	
	32	Add lines 27, 28, 29, and 31				-	redits	<u> </u>	32	
	33	Add lines 25d, 26, and 32. T							33	8,598.
Refund	34	If line 33 is more than line 24	•						34	3,088.
riciana		35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							35a	3,088.
Direct deposit?	b	Routing number 1 2 1				Checking		Savings	-	,
See instructions.	d	Account number 9 3 7					٠ ا	Jarn.go		
	36	Amount of line 34 you want			ed tax	36				
Amount	37	•				1 30 1				
You Owe	0,	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions							37	
	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							below.	⋈ No
J	Designee's Phone Personal								tification	
	na			no.				per (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here			.p.oto. Boola.ao		Your occupation			1		nt you an Identity
	Your signature Date Your occupation						1		PIN, enter it here	
Joint return?					SOFTWARE D	EVELO:	PER		e inst.)	,
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupati	on				nt your spouse an
Keep a copy for your records.									ntity Prot e inst.)	ection PIN, enter it here
,									<i>-</i> 11131. <i>)</i>	
		one no. (510)634-346	Preparer's signat	Email address	VSNARAYAN.9		TTF.CO			Chapk if:
Paid		eparer's name	'		OTTOMA MATERIA	Date	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PTIN	0700	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	01/23/	2024	P0208		Self-employed
Use Only		m's name GLOBAL TA		DIGIT OF T	T 00016			_		(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	INSWICK N	N 088T0			Firn	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

VENKATA S TIPIRNENI

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

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

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

Attachment Sequence No. 01 Your social security number

199-53-3626

1 Taxable refunds, credits, or offsets of state and local income taxes	-9,847.
b Date of original divorce or separation agreement (see instructions): 3 Business income or (loss). Attach Schedule C	-9,847.
Business income or (loss). Attach Schedule C	-9,847.
Business income or (loss). Attach Schedule C	-9,847.
Farm income or (loss). Attach Schedule F	-9,847.
6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation . 7 8 Other income: 8a () a Net operating loss . 8a () b Gambling . 8b	-9,847.
7 Unemployment compensation	
8 Other income: a Net operating loss	
a Net operating loss	
b Gambling	
c Cancellation of debt	
d Foreign earned income exclusion from Form 2555	
e Income from Form 8853	
f Income from Form 8889	
g Alaska Permanent Fund dividends	
h Jury duty pay	
i Prizes and awards	
j Activity not engaged in for profit income	
k Stock options	
I 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)	
 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	
t Pension or annuity from a nonqualifed 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	
10 Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form	-9 847

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

Par	t II 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				
	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:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/	12/24 PRO	Schedu	le 1 (Form 1040) 2023

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,

Department of the Treasury Internal Revenue Service

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

2023
Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number VENKATA S TIPIRNENI 199-53-3626 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) SRIRAM NAGAR HYDEARABAD TELANGANA IN 500045 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 520. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,397. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,459. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,358. 14 Repairs 15 Supplies 15 2,531. 16 16 Taxes 17 Utilities 17 2,622. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 10,367. 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 -9,847. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,847.) 520. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 10,367. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,847. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-9,847.

26

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