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

Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC LERO firm name Lenter five digits, but don't enter all zeros Livill enter my PIN Livill enter my P	Submission Identification Number (SID)		
Spouse's name VENIKARJA MADRURT I. MANCHIKALAPATT Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040–55 filter sue line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income .	Taxpayer's name	Social security number	
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	SAI SARATH CHANDRA PENDALAYA	796-11-9865	
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 80, 607. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 12, 421. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 10 Amount you want refund to refund the want you get and keep a copy of your refurn) 10 To send my return to the IRS and to accive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reson for any delay in processing the return or refund, and (c) the date of any refund. It applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withfrawal (circet debit) retry to the financial institution account in the insame state of payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to the saccount. This capability is the payment of my federal taxes overeign or remain in full follows and effect until I nortly the U.S. Treasury insamised the authorization. To revoke (cancel as authorizate days prior to the payment of the payment of estimated tax, and the financial institution to debit the entry to this account. This capability is the payment of the payment (settlement) date. I also authorize the lines involved in the processing of the electronic payment of the payment (settlement)	Spouse's name	Spouse's social security number	er
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	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su	ubmitting this return in accordance	
	FRO's signature	•	
	ERO Must Retain This Form — See Instructions		

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

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



# 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		ırn	20 2	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this sp	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		•	, 2023, end	ling			, 20		See se	oarate i	instruction	ns.
Your first name			Last nan		- -								curity numb	er
SAI SARA		CHANDRA s first name and middle initial	Last nan	ALAYA							796 11 9865 Spouse's social security numb			umbor
•	•				A D A M T						•		-	JIIIDEI
VENKATA		HURL L er and street). If you have a P.O. box, see		HIKAL	APATI				Apt. no.	_		-	9512 ection Cam	
	,		iristructio	115.					•	- 1			ou, or your	
		PARK LANE ce. If you have a foreign address, also co	mnlete er	aces held	NA/	Sta	to	ZIP c	. 7 ode				jointly, war	
		ce. If you have a foreign address, also co	ilibiere sh	aces beic	Jvv.						to go to	this fur	nd. Checkii	ng a
SHARONV Foreign country			F	oreian pro	ovince/state/	OH		452	.4⊥ ın postal d	- 1	box beli		not change	÷
r oreign country	y Harric			oroigii pic	ovinoc/state/	Journ	·y	1 Orong	jii postai c		your tax	Yo		pouse
Filing Status	5 [Single					☐ Head of h	ouseh	old (HOI	— Н)				
Check only		Married filing jointly (even if only or	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	ou checked the MFS box, enter the	name of	f your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	dent:										
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as a	a reward	, award, or	payn	ment for prope	rty or	services); or ((b) sell,			
Assets	exch	nange, or otherwise dispose of a digi	ital asset	(or a fin	ancial inter	est ir	n a digital asse	et)? (Se	e instru	ction	s.)	Ye	es 🗵 N	0
Standard	Som	neone can claim: You as a de	pendent		our spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a c	lual-status	alien								
Age/Blindness	s You:	: Were born before January 2, 1	959	Are bli	nd Spo	ouse	: Was bor	n befo	ore Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) So	ocial security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instruct	tions):
If more		irst name Last name			number		to you		Child t	tax cre	edit	Credit fo	or other depe	ndents
than four														
dependents,														
see instructions and check	s													
here]													
Income	1a	Total amount from Form(s) W-2, be	,		,						1a		94,30)4.
Attach Form(s)	b	Household employee wages not re			•						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c	_		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d	_		
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instructi	•					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1</u> i						04 07	0.4
	<u>z</u>	Add lines 1a through 1h			· · · i	 . –					1z		94,30	
Attach Sch. B if required.	2a		2a				axable interes				2b		3(64.
	3a		3a				ordinary divide							
Standard	4a		4a				axable amoun							
Deduction for—	5a		5a				axable amoun							
Single or Married filing	6a	,	6a	1	la a a la la car		axable amoun	τ		٠ ـ	6b			
separately, \$13,850	c	If you elect to use the lump-sum e		•		`	,				- I			
Married filing	7	Capital gain or (loss). Attach Sched								. L	7		_1/ 0/	
jointly or Qualifying	8	Add lines 17 2b 2b 4b 5b 6b 7	•								8	_	-14,06	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9		80,60	<i>J</i> / •
Head of	10	Adjustments to income from Sche									10		90 (0.7
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		80,60	
If you checked	12	Standard deduction or itemized									12		27,70	JU.
any box under Standard	13	Qualified business income deducti									13		27 7/	
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 7(

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌			16	5,911.
Credits	17	Amount from Schedule 2, lir				_			17	
	18	Add lines 16 and 17							18	5,911.
	19	Child tax credit or credit for	other dependent	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	5,911.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your total tax						24	5,911.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	12	2,421.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	12,421.
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			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				ndable	credits		32	
	33	Add lines 25d, 26, and 32. T							33	12,421.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								34	6,510.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here		. 🗆	35a	6,510.
Direct deposit?	b	Routing number 0 2 1				Checki		Savings		
See instructions.	d	Account number 4 8 3	0 6 0 3	2 4 3 8	3 5		Ĭ	_		
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe						
You Owe		For details on how to pay, g							37	
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			'	
Designee	ins	structions				. [Yes. C	omplete	below.	⊠ No
		signee's me		Phone no.				onal ident ber (PIN)	ification	
Ciarra		der penalties of perjury, I declare t	hat I have evamine		accompanying sched	dulae and			the heet	of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yο	ur signature		Date	Your occupation			l If th	e IRS se	nt vou an Identity
		a. o.g.iata.o			Tour occupation			- 1		PIN, enter it here
Joint return?					SOFTWARE E	NGIN	EER	(see	inst.)	
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.					HOME MAKER				itity Prot inst.)	ection PIN, enter it here
		one no. (845) 728-322	1	Email address			r COM			
		one no. (845) 728-322 eparer's name	Preparer's signat		SARATH.TJ@	Date		PTIN		Check if:
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM	'		СПРФД ФДТ.Т.ДМ		7/2024	P0208	2703	Self-employed
Preparer		m's name GLOBAL TA	1	IVIII DUQUI	OOLIN IAHHAM	101/2	,,2021			(678) 965-9522
Use Only			AES LLC Y CT E BRU	NSWICK N	т 08816				n's EIN	84-3171965
	1 11	m 3 addiess Z TO NOONE	T CI LI DRO	TANANT CIV IN	2 00010			111111	I S 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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR S PENDALAYA & V MANCHIKALAPATI

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

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

	Sequence No. 01
Your soc	ial security number
796-11	-9865

Par	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. Att	ach Schedule E .	5	-14,061.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
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:			
_	Telefolio de la Companya de la Companya de	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente		,	14 061
	1040, 1040-SR, or 1040-NR, line 8		10	-14,061.

Page 2 Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		-	
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e		-	
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
g	Contributions by certain chaplains to section 403(b) plans	24g		-	
h	Attorney fees and court costs for actions involving certain unlawful	041			
_	discrimination claims (see instructions)	24h		-	
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		12/24 PRO		le 1 (Form 1040) 2023
	BAA	INEV UI/	ILILA LIVO	uu	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

S PE	NDALAYA & V MANCHIKALAPATI						796-	11-9865	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
Α [Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions. If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	
В	f "Yes," did you or will you file required Form(s) 1099? .							Ye	es No
1a	Physical address of each property (street, city, state, ZIF	code	e)						
Α	3-10-20/71, RTC COLONY, RAMANTHAPUR HY	DERA	ABAD, 1	CELANG	SANA	IN 50001	.3		
В			<u> </u>						
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and		Fa	ir Rental Days		onal Use Days	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descr			
						Propertie	es:		
ncon				Α		В			С
3	Rents received	3		7.	54.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	7		2 01	5 5				
7 8	Cleaning and maintenance	8		2,9	55.				
9	Commissions	9							
10	Insurance	10							
11	Management fees	11		2,4	5.5				
12	Mortgage interest paid to banks, etc. (see instructions)	12		۷,4	55.				
13	Other interest	13							
14	Repairs	14		3,4	75				
15	Supplies	15		3,9					
16	Taxes	16							
17	Utilities	17		1,9	65.				
18	Depreciation expense or depletion	18		<u> </u>					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,8	15.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-14,0	61.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(14,06	1.)	()(,
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		754.		
b	Total of all amounts reported on line 4 for all royalty prop-	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	14	, 815.		
24	Income. Add positive amounts shown on line 21. Do not		•				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate							5 (14,061.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						n . 26	6	-14,061.

Arizona Form

E-file Signature Authorization (Arizona Forms 140, 140A, 140EZ, 140NR and 140PY)

2023

Do not mail this form to the Arizona Departn	nent of Revenue. The ERO must retain this document a minimum of four years.				
Your First Name and Initial Last N	Enter				
	JALAYA 796 11 9865				
Your Spouse's First Name and Initial (if filed joint) Last I	Spouse's Social Security No."				
VENKATA MADHURI L MANCHIKALAPATI 857 56 9512					
 To authorize the Electronic Return Originator (ERO) to a 	Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Trunca ess of the taxpayer's electronic income tax return. Infirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's gnature to the taxpayer's electronic Arizona individual income tax return.				
PART 2 – TAX RETURN INFORMATION	PART 3 – FINANCIAL INSTITUTION INFORMATION				
	Must be present when requesting direct debit or deposit.				
1 Arizona Adjusted Gross Income 74,520 0	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
2 Balance Of Tax	TYPE OF ACCOUNT ROUTING NUMBER				
3 Arizona Income Tax Withheld 1,490 0					
Check box 4 or box 5:	ACCOUNT NUMBER				
4 ☑ REFUND: Enter the amount of refund	. 267 00 4 8 3 0 6 0 3 2 4 3 8 5				
5 ☐ AMOUNT YOU OWE: Enter the amount owed	DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT STORY DIRECT DEBIT PAYMENT AMOUNT OCCUPANIES OF THE PAYMENT AMOUNT OCCUPANIES OF TH				
Box 4 Checkbox – Refund: You are due a refund based of provided on your tax return. Your refund amount will be account listed in the Financial Institution Information Section	deposited in the ion (Part 3). Deposit/Debit" box if your deposit will be ultimately placed in or cor from a foreign account. If you check this box, do not enter your account.				
Box 5 Checkbox – Amount You Owe: You owe tax information provided on your tax return. You have elect for payment. The payment will be withdrawn from the ac date listed in the Financial Institution Information Section	account. If you are due a refund, we will send you a check instead. If you are due a refund account and on the count account account and a check to the Arizona Department of Revenue				
PART 4 – DECLARATION AND SIGNATURE A	UTHORIZATION (Sign only after completing Part 2)				
Under penalties of perjury, I declare that I have examine electronic Arizona individual income tax return and accompand statements for the year ending December 31, 2023, amy knowledge and belief, it is true, correct, and complete that the amounts of Arizona adjusted gross income, tincome tax withheld, and refund (or amount owed) listed.	anying schedules and to the best of I further declare otal tax, Arizona tax, Arizona individual income to the best of I further declare otal tax, Arizona individual income to the best of I further declare otal tax, Arizona individual income to the provider (OLSP) sending my electronic Arizona individual income to return and accompanying schedules and statements to ADOR, and consent to my ERO or OLSP sending my electronic Arizona individual income to return and accompanying schedules and statements to ADOR, and consent to my ERO or OLSP sending my electronic Arizona individual income to return and accompanying schedules and statements to ADOR, and consent to my ERO or OLSP sending my electronic Arizona individual income to return and accompanying schedules and statements to ADOR, and consent to my ERO or OLSP sending my electronic Arizona individual income to return and accompanying schedules and statements to ADOR, and consent to my ERO or OLSP sending my ERO, OLSP and/or transmitter.				

amounts shown on the copy of my electronic Arizona income tax return.

6a X I consent that my refund be directly deposited as designated in the electronic portion of my 2023 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b I do not want direct deposit of my refund or I am not receiving a refund

6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2024, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC (ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.



J.			140NR	Nonresident F	Personal In	come Tax	Return		2023	
RETUR	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINNI	ING I I I	12.0.2.31	AND ENDING	1 , 1 ,	1 1	66F
	_		First Name and Middle Initial		Last Name		, 2 2 2		cial Security Nur	_
픋	1		SARATH CHANDRA		PENDALAYA		Enter	796	11 1 986	
TO THE	-	-	se's First Name and Middle Initia	L (if box 4 or 6 checked)	Last Name		your		Social Security	
		•	KATA MADHURI L	· (iii bek i ei e eileekeu)	MANCHIKAL	АРАТТ	SSN(s	s). 857	, 56 _i 951;	
₽	=		nt Home Address - number and	street, rural route	1111101111111	Apt. No.	Davti		th area code)	
ANY ITEMS			O SHARON PARK LANE			17		(845) 728-		
Ş			Town or Post Office	State	ZIP Code				ior Year(s) (if diffe	rent)
	3		RONVILLE	ОН	45241			_		97
STAPLE	T	4	Married filing joint return	4a ☐ Injured Spouse Prof		vornayment F	REVENUE USE C	ONLY. DO NOT	MARK IN THIS AF	_
ĭ	STATUS	5		name of qualifying child or deper		7erpayment	8R			
Ë		"		lame of qualifying child of deper	ident on next line.					
NOT	FILING	6	Married filing separate retu	Irn: Enter spouse's name and S	Social Security Numb	per above				
Δ	=	6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single								
_	SNS			d. Do not put a check mar	k.					
	EXEMPTIONS	8	Age 65 or over (you and/o	r spouse) If completing lines		*	_{1P} PM	80	RCVD	
	EMF	9	Blind (you and/or spouse)	and 48. For lines 1	10a and 10b, compl	ete line 59.				
	Ä	10a	Dependents: Under age of	17. 10b Depend	dents: Age 17 and	l over.				
		11-13	Residency Status (check one): 11 Nonresident 12	Nonresident Acti	ve Military 13	Composite F	Return (see ins	tructions - page 2	29)
			(Box 10a and 10b): Depende				<u>_</u>	•		
			(a)		(b)	(c)	(d)	(e)	(f)	
	G		FIRST AND LAS		OCIAL SECURITY NUMBER	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR	✓ Dependent Age included in:	if you did not this person on y federal return du	claim our
	lent		(Do not list yourself of	or spouse.)	NOMBER		HOME IN 2023	1 2 (Box 10a) (Box 10	federal return du	e to dits
	Dependents	10c							1	
	Det									
≃:		1								
8		10f								
14		14	Check box 14 if married and you	u are the spouse of an active	duty military mer	mber	2023 FEDER		2023 ARIZONA	
Ę			who qualifies for relief under the	Military Spouses Residency	Relief Act	14 🔲 🕍 Ar	mount from Feder		Source Amount On	_
ᅙ		15	Wages, salaries, tips, etc					304 00	74,520	
er		16	Interest					364 00 F	0	00
aft		17	Dividends				1	00		00
ţ	me		Arizona income tax refunds				1	00		00
en	201		Business income or (loss) from					00		00
Ξ	na	20	Gains or (losses) from federal S	chedule D. See instructions for	ARIZONA column			00		00
<u>2</u>	Arizona	21	Rents, royalties, partnerships, estate	•				061 00		00
<u>۲</u>	٩		Other income reported on your				1	00		00
Ę		23	Total income: Add lines 15 throug				1	607 00	74 , 520	1
ō		I	Other federal adjustments: Inclu					607 00		00
ŝ		1	Federal adjusted gross income:				•	· · ·	74,520	00
음		I	Arizona gross income: Subtract Arizona income ratio: Divide lii							
ed		ı	Small Business Income: 285						0.924	00
S		1	Modified Arizona gross income.						74,520	
Ŋ	ns		Total depreciation included in Ar							00
Ψþ	Additions		Partnership Income adjustment.	-						00
an	Ad		Other Additions to Income. Con							00
<u>न</u>			Subtotal: Add lines 29, 30, 31				-		74 , 520	
de	e 2		Total Arizona sourced net capita					00		
ę	page	ı	Total net short-term capital gain	- : :				00		
red	e e	36	Total net long-term capital gain of	r (loss) included on line 20, /	ARIZONA column	36		00		
Ĭ	ont.	37	Net long-term capital gain from	assets acquired <i>after</i> Decem	ber 31, 2011. See	instructions 37		00		
Je.	Ū I	38	Multiply line 37 by 25% (.25) an					38		00
S	ons	39	Net capital gain derived from inv	estment in qualified small bu	usiness			39		00
еа	acti	40	Recalculated Arizona depreciati							00
lace any required federal and AZ schedules or other documents after Form 140NR	Subtracti	41	Partnership Income adjustment.							00
_	S	12	Subtract lines 38 through 41 fro	m line 33 Enter the differen	00			42	7/ 520	11111

FOR CALENDAR YEAR

Arizona Form

 ADOR 10177 (23)
 1555
 AZ Form 140NR (2023)
 REV 12/14/23 PRO
 42
 74,520 00

 Page 1 of 6

	Your	Name (as shown on page 1) Your Social Security N	umber		
	S	PENDALAYA & V L MANCHIKALAPATI 796-11-986	5		
-	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43		00
Subtractions cont. from page	44	Agricultural crops contributed to Arizona charitable organizations			00
from	45	Other Subtractions from Income: Complete Other Subtractions from Arizona Gross Income schedule on page 6			00
Sul cont.	46	Subtract lines 43, 44 and 45 from line 42. Enter the difference	46	74,520	
Ů	47	Age 65 or over: Multiply the number in box 8 by \$2,100	00	71,020	100
S	48	Blind: Multiply the number in box 9 by \$1,500	00		
Exemptions	49	Other Exemptions: See instructions49E Multiply the number in box 49E by \$2,300 49	00		
emk	50	Add lines 47, 48, and 49. Enter the total	00		
Ř	51	Multiply line 50 by the Arizona ratio on line 27	51		00
	52	Arizona adjusted gross income: Subtract line 51 from line 46. If less than zero, enter "0"		74,520	
	53	Deductions: Check box and enter amount. See instructions		25,595	_
	54	If you checked box 53S and claim charitable contributions, check 54C Complete page 3. See instructions			00
Тах	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"		48,925	-
of T	56	Tax: Mulitply line 55 by 2.5% (.025). Enter the result	56	1,223	00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			00
Balance	5	Subtotal of tax: Add lines 56 and 57. Enter the total	58	1,223	$\overline{}$
ă	59	Dependent Tax Credit. See instructions.	59		00
	60	Nonrefundable credits from Arizona Form 301, Part 2, line 62			00
	61	Balance of tax: Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0"		1,223	00
its	62	2023 AZ income tax withheld	62	1,490	00
Total Payments and Refundable Credits	63	2023 AZ estimated tax payments. 63a 00 Claim of Right 63b 00 Add 63a and 63b.	63c		00
	64	2023 AZ extension payment (Form 204)	64		00
	65	Other refundable credits: Check the box(es) and enter the total amount	65		00
Tota Refi	66	Total payments and refundable credits: Add lines 62 through 65. Enter the total	66	1,490	00
	67	TAX DUE: If line 61 is larger than line 66, subtract line 66 from line 61. Enter amount of tax due. Skip lines 68, 69 and 70	67		00
ent o	6	OVERPAYMENT: If line 66 is larger than line 61, subtract line 61 from line 66. Enter amount of overpayment	68	267	00
				207	UU
aym	69	Amount of line 68 to be applied to 2024 estimated tax			00
Fax Due	69 70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference	69	267	00
Tax Due o	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. - 81 Voluntary Gifts to: - 90 Arizona Wildlife	69 70		00
	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. - 81 Voluntary Gifts to: Solutions Teams Assigned to Schools	69 70		00
	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. - 81 Voluntary Gifts to: Child Abuse Prevention	69 70	267	00
Tax Due or ntary Gifts Overpayment	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Solutions Teams Assigned to Schools	69 70	267	00
	70	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. - 81 Voluntary Gifts to: Child Abuse Prevention	69 70	267	00
Voluntary Gifts Overpaym	<u>70</u> 71	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. - 81 Voluntary Gifts to: Child Abuse Prevention	69 70	267	00
ty Voluntary Gifts	70 71 82	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. - 81 Voluntary Gifts to: Child Abuse Prevention	69 70	267	00
ty Voluntary Gifts	70 71 82 83	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	69 70 0 0 83 85	267	00 00 00
Voluntary Gifts	70 71 82 83 84	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	69 70 0 0 83 85 86	267	00 00 00
Penalty Voluntary Gifts	70 71 82 83 84 85	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	69 70 0 0 83 85 86	267	00 00 00
Penalty Voluntary Gifts	70 71 82 83 84 85	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	69 70 0 0 83 85 86	267	00 00 00
Penalty Voluntary Gifts	70 71 82 83 84 85	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	69 70 0 0 83 85 86	267	00 00 00 00
ty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	69 70 0 1 83 85 86	267	00 00 00
Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86	267	00 00 00 00
Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86 87	267 267 269 269 269	00 00 00 00
Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86 87	267 267 269 269 269	00 00 00 00
Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86 87	267 267 268 269 269 269 269 269 269 269	00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: Child Abuse Prevention	83 85 86 87	267 267 268 269 269 269 269 269 269 269	00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference	83 85 86 87	267 267 268 269 269 269 269 269 269 269	00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference	83 85 86 87 nowledgrer has	267 267 268 269 269 269 269 269 269 269	00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference	83 85 86 87 nowledgrer has	267 267 268 269 269 269 269 269 269 269	00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference	83 85 86 87 nowledgrer has	267 267 268 269 269 269 269 269 269 269	00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: -81 Voluntary Gifts to: -81 Voluntary Gifts to: -81 Voluntary Gifts to: -82 Voluntary Gifts to: -83 Voluntary Gifts to: -84 Segined to Schools	83 85 86 87 nowledgrer has	267 267 268 269 269 269 269 269 269 269	00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: -81 Voluntary Gifts to: -81 Voluntary Gifts to: -82 Solutions Teams -83 Solutions Teams -83 Solutions Teams -84 Solutions Teams -85 Solutions Teams -86 Solutions Teams -87 Solutions Te	83 85 86 87 nowled arer has	267 267 268 269 269 269 269 269 269 269	00 00 00 00
Refund or Amount Owed Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: -81 Voluntary Gifts to: -81 Voluntary Gifts to: -82 Voluntary Gifts to: -83 Voluntary Gifts to: -84 Voluntary Gifts to: -85 Voluntary Gifts to:	83 85 86 87 nowledgrer has	267 267 268 268 268 268 268 268	00 00 00 00
Penalty Voluntary Gifts	70 71 82 83 84 85 86	Balance of overpayment: Subtract line 69 from line 68. Enter the difference. -81 Voluntary Gifts to: -81 Voluntary Gifts to: -81 Voluntary Gifts to: -82 Solutions Teams -83 Solutions Teams -83 Solutions Teams -84 Solutions Teams -85 Solutions Teams -86 Solutions Teams -87 Solutions Te	83 85 86 87 nowledgrer has INEE	267 267 268 298 298 208 208 208 208 208 20	00 00 00 00

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140NR. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10177 (23)

AZ Form 140NR (2023)

REV 12/14/23 PRO
Page 2 of 6

1555

Please detach here.

98

REV 01/16/24 PRO

Ohio Un versal Payment Coupon (OUPC)

Individual Income Tax 440

ID Ty 01 Coupon Type 54

SAI SARATH CHANDRA PENDALAYA 4090 SHARON PARK LANE APT 17 SHARONVILLE OH 45241

Note: Pay online at tax.ohio.gov/pay
Make payment payable to: Ohio Treasurer of State

Mail to: Ohio Department of Taxation, P.O. ox 182131, Columbus, OH 43218-213

Tax Year 01 27 24 2023



Using UPPERCASE letters, print the first three letters of the taxpayer's last name.

PEN

Amount of Payment \$

Taxpayer's SSN

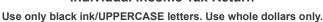
796 11 9865

29.00



2023 Ohio IT 1040

Individual Income Tax Return





Sequence No. 1

AMENDED RETURN - Check here and include Ohio IT RE.

✓ If deceased

Spouse's SSN (if filing jointly)

M.I. Last name

M.I. Last name

*Indicate state

Nonresident*

L

857 56 9512

PENDALAYA

MANCHIKALAPATI

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 0903

First name

SAI SARATH CHAN

Primary taxpayer's SSN (required)

796 11 9865

Spouse's first name (if filing jointly)

VENKATA MADHURI

Address line 1 (number and street) or P.O. Box 4090 SHARON PARK LANE

Address line 2 (apartment number, suite number, etc.)

APT 17

City

Resident

SHARONVILLE

State

ZIP code

Ohio county (first four letters)

45241 ОН

HAMI

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying surviving spouse

Foreign country (if the mailing address is outside the U.S.)

Part-year

Residency Status - Check only one for primary

Foreign postal code

	resident* Check only one for spouse (if filing jointly) X Resident Part-year Nonresident* resident*	Married filing jointly Married filing separately	Spouse's SSN
	Ohio Nonresident Statement – See instructions for required criteria Primary meets the five criteria for irrebuttable presumption as nonresident. Spouse meets the five criteria for irrebuttable presumption as nonresident.	Federal extension filers - check her	
paper clip.	Federal adjusted gross income (federal 1040 or 1040-SR, line 11). Place a if negative	dependent, check here.	80607
Do not staple or p	2a. Additions – Ohio Schedule of Adjustments, line 11 (include schedule)		
Do no	3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in	the box if negative3.	80607
	 4. Exemption amount (include Schedule of Dependents if applicable)	: 2	3800 76807
	6. Taxable business income – Ohio Schedule of Business Income, line 15 (incl		
	7. Taxable nonbusiness income (line 5 minus line 6; if negative, enter zero)	7.	76807



MM-DD-YY

REV 01/16/24 PRO

2023 Ohio IT 1040

Individual Income Tax Return

796 11 9865

SSN:



23000298 Sequence No. 2

7a.Amount from line 7 on page 1	7a. 76807
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a. 1757
8b.Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.
8c. Income tax liability before credits (line 8a plus line 8b)	8c. 1757
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9. 1311
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10. 446
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.
12.Unpaid use tax (see instructions)	12.
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13. 446
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14. 417
15. Estimated and extension payments, and credit carryforward from last year's return	15.
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16.
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18. 417
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.
20. Line 18 minus line 19. Place a "-" in the box if negative	20. 417
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.	- 29
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21. 29
22. Interest due on late payment of tax (see instructions)	22.
23.TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	TDUE ▶ 23. 29
24. Overpayment (line 20 minus line 13)	24.
25. Original return only – portion of line 24 carried forward to next year's tax liability	25.
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	Total26g.
27. REFUND (line 24 minus lines 25 and 26g)	FUND ▶ 27.
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.	If your refund is \$1.00 or less, no refund will be issued If you owe \$1.00 or less, no payment is necessary.
▶ Primary signature Phone number (845) 728 – 3221	NO Payment Included – Mail to: Ohio Department of Taxation
Spouse's signature Date	P.O. Box 2679 Columbus, OH 43270-2679

PTIN: P 02082703

Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522 Non-paid preparer

Authorize your preparer to

discuss this return

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

REV 01/16/24 PRO



2023 Ohio Schedule of Credits

Use only black ink. Use whole dollars only.

Primary taxpayer's SSN

796 11 9865



3280198 Sequer

Sequence No. 7

Many of these credits <u>must</u> be calculated using a worksheet and/or be supported by additional required documentation. See the instructions for worksheets and information on supporting documentation.

Nonrefundable Credits

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1.	1757
2.	Retirement income credit (include 1099-R forms)	2.	
3.	Lump sum retirement credit (include a copy of the worksheet and 1099-R forms)	3.	
4.	Senior citizen credit (must be 65 or older to claim this credit)	4.	
5.	Lump sum distribution credit (include a copy of the worksheet and 1099-R forms)	5.	
6.	Child care & dependent care credit (include a copy of the worksheet)	6.	
7.	Displaced worker training credit (include a copy of the worksheet and all required documentation)	7.	
8.	Campaign contribution credit for Ohio statewide office or General Assembly	8.	C
9.	Exemption credit	9.	C
10.	Total (add lines 2 through 9)	.10.	C
11.	Tax less credits (line 1 minus line 10; if negative, enter zero)	. 11.	1757
12.	Joint filing credit (see instructions for table). 5 % times line 11, up to \$650	.12.	88
13.	Earned income credit	.13.	
14.	Home school expenses credit (include copies of all required documentation)	.14.	
15.	Scholarship donation credit (include copies of all required documentation)	.15.	
16.	Nonchartered, nonpublic school tuition credit (include copies of all required documentation)	.16.	
17.	Credit for work-based learning experiences (include a copy of the credit certificate)	.17.	
18.	Ohio adoption credit carryforward	.18.	
19.	Nonrefundable job retention credit (include a copy of the credit certificate)	.19.	
20.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	.20.	
21.	Credit for the beginning farmers financial management program (include a copy of the credit certificate)	.21.	
22.	Welcome Home Ohio credit (include a copy of the credit certificate)	.22.	
23	Credit for sale/rental of agricultural assets to beginning farmers (include a copy of the credit certificate)	. 23.	



2023 Ohio Schedule of Credits

Primary taxpayer's SSN 796 11 9865



27. Opportunity zone investment credit (include a copy of the credit certificate)27. 88 1669 **Residency Credits** 1223 1311 **Refundable Credits** 40. Refundable job creation credit & job retention credit (include a copy of the credit certificate)40. 41. Pass-through entity credit (include a copy of all Ohio IT K-1s)41.



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



Box 2 - Federal income tax withheld

11092

Sequence No. 11

Primary taxpayer's SSN

796 11 9865

List your and your spouse's (if filing jointly) income statements only if they have Ohio withholding. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. Include state copies of your income statements.

Box 1 - Wages, tips, other compensation

Part A - Total Withholding

Box b - EIN

474193854

Part B - W-2s 1. P/S

Ρ

7. P/S

Box b - EIN

Box 15 - Employer's Ohio ID number

1. Total of all Ohio state tax withheld on pages 1 and 2 as well as any additional pages. Enter here 417 and on line 14 of your Ohio IT 10401.

82665

Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 54206148 8145 219 Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 2. P/S Box b - EIN S 311361170 11639 1329 Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax 52165228 198 11639 Box 2 - Federal income tax withheld Box 1 - Wages, tips, other compensation 3. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 2 - Federal income tax withheld 4. P/S Box b - EIN Box 1 - Wages, tips, other compensation Box 17 - Ohio income tax Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 5 P/S Box b - FIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax Box 1 - Wages, tips, other compensation Box 2 - Federal income tax withheld 6. P/S Box b - EIN Box 15 - Employer's Ohio ID number Box 16 - Ohio wages, tips, etc. Box 17 - Ohio income tax

Box 1 - Wages, tips, other compensation

Box 16 - Ohio wages, tips, etc.



Box 2 - Federal income tax withheld

Box 17 - Ohio income tax

2023 Schedule of Ohio Withholding Primary taxpayer's SSN

796 11 9865





		796 11 9865		Sequence No. 12
	1099-Rs	David Conservation distribution		Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	В	ox 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	В	ox 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Во	ox 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Во	ox 14 - Ohio tax withheld
<u>Part D -</u> 1. P/S	<u>W-2Gs</u> Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Во	ox 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Во	ox 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fe	ederal income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	В	ox 15 - Ohio income tax withheld
1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	В	ox 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fe	ederal income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Во	ox 5 - Ohio tax withheld



2023 IT RC

Ohio Resident Credit Calculation Use black ink only. Use whole dollars only. Primary taxpayer's SSN

796 11 9865

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Full-year nonresidents are not entitled to this credit and should not use this form. Include a copy when filing your Ohio IT 1040.

List any income taxed and any taxes paid to each state and/or the District of Columbia. Do not include income earned or received in states without an income tax. Only income included in your Ohio adjusted gross income is eligible for this credit. Important: Do not list any income in Column A if you do not have tax paid in Column B. Do not list a tax paid in Column B if you do not have income taxed in Column A.

In	(A) come Taxed	(B) Tax Paid		(A) Income Taxed	(B) Tax Paid		(A) Income Taxed	(B) Tax Paid
AL			KS			NH		
AR			KY			NJ		
AZ	74520	1223	LA			NM		
CA			MA			NY		
СО			MD			OK		
СТ			ME			OR		
DC			MI			PA		
DE			MN			RI		
GA			МО			SC		
НІ			MS			UT		
IA			MT			VA		
ID			NC			VT		
IL			ND			WI		
IN			NE			WV		
4.0						4		74520
								1223
3. Ohio a	adjusted gross	income (from Ohio I	Т 1040,	line 3)		3.		80607
					r than 1, enter 1	4.		0.9244
		edits, line 35 minus (ne 36. If negative,	5.		1669
						6.		1543
	dule of Credits,	lit. Enter the lesser of line 37				7.		1223



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		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	oace.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		1	, 2023, end	ling			, 20		See se	oarate i	instruction	ns.
Your first name			Last nar		·								urity numb	oer
SAI SARA		S first name and middle initial	Last nar	ALAYA me									9865 security nu	umber
•					7 D 7 M T						•		-	unibei
VENKATA		HURL L er and street). If you have a P.O. box, see		HIKAL.	APA'I'I				Apt. no.	-		_	9512 ection Cam	
	•							•	- 1					
		PARK LANE ce. If you have a foreign address, also co	mploto er	agos bolo	214	Sta	to	ZIP c	<u>. 7</u>		Check here if you, or you spouse if filing jointly, war			
		ce. If you have a foreight address, also co	ilibiere st	Jaces Deit	Jvv.						to go to this fund. Checking a			
SHARONV I				oreign pr	ovince/state/	OH		452	.4⊥ ın postal d		box beli		not change	Э
r oreign country	y name		'	oreign pro	ovinoc/state/	COUIT	·y	1 Orong	jii postai c	,ouc	your tax	Y		pouse
Filing Status	, [Single	· ·				Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only or	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	ou checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	dent:										
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as a	a reward	, award, or	payn	nent for prope	rty or	services); or ((b) sell,			
Assets	exch	nange, or otherwise dispose of a digi	ital asset	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	Ye	es 🗵 N	0
Standard	Som	neone can claim: You as a de	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindness	s You:	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bo	n befo	ore Janu	ary 2,	, 1959		s blind	
Dependents	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instruc	tions):
If more		irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other depe	ndents
than four														
dependents,														
see instructions and check	·													
here]													
Income	1a	Total amount from Form(s) W-2, be	,		,						1a		94,30	04.
Attach Form(s)	b	Household employee wages not re									1b			
W-2 here. Also	С	Tip income not reported on line 1a			,						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	its from Form 2441, line 26						1e					
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f			
If you did not	g	Wages from Form 8919, line 6						1g						
get a Form W-2, see	h	Other earned income (see instructi	,								1h	_		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						0.4.0.	0.4
		Add lines 1a through 1h			· · · ·						1z		94,30	
Attach Sch. B	2a		2a				axable interes				2b		36	64.
if required.	<u>3a</u>		3a				rdinary divide							
Standard	4a		4a				axable amoun							
Deduction for—	5a		5a				axable amoun							
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	_C	If you elect to use the lump-sum e				`	,				\			
\$13,850 Married filing	7	Capital gain or (loss). Attach Scher								. L	7		1 4 0	
jointly or Qualifying	8	Additional income from Schedule	•								8		-14,00	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9		80,60	J / •
\$27,700 Head of	10	Adjustments to income from Sche									10		00 6	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		80,60	
If you checked	12	Standard deduction or itemized									12		27,70	JU.
any box under Standard	13	Qualified business income deducti									13		07 7	
Deduction, see instructions.	14 15	Add lines 12 and 13									14		27 , 70	

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌			16	5,911.	
Credits	17	Amount from Schedule 2, lir				_			17		
	18	Add lines 16 and 17							18	5,911.	
	19	Child tax credit or credit for	other dependent	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	5,911.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21				23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	5,911.	
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2				25a	12	2,421.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	12,421.	
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			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	31 Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31	32								
	33	Add lines 25d, 26, and 32. T							33	12,421.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you o	verpaid		34	6,510.	
	35a									6,510.	
Direct deposit?	b	Routing number 0 2 1				Checki		Savings			
See instructions.	d	Account number 4 8 3	0 6 0 3	2 4 3 8	3 5		Ĭ	_			
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe							
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			'		
Designee	ins	instructions						below.	⊠ No		
		Designee's Phone Personal id						ification			
<u>C:</u>	name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of								of my knowledge and		
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature		Date Your occupation					e IRS se	nt you an Identity	
			Pate Four occupation						PIN, enter it here		
Joint return?	SOFTWARE ENGINEER .					(see	inst.)				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	Date Spouse's occupation						nt your spouse an ection PIN, enter it here		
your records.	HOME MAKER							inst.)	ection File, enter it here		
	——Ph	one no. (845) 728-322	1	Email address	SARATH.TJ@		r. COM		•		
		eparer's name	Preparer's signat		211141111.106	Date	L.COM	PTIN		Check if:	
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM	01/2	7/2024	P0208	2703	Self-employed	
Preparer		m's name GLOBAL TA	1			1 / -	, 2021			(678) 965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816				n's EIN	84-3171965	
			_ 01 11 11(0		- 000-0			1		01 01/1000	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR S PENDALAYA & V MANCHIKALAPATI

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

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

	Sequence No. 01
Your soc	ial security number
796-11	-9865

Par	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. Att	ach Schedule E .	5	-14,061.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (<u>)</u>	
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:			
•	Talalan Addition On the call O	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente			1 / 0 / 1
	1040, 1040-SR, or 1040-NR, line 8		10	-14,061.

Page 2 Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN	·			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		_	
g	Contributions by certain chaplains to section 403(b) plans	24g		_	
h	Attorney fees and court costs for actions involving certain unlawful				
	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:				
05		24z			
25 06	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	e. Enter	nere and on		
				26	L. 4 /F 4040\ 0000
	BAA	REV 01/	12/24 PRO	ocnedu	le 1 (Form 1040) 2023