

IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name NARAYANA REDDY BANAVASI	Social security number 831-27-5736
Spouse's name DEEPTI BANAVASI	Spouse's social security number 673-84-1231

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	1	162,268.
2 Total tax	2	17,720.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,658.
4 Amount you want refunded to you	4	3,938.
5 Amount you owe	5	

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	5	7	3	6
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 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 ▶ *B. Reddy* Date ▶ 17/03/2024

Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

4	1	2	3	1
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 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 ▶ *B. Deepthi* Date ▶ 17/03/2024

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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 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 NARAYANA REDDY Last name BANAVASI Your social security number 831 27 5736

If joint return, spouse's first name and middle initial DEEPTI Last name BANAVASI Spouse's social security number 673 84 1231

Home address (number and street). If you have a P.O. box, see instructions. 2505 DEVILS GLEN RD Apt. no. 2008 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. BETTENDORF State IA ZIP code 52722 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.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS)

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Rows for JOSHIKA REDDY BANAVASI (Daughter) and SHIVANSH REDDY BANAVASI (Son).

Income table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, and Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount.

Table with columns 7-15. Rows include Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Table with columns for line numbers (16-24), descriptions (Tax and Credits), and amounts. Total tax is 17,720.

Table for Payments (lines 25-33). Includes federal income tax withheld (21,658) and total payments (21,658).

Table for Refund (lines 34-36). Shows overpaid amount of 3,938 and amount applied to 2024 estimated tax.

Table for Amount You Owe (lines 37-38). Shows amount owed and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

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

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, and firm information.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

NARAYANA REDDY & DEEPTI BANAVASI

Your social security number

831-27-5736

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-19,387.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLÉ account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	-19,387.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

Attachment
Sequence No. **12**

Name(s) shown on return

NARAYANA REDDY & DEEPTI BANAVASI

Your social security number

831-27-5736

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	135,865.	133,354.	130.	2,641.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 2,641.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	2,641.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

NARAYANA REDDY & DEEPTI BANAVASI

831-27-5736

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FIDELITY BROKERAGE SERVICES LLC	01/01/23	12/31/23	111,081.	106,238.			4,843.
	Robinhood Securities LLC	01/01/23	12/31/23	21,927.	24,263.	W	130.	-2,206.
	Robinhood Crypto LLC	01/01/23	12/31/23	2,857.	2,853.			4.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			135,865.	133,354.		130.	2,641.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**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

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

NARAYANA REDDY & DEEPTI BANAVASI

831-27-5736

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 H.NO : 3-24 ,BANAVASI (VILL) KURNOOL ANDHRA PRADESH IN 518323

B _____
C _____

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

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 520.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,120.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,450.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 5,696.		
15 Supplies	15 5,489.		
16 Taxes	16		
17 Utilities	17 6,152.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 19,907.		
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 -19,387.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (19,387.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 520.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 19,907.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (19,387.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26 -19,387.		

**SCHEDULE 8812
(Form 1040)**

**Credits for Qualifying Children
and Other Dependents**

OMB No. 1545-0074

2023

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

NARAYANA REDDY & DEEPTI BANAVASI

831-27-5736

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	162,268.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.	
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c	2d	0.	
3	Add lines 1 and 2d	3	162,268.	
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by \$2,000	5	2,000.	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1	
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by \$500	7	500.	
8	Add lines 5 and 7	8	2,500.	
9	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 } 	9	400,000.	
10	Subtract line 9 from line 3. <ul style="list-style-type: none"> • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } 	10	0.	
11	Multiply line 10 by 5% (0.05)	11	0.	
12	Is the amount on line 8 more than the amount on line 11?	12	2,500.	
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
<input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from Credit Limit Worksheet A	13	20,220.	
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	2,500.	

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 <input type="checkbox"/>		
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,600. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)	18a	
b	Nontaxable combat pay (see instructions)	18b	
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,800 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	
23	Add lines 21 and 22	23	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28		
		27	

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **52**

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

Social security number of HSA beneficiary.
If both spouses have HSAs, see instructions.
831-27-5736

NARAYANA REDDY BANAVASI

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2 0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3 7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5 7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6 7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions	7
8	Add lines 6 and 7	8 7,750.
9	Employer contributions made to your HSAs for 2023	9 6,370.
10	Qualified HSA funding distributions	10
11	Add lines 9 and 10	11 6,370.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12 1,380.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13 0.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b
c	Subtract line 14b from line 14a	14c
15	Qualified medical expenses paid using HSA distributions (see instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 23

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return NARAYANA REDDY & DEEPTI BANAVASI	Taxpayer identification number 831-27-5736
Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI	Preparer tax identification number P02470833

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s). List those documents provided by the taxpayer, if any, that you relied on:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<hr/> <hr/> <hr/>			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

For calendar year 2023 or tax year beginning _____, 2023, ending _____, 20 _____

Your first name, middle initial, and last name: NARAYANA REDDY BANAVASI Your Social Security Number: 831-27-5736

Spouse's first name, middle initial and last name: DEEPTI BANAVASI Spouse's Social Security Number: 673-84-1231

Home address, City, State, ZIP: 2505 DEVILS GLEN RD, 2008 BETTENDORF IA 52722

Part I Tax Return Information

1. Federal total income (IA 1040, line 1).....	1.	<u>162,268</u>
2. Total Tax (IA 1040, line 7).....	2.	<u>6,731</u>
3. Iowa Income Tax Withheld (IA 1040, line 28).....	3.	<u>8,821</u>
4. Amount to be Refunded (IA 1040, line 32).....	4.	<u>2,250</u>
5. Total Amount Due (IA 1040, line 37).....	5.	_____

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

6. I do not want direct deposit or direct debit.
7. I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on _____ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To cancel a payment, I must contact IDR at 515-281-3114 or idref@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number

0	1	1	9	0	0	2	5	4
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number

3	8	5	0	2	1	5	2	0	7	7	6						
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Type of Account: Savings Checking

Will this payment come from an account outside the United States? Yes No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2023 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature _____ Date _____ Spouse Signature - If a joint return, both must sign. _____ Date _____

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

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) Address, City, State, ZIP	<u>GLOBAL TAXES LLC</u> <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>			FEIN <u>88-2145487</u> Phone Number (678) <u>965-9522</u>
Paid Preparer Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer PTIN <u>P02470833</u>	
Firm's name (or yours if self-employed) Address, City, State, ZIP	<u>GLOBAL TAXES LLC</u> <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>			FEIN <u>88-2145487</u> Phone Number (678) <u>965-9522</u>

Step 1: You must fill in your Social Security Number (SSN)

For fiscal or short year filers
 ▶ to ▶
M M D D Y Y Y Y M M D D Y Y Y Y

Check the box if this is an amended return ▶

Last Name	First Name	MI	Social Security Number (SSN)
▶ BANAVASI	▶ NARAYANA REDDY	▶	▶ 8 3 1 2 7 5 7 3 6
Spouse's Last Name	Spouse's First Name	MI	Spouse's Social Security Number (SSN)
▶ BANAVASI	▶ DEEPTI	▶	▶ 6 7 3 8 4 1 2 3 1

Current mailing address (number, street, apartment, lot, or suite number) or PO Box
 ▶ 2505 DEVILS GLEN RD, 2008

City	State	ZIP
▶ BETTENDORF	▶ I A	▶ 5 2 7 2 2

County No.	School District No.
▶ 8 2	▶ 6 2 1

Use Residence as of 12/31/23:

Step 2: Filing status from federal 1040. Mark one box only

- ▶ 1. Single: Were you claimed on another person's Iowa return?
- ▶ 2. Married filing jointly
- ▶ 3. Married filing separately. Enter your spouse's information above. Spouse's net income:
- ▶ 4. Head of household. Enter qualifying person's information on Page 2
- ▶ 5. Qualifying surviving spouse with dependent child. Enter dependent's information on Page 2.

Yes	No
▶ <input type="checkbox"/>	▶ <input type="checkbox"/>
▶ 3	00

Step 3: Exemptions

- a. Personal Credit: Enter 1 (enter 2 if filing status 2 or 4)
- b. Enter 1 for each taxpayer 65 or older and/or 1 for each taxpayer who is blind
- Check if:** You are 65 or older ▶ You are blind ▶ Spouse is 65 or older ▶ Spouse is blind ▶
- c. Dependents: Enter 1 for each dependent. List dependents below
- d. Total. Add lines a, b and c

Enter Dollars and Cents

▶ 2 x \$40 =	▶ 80 00
▶ x \$20 =	▶ 00
▶ 2 x \$40 =	▶ 80 00
▶	▶ 160 00



Taxpayer's Name
 NARAYANA REDDY & DEEPTI BANAVASI

Taxpayer's SSN
 8 3 1 2 7 5 7 3 6

Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to you
▶ JOSHIKA REDDY	▶ BANAVASI	▶ 9 8 4 9 2 7 1 8 3	▶ DAUGHTER
▶ SHIVANSH REDDY	▶ BANAVASI	▶ 3 0 6 7 5 2 4 8 1	▶ SON
▶	▶	▶	▶

Step 4: Iowa Taxable Income

- 1. Federal total income.....
- 2. Federal taxable income.....
- 3. Net Iowa modifications from IA 1040 Schedule 1, line 22.....
- 4. Iowa taxable income. Add lines 2 and 3.....

Enter Dollars and Cents

▶ 1	162,268 00
▶ 2	134,568 00
▶ 3	-6,329 00
▶ 4	128,239 00

Step 5: Tax, Nonrefundable Credits, and Checkoff contributions

Check if using alternate tax (line 5), tax reduction calculation (line 12), or low-income exemption

- 5. Iowa Tax from tax rate schedule or alternate tax.....
- 6. Iowa lump-sum tax. See instructions.....
- 7. Total Tax. Add lines 5 and 6.....
- 8. Total exemption credit amount from Step 3.....
- 9. Tuition and textbook credit for dependents K-12.....
- 10. Volunteer firefighter/EMS/reserve peace officer credit.....
- 11. Total Credits. Add lines 8, 9, and 10.....
- 12. BALANCE. Subtract line 11 from line 7. If less than zero, enter zero.....
- 13. Nonresident or part-year resident credit. Include IA 126.....
- 14. BALANCE. Subtract line 13 from line 12.....
- 15. Out-of-State tax credit. Include IA 130.....
- 16. BALANCE. Subtract line 15 from line 14.....
- 17. Other nonrefundable Iowa credits. Include IA 148.....
- 18. BALANCE. Subtract line 17 from line 16.....
- 19. School district surtax or EMS surtax. Multiply line 18 by the percentage from table.....
- 20. Total state tax and local surtax.....
- 21. Contributions will reduce your refund or add to the amount you owe.

▶ 5	6,731 00
▶ 6	00
▶ 7	6,731 00
▶ 8	160 00
▶ 9	00
▶ 10	00
▶ 11	160 00
▶ 12	6,571 00
▶ 13	00
▶ 14	6,571 00
▶ 15	00
▶ 16	6,571 00
▶ 17	00
▶ 18	6,571 00
▶ 19	0 00
▶ 20	6,571 00

Fish/Wildlife State Fair Firefighters/Veterans Child Abuse Prevention

▶ 21	00
▶ 22	6,571 00

22. TOTAL STATE TAX, LOCAL TAX, AND CONTRIBUTIONS. Add lines 20 and 21.....



Taxpayer's Name

NARAYANA REDDY & DEEPTI BANAVASI

Taxpayer's SSN

8 3 1 2 7 5 7 3 6

Step 6: Refundable Credits and Payments

Enter Dollars and Cents

- 23. Iowa Fuel Tax Credit. Include IA 4136 Iowa Fuel Tax Credit
- 24. Check one: Child and Dependent Care Credit OR Early Childhood Development Credit
- 25. Iowa Earned Income Tax Credit
- 26. Other refundable credits. Include IA 148
- 27. Composite and PTET credit. Include IA Schedule CC
- 28. Iowa income tax withheld
- 29. Estimated and other payments made for tax year 2023
- 30. TOTAL. Add lines 23 through 29

▶ 23		00
▶ 24		00
▶ 25		00
▶ 26		00
▶ 27		00
▶ 28	8,821	00
▶ 29		00
▶ 30	8,821	00

Step 7: Refund

- 31. If line 30 is more than line 22, subtract line 22 from line 30; otherwise, go to line 34
- 32. Amount of line 31 to be REFUNDED
 - a. Routing Number ▶ 0 1 1 9 0 0 2 5 4
 - b. Account Number ▶ 3 8 5 0 2 1 5 2 0 7 7 6
- 33. Amount of line 31 to be applied to your 2024 estimated tax

▶ 31	2,250	00
▶ 32	2,250	00
c. Account Type	<input checked="" type="checkbox"/> Checking	
	<input type="checkbox"/> Savings	
▶ 33		00

Step 8: Amount due

- 34. If line 30 is less than line 22, subtract line 30 from line 22
- 35. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F.
Check if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used
- 36. Penalty and Interest

36a. Penalty		00
36b. Interest		00
Enter total here		
- 37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36

▶ 34		00
▶ 35		00
▶ 36		00
▶ 37		00



Taxpayer's Name

NARAYANA REDDY & DEEPTI BANAVASI

Taxpayer's SSN

8 3 1 2 7 5 7 3 6

IA 1040 Schedule 1

Enter Dollars and Cents

Iowa Modifications to Federal Total Income	A Additions	B Subtractions
1. Interest	▶ 1 00	▶ 00
2. Dividends.....	▶ 2 00	▶ 00
3. RESERVED FOR FUTURE USE	▶ 3	
4. RESERVED FOR FUTURE USE	▶ 4	
5. Social Security Benefits.....	▶ 5	▶ 00
6. Active Duty Military Pay.....	▶ 6	▶ 00
7. IRA/Pension/Railroad Retirement Income.....	▶ 7	▶ 00
8. Railroad Unemployment Income	▶ 8	▶ 00
9. Bonus Depreciation/Section 179 expenses.....	▶ 9 00	▶ 00
10. Federal Net Operating Loss prior to 1/1/23. Include IA 124	▶ 10 00	
11. Other Income.....	▶ 11 00	▶ 00
12. Total modifications to federal total income. Add lines 1 through 11.....	▶ 12 00	▶ 00
13. Net modifications to federal total income. Subtract line 12 column B from A.....		▶ 13 00
Iowa Modifications to Federal Taxable Income		
14. Federal income tax refund or overpayment received in 2023 ..	▶ 14 00	
15. Health insurance deduction. See instructions	▶ 15	▶ 00
16. Capital Gains Deduction. Include IA 100.....	▶ 16	▶ 00
17. Iowa Net Operating Loss prior to 1/1/23. Include IA 124.....	▶ 17	▶ 00
18. Federal tax paid for prior years	▶ 18	▶ 6,329 00
19. Other Adjustments.....	▶ 19 00	▶ 00
20. Total modifications to federal taxable income. Add lines 14 through 19	▶ 20 00	▶ 6,329 00
21. Net modifications to federal taxable income. Subtract line 20 column B from A		▶ 21 -6,329 00
Net Modifications		
22. Net Iowa Modifications. Add lines 13 and 21. Enter here and IA 1040, line 3.....		▶ 22 -6,329 00



Taxpayer's Name

NARAYANA REDDY & DEEPTI BANAVASI

Taxpayer's SSN

8 3 1 2 7 5 7 3 6

Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name

Mailing address

City State ZIP

Email

ID Number (optional)

Designee's phone number

Step 9: I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete. Paper-filed returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Sign Here Your Signature

Date

Check if deceased:

Sign Here Spouse's Signature

Date

Check if deceased:

Taxpayer's phone number

Taxpayer's email address

Your Driver License or State Issued ID number

Spouse's Driver License or State Issued ID number

Paid Preparer Use

Preparer's Signature

Date

Preparer's PTIN, STIN, or SSN

Firm's FEIN

Preparer's phone number

This return is due April 30, 2024. Sign, enclose W-2s, and verify SSNs MAILING ADDRESS: Iowa Income Tax Document Processing PO BOX 9187, Des Moines IA 50306-9187 Make checks payable to Iowa Department of Revenue





Form M-8453 Individual Income Tax Declaration for Electronic Filing

2023
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2023.

Your first name and initial NARAYANA REDDY BANAVASI	Last name BANAVASI	Your Social Security number 831275736
If a joint return, spouse's first name and initial DEEPTI BANAVASI	Last name BANAVASI	Spouse's Social Security number 673841231
Present street address (and apartment number) 2505 DEVILS GLEN RD APT NO 2008		
City/Town/Post Office BETTENDORF	State IA	Zip 52722
Filing status: <input type="radio"/> Single <input checked="" type="radio"/> Married filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household		

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	-6848
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	198
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	623
5 Refund amount (from Form 1, line 53, or Form 1-NR/PY, line 57)	5	425
6 Tax due (from Form 1, line 54, or Form 1-NR/PY, line 58)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2023 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature	Date
----------------	------	--------------------	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

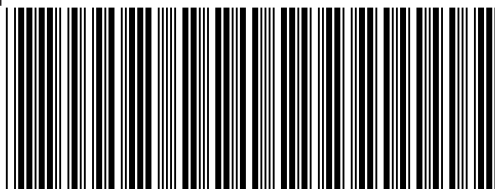
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN 882145487	<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address GLOBAL TAXES LLC 245 ROONEY CT	City/Town E BRUNSWICK	State NJ	Zip 08816
<input type="radio"/> Fill in if also paid preparer			

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN P02470833	Date	EIN 882145487	<input type="radio"/> Fill in if self-employed
Firm name (or yours, if self-employed) and address VENKATA SAI PAVAN KUMAR DUDIPALLI 245 ROONEY CT	City/Town E BRUNSWICK	State NJ	Zip 08816



2023 Form 1-NR/PY

MA23006011555

Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1–December 31, 2023 or other taxable

Year beginning

Ending

NARAYANA REDDY
DEEPTI
2505 DEVILS GLEN RD

BANAVASI
BANAVASI

831275736
673841231
BETTENDORF

IA 52722
2008

Fill in if: Amended return Federal amendment
Other jurisdiction change Amended return due to IRS BBA Partnership Audit
Enter date of change

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

Check one: Nonresident

Part-year resident

a. Total federal income

162268

b. Federal adjusted gross income

162268

1. Filing status (select one only):

Filing as both nonresident and part-year resident

Nonresident composite

Single

Married filing jointly

Married filing separate return NRA

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

÷ 365 = . 3

\$1 You	\$1 Spouse	TOTAL
You	Spouse	
You	Spouse	
You	Spouse	
You	Spouse	

Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

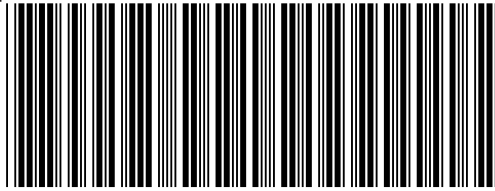
Date

Spouse's signature

Date

201-889-7775

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



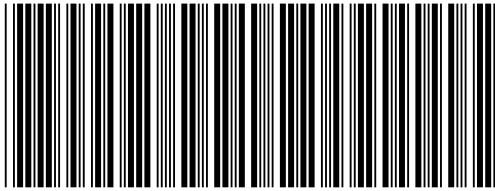
2023 Form 1-NR/PY, pg. 2

MA23006021555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
831275736

4. Exemptions:

a. Personal exemptions			4a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	2	x \$1,000 =	4b	2000
c. Age 65 or over before 2024	You + Spouse =	x \$700 =	4c	
d. Blindness	You + Spouse =	x \$2,200 =	4d	
e. Medical/dental			4e	
f. Adoption			4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a			4g	10800
5. Wages, salaries, tips			5	12539
6. Taxable pensions and annuities			6	
7. Mass. bank interest: a.		- b. exemption	= 7	
8. Business/profession income/loss a.		+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss			9	-19387
10a. Unemployment			10a	
10b. Mass. lottery winnings			10b	
11. Other income			11	
12. TOTAL 5.0% INCOME			12	-6848
13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:				
Working days (or other basis) outside Massachusetts			13a	
Working days (or other basis) inside Massachusetts			13b	
Total working days			13c	
Nonworking days (holidays, weekends, etc.)			13d	
Massachusetts ratio			13e	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f	
Massachusetts income			13g	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Form 1-NR/PY, pg. 3

MA23006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

NARAYANA REDDY

BANAVASI

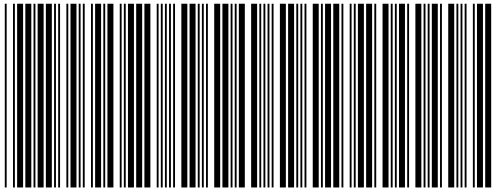
831275736

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income	14a	
b. Interest income	14b	
c. Total capital gain income	14c	4847
d. Total income this return	14d	4847
e. Non-Massachusetts source income. Not less than "0"	14e	166475
f. Total income	14f	171322
g. Deduction and exemption ratio	14g	0.0283
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	15a	
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	15b	959
16. Reserved for future use	16	
17. Reserved for future use	17	

18. Rental deduction. a.	18		÷ 2 = 18
Nonresidents, fill in if during 2023 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future			
19. Other deductions from Schedule Y, line 19	19		
20. Total deductions. Add lines 15 through 19	20		959
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21		
22. Exemption amount. a. 10800	22		306
23. 5.0% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23		
24. INTEREST AND DIVIDEND INCOME	24		
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24	25		
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	26		
27. INCOME FROM SCHEDULE B. Not less than "0."	27		
a. 2335 x .085 = 27a 198			
b. x .12 = 27b			
TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 27a and 27b	27		198

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1

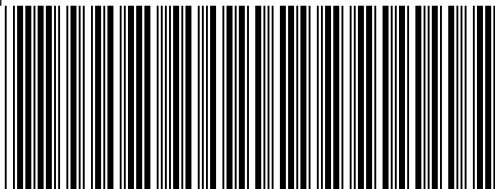


2023 Form 1-NR/PY, pg. 4

MA23006041555
Massachusetts Nonresident/
Part-Year Resident Income Tax Return
831275736

28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			28
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		X	
29. Credit recapture amount (from Credit Recapture Schedule)			29
30. Additional tax on installment sale			30
31. If you qualify for No Tax Status, fill in and enter "0" on line 32			
32. TOTAL INCOME TAX.			
a. Income tax. Add lines 26 through 30	32a	198	
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	32b		
c. If line 32b is greater than 0, enter the amount of Massachusetts income tax paid on your behalf on a Form MA NRRCR, Nonresident Composite Return. Otherwise, enter 0	32c		
Total tax. Subtract line 32c from the total of lines 32a and 32b			32 198
33. Limited Income Credit			33
34. Income tax due to another state or jurisdiction			34
35. Other credits (from Credit Manager Schedule)			35
36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"			36 198
37. Voluntary Contributions			
a. Endangered Wildlife Conservation			37a
b. Organ Transplant Fund			37b
c. Massachusetts Public Health HIV and Hepatitis Fund			37c
d. Massachusetts U.S. Olympic Fund			37d
e. Massachusetts Military Family Relief Fund			37e
f. Homeless Animal Prevention and Care			37f
Total. Add lines 37a through 37f			37
38. Use tax due on Internet, mail order and other out-of-state purchases			38
39. Health care penalty a. You + b. Spouse			39
40. Amended return only. Overpayment from original return			40
41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40			41 198
42. a. Massachusetts income tax withheld from Form(s) W-2	42a	623	
b. Massachusetts income tax withheld from Form(s) 1099	42b		
c. Massachusetts income tax withheld from other forms	42c		
Total. Add lines 42a through 42c			42 623

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2023 Schedule DI

MA23SDI011555

NARAYANA REDDY BANAVASI 831275736

Schedule DI. Dependent Information

JOSHIKA REDDY BANAVASI 984927183
DAUGHTER Is dependent a qualifying child for earned income credit? X 11182012
Is dependent disabled?

SHIVANSH REDDY BANAVASI 306752481
SON Is dependent a qualifying child for earned income credit? X 06152023
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

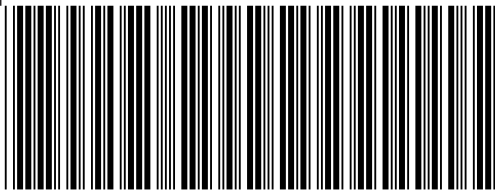
Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?



2023 Schedule B

MA23010011555

NARAYANA REDDY

BANAVASI

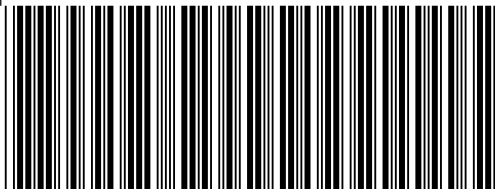
831275736

Part 1. Interest and Dividend Income

1. Total interest income	1	
2. Total ordinary dividends	2	16
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	16
5. Total interest from Massachusetts banks	5	
6a. Other interest and dividends to be excluded	6a	
6b. Part-year/Nonresidents only	6b	16
7. Subtotal	7	
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	4847
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a. Add lines 10 through 12	13a	4847
13b. Part-year/Nonresidents only	13b	
13c. Subtract line 13b from line 13a. Not less than 0	13c	4847
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	4847
16. Massachusetts short-term capital losses	16	-2206
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	



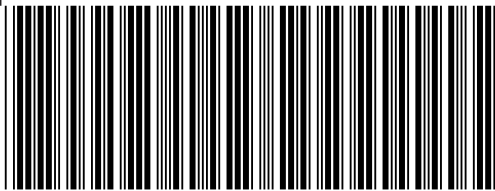
2023 Schedule B, pg. 2

831275736 MA23010021555

19a. Combine lines 15 through 18	19a	2641
19b. Part-year/Nonresidents only	19b	
19c. Exclude line 19b losses from line 19a	19c	2641
20. Short-term losses applied against interest and dividends	20	
21. Available short-term losses	21	
22. Short-term losses applied against long-term gains	22	
23. Short-term losses available for carryover in 2024	23	
24. Short-term gains and long-term gains on collectibles	24	2641
25. Long-term losses applied against short-term gain	25	
26. Subtotal	26	2641
27. Long-term gains deduction	27	
28. Short-term gains after long-term gains deduction	28	2641

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29. Enter the amount from line 9	29	
30. Short-term losses applied against interest and dividends	30	
31. Subtotal interest and dividends	31	
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	
34. Enter the amount from line 28	34	2641
35. Adjusted gross interest, dividends and certain capital gains	35	2641
36. Excess exemptions	36	306
37. Subtract line 36 from line 35	37	2335
38. Interest and dividends taxable at 5.0%	38	
39. Total taxable 8.5% and 12% capital gains	39	2335
40. Available short-term losses for carryover in 2024	40	



2023 Schedule INC

MA23INC011555

NARAYANA REDDY

BANAVASI

831275736

Form W-2 and 1099 Information

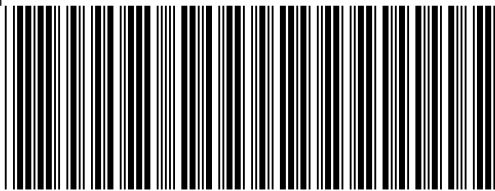
A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
275364420	623	12539		959	W2

TOTALS

623

12539

959



2023 Schedule NTS-L-NRPY

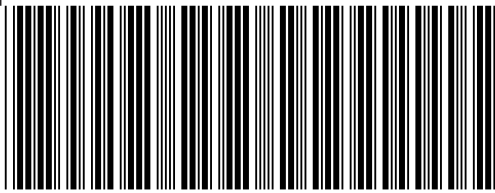
MA23021011555

No Tax Status and Limited Income Credit

831275736

Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	2641
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	166475
8. Total income. Combine lines 3 through 7	8	169116
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	169116
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	18400
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	32200
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	



2023 Schedule E

MA23013041555

NARAYANA REDDY

BANAVASI

831275736

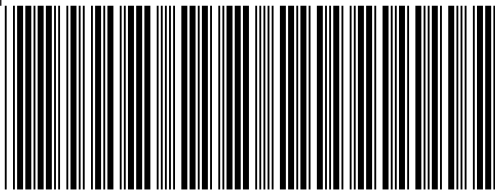
Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	520
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	1120
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1450
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	5696
13. Supplies	13	5489
14. Taxes	14	
15. Utilities	15	6152
16. Other expenses	16	
17. Add lines 3 through 16	17	19907
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	19907
20. Income or loss from rental real estate or royalty properties	20	-19387
21. Deductible rental real estate loss	21	-19387
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-19387
24. Rental real estate and royalty income or loss	24	-19387



2023 Schedule E, pg. 2

MA23013051555

831275736

Income or Loss from Partnerships and S Corporations

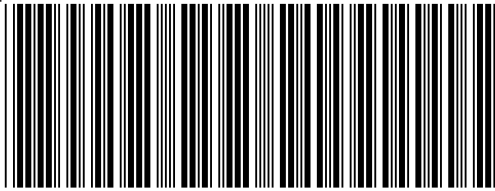
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



2023 Schedule E, pg. 3

MA23013061555

831275736

Farm Income

54. Net farm rental income or loss

54

Summary

55. Income or loss. Combine lines 24, 35, 49, 53 and 54

55

-19387

56. Massachusetts differences Enclose statements

56

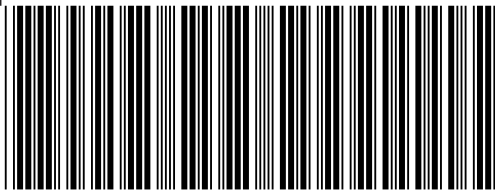
57. Abandoned building renovation deduction

57

58. Total income or loss. Combine lines 55 through 57

58

-19387



2023 Schedule E-1

MA23013011555

NARAYANA REDDY BANAVASI 831275736

H.NO : 3-24, BANAVASI (VILL)

H.NO : 3-24, BANAVASI (VIL KURNOOL

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	520
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	1120
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	1450
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	5696
13. Supplies	13	5489
14. Taxes	14	
15. Utilities	15	6152
16. Other expenses	16	
17. Add lines 3 through 16	17	19907
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	19907
20. Income or loss from rental real estate or royalty properties	20	-19387
21. Deductible rental real estate loss	21	-19387
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	-19387
24. Rental real estate and royalty income or loss	24	-19387
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

**Other Interest and Dividends
Excluded Statement**

2023

▶ Attach to your return

Statement EXCL

Name as Shown on Return NARAYANA REDDY & DEEPTI BANAVASI	Social Security No. 831-27-5736
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1	Any interest on U.S. debt obligations (including its territories or dependencies)	1	
2	Any interest and dividends taxed directly to Massachusetts estates and trusts	2	
3	Any distribution which is a return of capital included in total gross dividends, Schedule B, line 2	3	
4	Any exempt portion of interest or dividends from a mutual fund included in Schedule B, lines 1, 2 or 3	4	
5	Any interest or dividends from obligations of the Commonwealth of Massachusetts or its political subdivisions	5	
6	Any dividends from current earnings of a corporate trust taxed directly on Massachusetts Form 3F.	6	
7	Any interest on pre-retirement distributions from state and municipal contributory pension plans	7	
8	Other: _____ _____ _____	8	
9	Total to Schedule B, line 6a	9	

Massachusetts Nonresident and Part-year Resident Excludable Interest and Dividends	
Note: Only use this worksheet if you are not filing as a full year Massachusetts resident.	
A	Total ordinary interest & dividends from Schedule B lines 1, 2, and 3 <u>16</u>
B	Enter interest and dividends included on line A which you received while living in Massachusetts from all sources, or were directly connected with business activity in Massachusetts <u>0</u>
C	Massachusetts excludable interest and dividends from sources other than Massachusetts (A minus B). Enter amount on Schedule B, line 6b. <u>16</u>