

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| Taxpayer's name<br>SRIKANTH RAVIPATI | Social security number<br>664-57-2318 |
| Spouse's name                        | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

|   |   |         |
|---|---|---------|
| 1 | Adjusted gross income   | 81,012. |
| 2 | Total tax   | 14,900. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 10,037. |
| 4 | Amount you want refunded to you                               |         |
| 5 | Amount you owe  | 5,037.  |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 2 | 3 | 1 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 2 | 2 | 4 | 9 | 6 | 0 | 8 | 2 | 7 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

|   |                              |   |
|---|------------------------------|---|
| Your first name and middle initial<br><b>SRIKANTH</b>   | Last name<br><b>RAVIPATI</b> | Your social security number<br><b>664   57   2318</b> |
| If joint return, spouse's first name and middle initial | Last name                    | Spouse's social security number                       |

|   |                               |                          |   |
|---|-------------------------------|--------------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>2105 DEVONBLUE DR</b> |                               | Apt. no.                 | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>FORNEY</b> | State<br><b>TX</b>            | ZIP code<br><b>75126</b> |   |
| Foreign country name  | Foreign province/state/county | Foreign postal code      |   |

**Filing Status**  Single  Head of household (HOH)

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

Married filing separately (MFS)  Spouse

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind Spouse:  Was born before January 2, 1959  Is blind

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         |  | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|               |  |                   |
|---------------|--|-------------------|
| <b>Income</b> | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .                | <b>1a</b> 63,488. |
|               | <b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .                    | <b>1b</b>         |
|               | <b>c</b> Tip income not reported on line 1a (see instructions) . . . . .                   | <b>1c</b>         |
|               | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . | <b>1d</b>         |
|               | <b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .                 | <b>1e</b>         |
|               | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .             | <b>1f</b>         |
|               | <b>g</b> Wages from Form 8919, line 6 . . . . .  | <b>1g</b>         |
|               | <b>h</b> Other earned income (see instructions) . . . . .                                  | <b>1h</b> 0.      |
|               | <b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>             |                   |
|               | <b>z</b> Add lines 1a through 1h . . . . .   | <b>1z</b> 63,488. |

|  |  |   |
|--|--|---|
| <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b> | <b>2a</b> Tax-exempt interest . . . . . <b>2a</b>  | <b>b</b> Taxable interest . . . . . <b>2b</b>   |
|  | <b>3a</b> Qualified dividends . . . . . <b>3a</b>  | <b>b</b> Ordinary dividends . . . . . <b>3b</b> |
|  | <b>4a</b> IRA distributions . . . . . <b>4a</b>  | <b>b</b> Taxable amount . . . . . <b>4b</b>     |
|  | <b>5a</b> Pensions and annuities . . . . . <b>5a</b>   | <b>b</b> Taxable amount . . . . . <b>5b</b>     |
|  | <b>6a</b> Social security benefits . . . . . <b>6a</b>   | <b>b</b> Taxable amount . . . . . <b>6b</b>     |
|  | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    |   |
|  | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | <b>7</b>  |
|  | <b>8</b> Additional income from Schedule 1, line 10 . . . . .  | <b>8</b> 19,931.                                |
|  | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .                      | <b>9</b> 83,419.                                |
|  | <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .   | <b>10</b> 2,407.                                |
|  | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .                          | <b>11</b> 81,012.                               |
|  | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                               | <b>12</b> 13,850.                               |
|  | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                                | <b>13</b>                                       |
|  | <b>14</b> Add lines 12 and 13 . . . . .  | <b>14</b> 13,850.                               |
|  | <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .    | <b>15</b> 67,162.                               |

Attach Sch. B if required.

**Standard Deduction for—**

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



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

SRIKANTH RAVIPATI

Your social security number

664-57-2318

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  | 34,070.  |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -14,139. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | 19,931.  |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |        |
|------------|--|------------|--------|
| <b>11</b>  | Educator expenses . . . . .  | <b>11</b>  |        |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  | <b>12</b>  |        |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   | <b>13</b>  |        |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  | <b>14</b>  |        |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | <b>15</b>  | 2,407. |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | <b>16</b>  |        |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   | <b>17</b>  |        |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   | <b>18</b>  |        |
| <b>19a</b> | Alimony paid . . . . .   | <b>19a</b> |        |
| <b>b</b>   | Recipient's SSN . . . . .  |            |        |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |        |
| <b>20</b>  | IRA deduction . . . . .  | <b>20</b>  |        |
| <b>21</b>  | Student loan interest deduction . . . . .  | <b>21</b>  |        |
| <b>22</b>  | Reserved for future use . . . . .  | <b>22</b>  |        |
| <b>23</b>  | Archer MSA deduction . . . . .   | <b>23</b>  |        |
| <b>24</b>  | Other adjustments:   |            |        |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |        |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |        |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |        |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |        |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |        |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |        |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |        |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |        |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |        |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |        |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |        |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |        |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   | <b>25</b>  |        |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    | <b>26</b>  | 2,407. |

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **02**

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

Your social security number  
664-57-2318

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .  | <b>4</b>  | 4,814. |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .  | <b>5</b>  |        |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .  | <b>6</b>  |        |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .   | <b>7</b>  |        |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/> . . . . . | <b>8</b>  |        |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .  | <b>9</b>  |        |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .   | <b>10</b> |        |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .  | <b>11</b> |        |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .  | <b>12</b> |        |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                          | <b>13</b> |        |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .                                       | <b>14</b> |        |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                    | <b>15</b> |        |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .   | <b>16</b> |        |

(continued on page 2)

**Part II Other Taxes** *(continued)*

|           |   |            |           |
|-----------|---|------------|-----------|
| <b>17</b> | Other additional taxes:   |            |           |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:<br>_____  | <b>17a</b> |           |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .   | <b>17b</b> |           |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> |           |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |           |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |           |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |           |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |           |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                  | <b>17h</b> |           |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |           |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |           |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |           |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |           |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |           |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |           |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |           |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                | <b>17p</b> |           |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |           |
| <b>z</b>  | Any other taxes. List type and amount: _____<br>_____   | <b>17z</b> |           |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   |            | <b>18</b> |
| <b>19</b> | Reserved for future use . . . . .   |            | <b>19</b> |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |           |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . |            | <b>21</b> |
|           |   |            | 4,814.    |

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**  
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.  
Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **09**

|  |   |   |
|--|---|---|
| Name of proprietor<br><b>SRIKANTH RAVIPATI</b>   |   | Social security number (SSN)<br>664-57-2318 |
| <b>A</b> Principal business or profession, including product or service (see instructions)<br>SOFTWARE SERVICES  | <b>B</b> Enter code from instructions<br>5 1 8 2 1 0                |   |
| <b>C</b> Business name. If no separate business name, leave blank.<br>DATAINSYTS LLC   | <b>D</b> Employer ID number (EIN) (see instr.)<br>8 8 3 8 0 6 2 4 5 |   |
| <b>E</b> Business address (including suite or room no.) 14911 WUNDERLICH DR APT 613<br>City, town or post office, state, and ZIP code HOUSTON, TX 77069  |   |   |
| <b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____   |   |   |
| <b>G</b> Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| <b>H</b> If you started or acquired this business during 2023, check here <input type="checkbox"/>   |   |   |
| <b>I</b> Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |   |   |
| <b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |

**Part I Income**

|   |          |          |
|---|----------|----------|
| <b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/> | <b>1</b> | 121,600. |
| <b>2</b> Returns and allowances   | <b>2</b> |          |
| <b>3</b> Subtract line 2 from line 1  | <b>3</b> | 121,600. |
| <b>4</b> Cost of goods sold (from line 42)  | <b>4</b> |          |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3   | <b>5</b> | 121,600. |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | <b>6</b> |          |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6   | <b>7</b> | 121,600. |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|   |            |         |   |            |         |
|---|------------|---------|---|------------|---------|
| <b>8</b> Advertising  | <b>8</b>   |         | <b>18</b> Office expense (see instructions)                             | <b>18</b>  |         |
| <b>9</b> Car and truck expenses (see instructions)  | <b>9</b>   | 12,740. | <b>19</b> Pension and profit-sharing plans                              | <b>19</b>  |         |
| <b>10</b> Commissions and fees  | <b>10</b>  |         | <b>20</b> Rent or lease (see instructions):                             |            |         |
| <b>11</b> Contract labor (see instructions)   | <b>11</b>  |         | <b>a</b> Vehicles, machinery, and equipment                             | <b>20a</b> |         |
| <b>12</b> Depletion   | <b>12</b>  |         | <b>b</b> Other business property  | <b>20b</b> | 9,600.  |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | <b>13</b>  |         | <b>21</b> Repairs and maintenance                                       | <b>21</b>  | 2,710.  |
| <b>14</b> Employee benefit programs (other than on line 19)   | <b>14</b>  |         | <b>22</b> Supplies (not included in Part III)                           | <b>22</b>  |         |
| <b>15</b> Insurance (other than health)   | <b>15</b>  |         | <b>23</b> Taxes and licenses  | <b>23</b>  |         |
| <b>16</b> Interest (see instructions):  |            |         | <b>24</b> Travel and meals:   |            |         |
| <b>a</b> Mortgage (paid to banks, etc.)   | <b>16a</b> |         | <b>a</b> Travel   | <b>24a</b> | 2,640.  |
| <b>b</b> Other  | <b>16b</b> |         | <b>b</b> Deductible meals (see instructions)                            | <b>24b</b> | 2,400.  |
| <b>17</b> Legal and professional services   | <b>17</b>  |         | <b>25</b> Utilities   | <b>25</b>  | 3,440.  |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b   | <b>28</b>  |         | <b>26</b> Wages (less employment credits)                               | <b>26</b>  |         |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7  | <b>29</b>  |         | <b>27a</b> Other expenses (from line 48)                                | <b>27a</b> | 54,000. |
| <b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.<br><b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30   | <b>30</b>  |         | <b>b</b> Energy efficient commercial bldgs deduction (attach Form 7205) | <b>27b</b> |         |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.  | <b>31</b>  |         |   |            | 34,070. |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions.<br>• If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |            |         | <b>32a</b> <input type="checkbox"/> All investment is at risk.          |            |         |
|   |            |         | <b>32b</b> <input type="checkbox"/> Some investment is not at risk.     |            |         |



**Part III Cost of Goods Sold** (see instructions)

**33** Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  **Yes**     **No**

|   |           |  |
|---|-----------|--|
| <b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . | <b>35</b> |  |
| <b>36</b> Purchases less cost of items withdrawn for personal use . . . . .   | <b>36</b> |  |
| <b>37</b> Cost of labor. Do not include any amounts paid to yourself . . . . .                                      | <b>37</b> |  |
| <b>38</b> Materials and supplies . . . . .  | <b>38</b> |  |
| <b>39</b> Other costs . . . . .   | <b>39</b> |  |
| <b>40</b> Add lines 35 through 39 . . . . .   | <b>40</b> |  |
| <b>41</b> Inventory at end of year . . . . .  | <b>41</b> |  |
| <b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .   | <b>42</b> |  |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year) 06/13/2022

**44** Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

**a** Business 19,450    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 7,850

**45** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**     **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . .  **Yes**     **No**

**47a** Do you have evidence to support your deduction? . . . . .  **Yes**     **No**

**b** If "Yes," is the evidence written? . . . . .  **Yes**     **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26, line 27b, or line 30.

|   |           |         |
|---|-----------|---------|
| BACK OFFICE OPERATION EXPENSES  |           | 54,000. |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
|   |           |         |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> | 54,000. |

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

SRIKANTH RAVIPATI

664-57-2318

**Part I Income or Loss From Rental Real Estate and Royalties**

**Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** HNO 13-2-45, VENKATAREDDY NARASARAOPET, GUNTUR ANDHRA PRADESH IN 522601

**B**  
**C**

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

**Type of Property:**

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

| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 921.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 2,940.       |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 1,720.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 3,420.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 1,990.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,410.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 3,580.      |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 15,060.     |   |   |
| <b>21</b> 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 <b>Form 6198</b> . . . . .  | <b>21</b> -14,139.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 14,139. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 921.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 3,580.     |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 15,060.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 14,139. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> -14,139.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-14,139.

Schedule E (Form 1040) 2023

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Self-Employment Tax**

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

Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)  
SRIKANTH RAVIPATI

Social security number of person  
with self-employment income 664-57-2318

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 34,070.

**3** Combine lines 1a, 1b, and 2 **3** 34,070.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 31,464.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 31,464.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

**6** Add lines 4c and 5b **6** 31,464.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 63,488.

**b** Unreported tips subject to social security tax from Form 4137, line 10 **8b**

**c** Wages subject to social security tax from Form 8919, line 10 **8c**

**d** Add lines 8a, 8b, and 8c **8d** 63,488.

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 96,712.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 3,902.

**11** Multiply line 6 by 2.9% (0.029) **11** 912.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 4,814.

**13** **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 2,407.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$9,840, **or (b)** your net farm profits<sup>2</sup> were less than \$7,103.

|  |           |       |
|--|-----------|-------|
| <b>14</b> Maximum income for optional methods . . . . .  | <b>14</b> | 6,560 |
| <b>15</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$6,560. Also, include this amount on line 4b above . . . . . | <b>15</b> |       |

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$7,103 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

|   |           |  |
|---|-----------|--|
| <b>16</b> Subtract line 15 from line 14 . . . . .   | <b>16</b> |  |
| <b>17</b> Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above . . . . . | <b>17</b> |  |

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

## Additional Information From 2023 Federal Tax Return

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Ln 24b: 50% limit

#### Itemization Statement

| Description                            | Amount        |
|--|---------------|
| M&E (240D*\$20P.D) AS PER IRS PUB 1542 | 4,800.        |
| <b>Total</b>                           | <b>4,800.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 20b

#### Itemization Statement

| Description  | Amount        |
|--------------|---------------|
| RENT PAID    | 9,600.        |
| 9600         |               |
| <b>Total</b> | <b>9,600.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 21

#### Itemization Statement

| Description  | Amount        |
|--------------|---------------|
| 2710         | 2,710.        |
| <b>Total</b> | <b>2,710.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 24a

#### Itemization Statement

| Description  | Amount        |
|--------------|---------------|
| 2640         | 2,640.        |
| <b>Total</b> | <b>2,640.</b> |

### Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25

#### Itemization Statement

| Description    | Amount        |
|----------------|---------------|
| PHONE BILLS    | 1,960.        |
| INTERNET BILLS | 1,480.        |
| 1960           |               |
| 1480           |               |
| <b>Total</b>   | <b>3,440.</b> |



**2023 Form M1, Individual Income Tax**

Do not use staples on anything you submit.

**SRIKANTH** RAVIPATI 664572318 06121979  
 Your First Name and Initial Last Name Your Social Security Number Your Date of Birth (MM/DD/YYYY)

If a Joint Return, Spouse's First Name and Initial \_\_\_\_\_ Spouse's Last Name \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_  
2105 DEVONBLUE DR \_\_\_\_\_  
 Current Home Address Check if Address is:  New  Foreign

FORNEY TX 75126  
 City State ZIP Code

**2023 Federal Filing Status (place an X in one box):**

(1) Single  (2) Married Filing Jointly  (3) Married Filing Separately  (4) Head of Household  (5) Qualifying Surviving Spouse  
 Spouse Name \_\_\_\_\_  
 Spouse SSN \_\_\_\_\_

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers: Republican . . . . . Grassroots/Legalize Cannabis 14 Legal Marijuana Now . . . . .17  
 Democratic/Farmer-Labor . . . . .1 Libertarian . . . . .16 General Campaign Fund . . . . .99  
 Your Code \_\_\_\_\_ Spouse's Code \_\_\_\_\_

**From Your Federal Return (see instructions)**

|                                |                                 |                 |                           |
|--------------------------------|---------------------------------|-----------------|---------------------------|
| <u>63488</u>                   | <u>0</u>                        | <u>0</u>        | <u>67162</u>              |
| A. Wages, salaries, tips, etc. | B. IRA, pensions, and annuities | C. Unemployment | D. Federal taxable income |

  

|    |  |    |   |              |
|----|--|----|---|--------------|
| 1  | <b>Federal adjusted gross income</b> (from line 11 of federal Form 1040 and 1040-SR) . . . . .   | 1  | ■ | <u>81012</u> |
| 2  | <b>Additions to income</b> from line 10 of Schedule M1M and line 9 of Schedule M1MB (see instructions) . . . . .   | 2  | ■ | _____        |
| 3  | <b>Add lines 1 and 2.</b> . . . . .  | 3  | ■ | <u>81012</u> |
| 4  | <b>Itemized deductions</b> (from Schedule M1SA) or your <b>standard deduction</b> (see instructions) . . . . .   | 4  | ■ | <u>13825</u> |
| 5  | <b>Exemptions</b> (from Schedule M1DQC) . . . . .  | 5  | ■ | _____        |
| 6  | <b>State income tax refund</b> from line 1 of federal Schedule 1 . . . . .   | 6  | ■ | _____        |
| 7  | <b>Subtractions</b> from line 35 of Schedule M1M and line 21 of Schedule M1MB (see instructions) . . . . .   | 7  | ■ | _____        |
| 8  | <b>Total subtractions.</b> Add lines 4 through 7. . . . .  | 8  | ■ | <u>13825</u> |
| 9  | <b>Minnesota taxable income.</b> Subtract line 8 from line 3. If zero or less, leave blank. . . . .  | 9  | ■ | <u>67187</u> |
| 1  | <b>Tax</b> from the table or schedules in the Form M1 instructions . . . . .   | 10 | ■ | <u>4130</u>  |
| 1  | <b>Alternative minimum tax</b> (enclose Schedule M1MT) . . . . .   | 11 | ■ | _____        |
| 12 | <b>Add lines 10 and 11</b> . . . . .   | 12 | ■ | <u>4130</u>  |
| 13 | <b>Full-year residents:</b> Enter the amount from line 12 on line 13. Skip lines 13a and 13b.<br><b>Part-year residents and nonresidents:</b> From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) . . . . . | 13 | ■ | <u>4130</u>  |
|    | <b>13a</b> ■ <u>119193</u> <b>13b</b> ■ <u>81012</u>   |    |   |              |





# 2023 Schedule M1NR, Nonresidents/Part-Year Residents

Before you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

SRIKANTH RAVIPATI 664572318  
 Your First Name and Initial Your Last Name Your Social Security Number

\_\_\_\_\_  
 Spouse's First Name and Initial Spouse's Last Name Spouse's Social Security Number

**Minnesota Residency** (Place an X in one box and enter other state of residency)

You:  Full-year Nonresident  Part-Year Resident from \_\_\_\_\_ to \_\_\_\_\_ Other State of Residency: TX  
(MM/DD/YYYY) (MM/DD/YYYY)

Your Spouse:  Full-year Nonresident  Part-Year Resident from \_\_\_\_\_ to \_\_\_\_\_ Other State of Residency: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

|   | A. Total Amount | B. Minnesota Portion |
|---|-----------------|----------------------|
| 1 Wages, salaries, tips, etc. (from line 1z of federal Form 1040 or 1040-SR) . . . . .  | 63488           | 0                    |
| 2 Taxable interest and ordinary dividend income (lines 2b and 3b of Form 1040 or 1040-SR) . . . . .                                 |                 |                      |
| 3 Business income or loss (from line 3 of federal Schedule 1) . . . . .   | 34070           | 121600               |
| 4 Capital gain or loss (from line 7 of Form 1040 or 1040-SR) . . . . .  |                 |                      |
| 5 IRA distributions, pensions, and annuities (from lines 4b and 5b of Form 1040 or 1040-SR) . . . . .                               |                 |                      |
| 6 Net income from rents, royalties, partnerships, S corporations, estates, and trusts (from line 5 of federal Schedule 1) . . . . . | -14139          | 0                    |
| 7 Farm income or loss (from line 6 of federal Schedule 1) . . . . .   |                 |                      |
| 8 Other income (add lines 6b of Form 1040 or 1040-SR and lines 1, 2a, 4, 7, and 9 of federal Schedule 1) . . . . .                  |                 |                      |
| 9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 1 and 2 of Schedule M1M) . . . . .                  |                 |                      |
| 10 Bonus depreciation addition from line 1 of Schedule M1MB . . . . .   |                 |                      |
| 11 If you entered an amount on line 9 of Schedule M1REF, see instructions . . . . .   |                 |                      |
| 12 Suspended loss from line 4 of Schedule M1MB . . . . .  |                 |                      |
| 13 Other required adjustments from Schedules M1M, M1MB, and M1AR (see instructions) . . . . .                                       |                 |                      |
| 14 This line intentionally left blank . . . . .   |                 |                      |
| 15 Add lines 1 through 14 for each column . . . . .   | 83419           | 121600               |

**If your Minnesota gross income is below \$13,825 see instructions.**

|  |      |      |
|--|------|------|
| 16 Educator expenses, certain business expenses, and Armed Forces moving expenses (add lines 11, 12, and 14 of federal Schedule 1) . . . . . |      |      |
| 17 Self-employed SEP, SIMPLE, and qualified plans and IRA deduction (add lines 16 and 20 of federal Schedule 1) . . . . .                    |      |      |
| 18 Health savings account and Archer MSA deductions (add lines 13 and 23 of federal Schedule 1) . . . . .                                    |      |      |
| 19 One-half of self-employment tax and self-employed health insurance (add lines 15 and 17 of federal Schedule 1) . . . . .                  | 2407 | 2407 |
| 20 Deductions for alimony paid and student loan interest (see instructions for line 20, column B) . . . . .                                  |      |      |





|    |  |    |         |                 |
|----|--|----|---------|-----------------|
| 21 | Penalty on early withdrawal of savings (from line 18 of federal Schedule 1) . . . . .  | 21 | _____   | _____           |
| 22 | Other subtractions from Schedule M1MB (see instructions). . . . .  | 22 | ■ _____ | ■ _____         |
| 23 | Social Security benefit from line 12 of Schedule M1M (see instructions). . . . .   | 23 | ■ _____ | ■ _____         |
| 24 | Subtraction for federal bonus depreciation from line 10 of Schedule M1MB . . . . .   | 24 | ■ _____ | ■ _____         |
| 25 | Net U.S. bond interest and active military pay received while a nonresident (add lines 14 and 22 of Schedule M1M) . . . . .  | 25 | _____   | _____           |
| 26 | Subtraction for federal section 179 expensing (from line 11 of Schedule M1MB) . . . . .  | 26 | _____   | _____           |
| 27 | Add lines 16 through 26 for each column . . . . .  | 27 | _____   | 2407 _____ 2407 |
| 28 | Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$13,825 or the result is zero or less, enter 0 . . . . . | 28 | _____   | 119193 _____    |
| 29 | Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1 . . . . .   | 29 | _____   | 81012 _____     |
| 30 | Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0 . . . . .               | 30 | _____   | 1.00000 _____   |
| 31 | Amount from line 12 of Form M1 . . . . .   | 31 | _____   | 4130 _____      |
| 32 | Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1 . . . . .   | 32 | _____   | 4130 _____      |

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





**2023 Schedule M15, Underpayment of Estimated Income Tax**  
For Individuals (Form M1)

SRIKANTH  
Your First Name and Initial

RAVIPATI  
Last Name

664572318  
Social Security Number

**Required Annual Payment**

- 1 Minnesota income tax for **2023** (from line 17 of Form M1) ..... 1 4130
- 2 Minnesota withholding and credits for **2023** (add lines 20 and 22 of Form M1) ..... 2 \_\_\_\_\_
- 3 Subtract line 2 from line 1. If less than \$500, **STOP HERE**; you do not owe an underpayment penalty ..... 3 4130
- 4 Multiply line 1 by 90% (.90). **Farmers and commercial fishermen:** Multiply line 1 by 66.7% (.667) ..... 4 3717
- 5 Minnesota income tax for 2022 (from line 17 of Form M1). See instructions if your 2022 federal adjusted gross income was more than \$150,000 or if you did not file a 2022 return ..... 5 \_\_\_\_\_
- 6 **Required annual payment.** Amount from line 4 or line 5, whichever is less ..... 6 3717
  - If line 6 is less than or equal to line 2, **STOP HERE**; you do not owe an underpayment penalty.
  - If line 6 is more than line 2, continue with line 7 or line 13, depending on which method you use.

**Optional Short Method** (see instructions to determine which method to use)

- 7 Quarterly estimated tax payments you made for 2023 ..... 7 0
- 8 Add line 2 and line 7 ..... 8 0
- 9 Total underpayment for the year. Subtract line 8 from line 6 (if result is zero or less, **STOP HERE**; you do not owe an underpayment penalty) ..... 9 3717
- 10 Multiply line 9 by 2% (.02) ..... 10 74
- 11 • If the amount on line 9 will be paid on or after April 15, 2024, enter 0.  
• If the amount was paid before April 15, 2024, use the following computation and enter the result on line 11:  

|                  |   |                                       |   |         |       |    |          |
|------------------|---|---------------------------------------|---|---------|-------|----|----------|
| Amount on line 9 | x | Number of days<br>paid before 4/15/24 | x | .000137 | ..... | 11 | <u>0</u> |
|------------------|---|---------------------------------------|---|---------|-------|----|----------|
- 12 **Penalty.** Subtract line 11 from line 10. Enter result here and on line 27 of Form M1 ..... 12 74

**Regular Method**

- |   | A              | B             | C              | D             |
|---|----------------|---------------|----------------|---------------|
|   | April 18, 2023 | June 15, 2023 | Sept. 15, 2023 | Jan. 16, 2024 |
| 13 Enter 25% (.25) of line 6 in each column OR use the annualized income installment worksheet on the back of this form. If you use the worksheet or are a farmer or fisherman, see instructions ..... 13   | _____          | _____         | _____          | _____         |
| 14 <b>Credits.</b> See instructions ..... 14  | _____          | _____         | _____          | _____         |
| 15 <b>Overpayment.</b> If line 14 is more than line 13, subtract line 13 from line 14. Enter the result here and add it to line 14 in the next column. Overpayments in any quarter following an underpayment must first be applied to making up previous underpayments ..... 15 | _____          | _____         | _____          | _____         |
| 16 <b>Underpayment.</b> If line 14 is less than line 13, subtract line 14 from line 13. Enter the result here and go to line 17 below ..... 16  | _____          | _____         | _____          | _____         |
| 17 Enter the date of payment or April 15, 2024, whichever is earlier (see instructions) ..... 17  | _____          | _____         | _____          | _____         |
| 18 Number of days between the payment due date and the date on line 17 ..... 18   | _____          | _____         | _____          | _____         |
| 19 Divide line 18 by 365. The result is a decimal ..... 19  | _____          | _____         | _____          | _____         |
| 20 Multiply line 19 by 5% (.05). Enter as a decimal ..... 20  | _____          | _____         | _____          | _____         |
| 21 Multiply line 20 by line 16 ..... 21   | _____          | _____         | _____          | _____         |
| 22 <b>Penalty.</b> Add columns A-D on line 21. Enter result here and on line 27 of Form M1 ..... 22   | _____          | _____         | _____          | _____         |

**You must include this schedule with your Form M1.**