Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submis	sion Identification Number (SID)				
Taxpayer	's name	Social secur	ity numb	er	
RAM	CHARAN BATHULA	181-89	4990)	
Spouse's	name	Spouse's so	cial secu	rity number	
SAI	JYOTHI NARRA	820-12			
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you	are autl	horizing.)
Enter w	hole dollars only on lines 1 through 5.				
Note: F	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 .	Adjusted gross income		1		, 828.
	Total tax		2		<u>,562.</u>
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,001.
	Amount you want refunded to you		4	9	<u>,439.</u>
	Amount you owe		5		
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and I enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
return (o to send for any o Agent to payment authoriza payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction for the federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the purple of the income tax return (original or amended) I are funds Withdrawal Consent.	itter, or elect ection of the estion of the est. Treasury cated in the ento debit the ethe authorizates must be processing cayment. I fu	ronic returnsmissement its detail	urn originatesion, (b) the esignated aration sofo this according to the estronic particular particular according to the estronic particular according to the es	tor (ERO) to reason Financial tware for bunt. This cancel) a er than 2 yment of that the
	ver's PIN: check one box only				
X	I authorize GLOBAL TAXES LLC to enter or generate	my PIN	4 9	9 0	as my
	ERO firm name			ligits, but all zeros	asiny
_	signature on the income tax return (original or amended) I am now authorizing.		. 01		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your sig	gnature ▶ Date ▶ _				
Spouse	e's PIN: check one box only				
\times	I authorize GLOBAL TAXES LLC to enter or generate	,	9 6		as my
	ERO firm name			ligits, but all zeros	
	signature on the income tax return (original or amended) I am now authorizing.				ov anhe
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spouse	s's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part II	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 Don't en	6 0 ter all zer	8 2 7	1
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this ref	urn in a	ccordance	
FR∩'∘ «	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				

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

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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		1	, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number
RAM CHAI	RAN		BATH	ULA							181	89	4990
		s first name and middle initial	Last na										security number
SAI JYO'	тнт		NARR	Α							820	12	9663
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campaign
19635 N	CAV	E CREEK RD							271		Check h	nere if y	ou, or your
		ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c			•	-	jointly, want \$3
PHOENIX						AZ	7	850	24		•		nd. Checking a not change
Foreign countr	y name		F	Foreign pro	ovince/state/	count	ty		n postal c		your tax		•
												Yo	ou 🗌 Spouse
Filing Status	s [Single					☐ Head of h	ouseh	old (HOI	 			
Check only	_	Married filing jointly (even if only o	ne had i	ncome)					`	,			
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (0	QSS)		
00 20	If y	ou checked the MFS box, enter the	name c	of your sp	ouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
		alifying person is a child but not you											
B: ::::	Λ± α.	ou time during 2002 did you (a) rea	oive (oo										
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi										∏ Y€	es 🛛 No
		eone can claim: You as a de					a dependent); (O	JC IIISti di	CLIOIT	J.,		,3 <u>~ NO</u>
Standard Deduction	_	Spouse itemizes on a separate retur	•		-		-						
Deduction	Ш,	Spouse iterrizes on a separate retur	ii or you	i wele a c	Juai-Status	allell	<u> </u>						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bo	n befo	ore Janua	ary 2,	, 1959	ls	s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali		(see instructions):
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four													
dependents, see instruction	e —												
and check	- —												
here L													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		115,988.
Attach Form(s)	b	Household employee wages not re	eported	on Form((s) W-2 .						1b		
W-2 here. Also	С	·	ne not reported on line 1a (see instructions)						1c				
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ıctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441,	line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 88	339, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)					ι.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			1i						
	z	Add lines 1a through 1h									1z		115,988.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t.			2b		1.
if required.	3a_	Qualified dividends	3a		252.	b 0	ordinary divide	nds .			3b		292.
Standard	4a	IRA distributions	4a				axable amoun				4b		
Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e				`	,			. <u>L</u>			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7		-699.
jointly or	8	Additional income from Schedule	•								8		-14,754.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	our total inc	come	e				9		100,828.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household,	11	Subtract line 10 from line 9. This is	•		-						11		100,828.
\$20,800 If you checked	12	Standard deduction or itemized									12		27 , 700.
any box under Standard	13	Qualified business income deducti	ion from	Form 89	95 or Form	899	5-A				13		
Deduction,	14										14		27,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or les	e antar -	O This is w	Our 1	tavabla inaam	•			15	1	73 128

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	8,305.
Credits	17	Amount from Schedule 2, lir						17	·
	18	Add lines 16 and 17						18	8,305.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	· ·
	20	Amount from Schedule 3, lin	•					20	743.
	21	Add lines 19 and 20						21	743.
	22	Subtract line 21 from line 18	. If zero or less.	enter -0				22	7,562.
	23	Other taxes, including self-e	,				-	23	0.
	24	Add lines 22 and 23. This is			•		-	24	7,562.
Payments	25	Federal income tax withheld							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. ayınıcınıc	а	Form(s) W-2				25a 17	,001.		
	b	Form(s) 1099				25b	·		
	C	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	•				2	5d	17,001.
16	26	2023 estimated tax paymen					_	26	,
If you have a liqualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31					;	32	
	33	Add lines 25d, 26, and 32. T	-					33	17,001.
Refund	34	If line 33 is more than line 24						34	9,439.
riciana	35a	Amount of line 34 you want				•		5a	9,439.
Direct deposit?	b	Routing number 1 2 2					Savings		· · · · · · · · · · · · · · · · · · ·
See instructions.	d	Account number 5 6 5					J. J.		
	36	Amount of line 34 you want			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	٠.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		structions	•				mplete belo	w.	⋉ No
		signee's		Phone			onal identifica	tion	
	naı		hat I have a second	no.			er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		ur signature		Date	Your occupation		•	it you an Identity	
	10	ui signature		Date	Tour occupation				N, enter it here
Joint return?					BACKEND DE	CVELOPER	(see inst	.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on			t your spouse an
Keep a copy for your records.					~=====================================	Identity (see inst		ction PIN, enter it here	
,		(200) 066 486		- " "	STUDENT	.0.4.0.01.7.7.7.	(-,	
		one no. (320) 266-476 eparer's name	8 Preparer's signat	Email address	BATHULA.RAM	194@GMAIL.CO Date	M PTIN	-	Check if:
Paid		•	'		מידדייי			ا ۱	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/16/2024	P020827		
Use Only		m's name GLOBAL TA		NI CIAIT CIZ AI	T 00016				678) 965-9522
			Y CT E BRU	NSWICK N			Firm's E	IN	84-3171965
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RAM CHARAN BATHULA & SAI JYOTHI NARRA

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

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

	Sequence No. 01
Your soci	ial security number
101_00	_1000

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
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. Atta	ach S	Schedule E .	5	-14,760.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a	()		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()		
е	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
ı	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	8 I			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form		,		
	1040, line 1a or 1d	8s	()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:		-		
_	Other Income from box 3 of 1099-Misc 6.	8z	6.		
9	Total other income. Add lines 8a through 8z			9	6.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter				1 / 7 - /
	1040, 1040-SR, or 1040-NR, line 8			10	-14 , 754.

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

Par	t II Adjustments to Income			
11	Educator expenses	-	11	_
12	Certain business expenses of reservists, performing artists, and fee-basis government	nent		_
	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		9a	_
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	 _
21	Student loan interest deduction		21	_
22	Reserved for future use		22	
23	Archer MSA deduction	🛂	23	 _
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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			
	Form 1040, 1040-SR, or 1040-NR, line 10	1	26	_

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RAM CHARAN BATHULA & SAI JYOTHI NARRA Your social security number 181-89-4990

Par	Nonrelundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11 Form 2441	. Attach	2	
3	Education credits from Form 8863, line 19		3	743.
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Reserved for future use			
f	Clean vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
ı	Amount on Form 8978, line 14. See instructions 6I			
m	Credit for previously owned clean vehicles. Attach Form 8936 . 6m			
z	Other nonrefundable credits. List type and amount:			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 104	0-SR, or		
	1040-NR, line 20		8	743.
		(CC	ntınue	ed on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits				
9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
а	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
Z	Other payments or refundable credits. List type and amount:	13z			
14	Total other payments or refundable credits. Add lines 13a through	13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	-	-	15	

SCHEDULE D (Form 1040)

Capital Gains and Losses

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.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

RAM CHARAN BATHULA & SAI JYOTHI NARRA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number

181-89-4990

				-		
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona					
Pa	rt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss Form(s) 8949, line 2, colum	from Part I,	(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	1,520.	1,601.			-81.
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 (I	oss) from Forms 4	1684 6781 and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis			e any long-	7	-81.
Pai	<u></u>			One Year	(see i	nstructions)
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen	ts	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	Part II,	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	668.	1,286.			-618.
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 from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	
13					13	
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	y, from line 13 of y	our Capital Loss	Carryover	14	(
15	Net long-term capital gain or (loss). Combine lines 8a					,

on the back . .

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** -699. 16 Combine lines 7 and 15 and enter the result 16 • 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 • 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? ☐ **Yes.** Go to line 18. 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? ☐ 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 699.) 21 • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

8949

Department of the Treasury

Sales and Other Dispositions of Capital Assets

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.

OMB No. 1545-0074 Attachment

Sequence No. 12A

Internal Revenue Service Name(s) shown on return 181-89-4990 RAM CHARAN BATHULA & SAI JYOTHI NARRA

Social security number or taxpayer identification number

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.

X (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 transact	tions not reported	d to you on F	orm 1099-B					
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, it If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)		
(Example: 100 sh. XYZ Co	ample: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) (Mo., day, yr.)		(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).	
ROBINHOOD CRYPTO LL	C 01/01/23	12/31/23	1,520.	1,601.			-81.	
2 Totals. Add the amounts in col negative amounts). Enter each Schedule D, line 1b (if Box A a	n total here and incabove is checked), li i	lude on your ne 2 (if Box B	1 520	1 601			_81	

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.

Form 8949 (2023) Attachment Sequence No. **12A** Page **2**

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RAM CHARAN BATHULA & SAI JYOTHI NARRA

Social security number or taxpayer identification number 181-89-4990

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

🗵 (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B											
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss) Subtract column (e)					
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).				
ROBINHOOD SECURITIES LLC	01/01/23	12/31/23	368.	965.			-597.				
ROBINHOOD CRYPTO LLC	01/01/23	12/31/23	300.	321.			-21.				

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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).

Note: If you checked Box D 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.

1,286.

668.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

RAM	CHARAN BATHULA & SAI JYOTHI NARRA						181-89-4990			
Part	Note: If you are in the business of renting personal prental income or loss from Form 4835 on page 2, lin	property, use e 40.	e Schedule							
	Did you make any payments in 2023 that would require								es 🗵 No	
B I	f "Yes," did you or will you file required Form(s) 1099?	?						. \(\sum \cdot \text{Y}\epsilon	es 🗌 No	
1a	Physical address of each property (street, city, stat	e, ZIP cod	le)							
Α	3-169, KAPILESWARAPURAM EAST GODAVA	ARI, TEK	I ANDHI	RA PRA	ADESI	H IN 5333	307			
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate part above, report the number of	f fair rental	l and			ir Rental Days		nal Use ays	QJV	
Α	personal use days. Check the			Α		365		0		
В	if you meet the requirement qualified joint venture. See i			В						
С				С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Multi-Family Residence 4 Commercial	n Rental	5 Land 6 Roya			Self-Rental Other (descr				
						Propertie	es:			
ncon				Α		В			С	
3	Rents received			6.	20.					
4	Royalties received	. 4								
Exper		_								
5	Advertising									
6	Auto and travel (see instructions)			1 0	E 0					
7	Cleaning and maintenance			1,8	50.					
8 9	Commissions									
10	Insurance									
11	Management fees			2,6	10					
12	Mortgage interest paid to banks, etc. (see instruction			2,0	40.					
13	Other interest	· —								
14	Repairs			3,2	40					
15	Supplies	-		3,6						
16	Taxes	-		0,0						
17	Utilities	-		3,9	70.					
18	Depreciation expense or depletion			-,-						
19	Other (list)									
20	Total expenses. Add lines 5 through 19	. 20		15,3	80.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties result is a (loss), see instructions to find out if you m file Form 6198	nust		-14,7						
22	Deductible rental real estate loss after limitation, if a on Form 8582 (see instructions)	any,		14,76		,)	(
23a	Total of all amounts reported on line 3 for all rental p	properties			23a		620.			
b	Total of all amounts reported on line 4 for all royalty				23b					
С	Total of all amounts reported on line 12 for all prope				23c					
d	Total of all amounts reported on line 18 for all prope	erties		. [23d					
е	Total of all amounts reported on line 20 for all prope				23e	15	,380.			
24	Income. Add positive amounts shown on line 21. De		•				. 24			
25	Losses. Add royalty losses from line 21 and rental real	estate loss	es from lir	ne 22. Er	nter tot	al losses here	e 25	(14,760.	
26	Total rental real estate and royalty income or (lo									
	here. If Parts II, III, and IV, and line 40 on page 2 of Schedule 1 (Form 1040), line 5. Otherwise, include the						n . 26		-14,760.	

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form8863 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **50**

4990

Name(s) shown on return Your social security number RAM CHARAN BATHULA & SAI JYOTHI NARRA 181

7	
CAI	ION

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

CAUT	ON CONTRACTOR OF THE CONTRACTO		
Par	Refundable American Opportunity Credit		
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	
Part	Nonrefundable Education Credits		
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	3,713.
11	Enter the smaller of line 10 or \$10,000	11	3,713.
12	Multiply line 11 by 20% (0.20)	12	743.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18)		
	Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .	18	743.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see		
	instructions) here and on Schedule 3 (Form 1040), line 3	19	743.

Name(s) shown on return		Your social security number			
RAM CHARAN BATHIILA & SAT .TYOTHI NARRA	181 l	89	4990		

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	i	
CA	UT	ION

Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.		
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown o	n page 1 of
	SAI JYOTHI	your tax return)		
	NARRA	820-12-9663		
	Educational institution information (see instructions)	T		
a	Name of first educational institution	b. Name of second educational institution	ion (if ai	ny)
	SIU EDWARDSVILLE 1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.	O box)	City town or
,	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.		
	BURSAR'S OFFICE PO BOX 1042			
	EDWARDSVILLE IL 62026			
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098 from this institution for 2023?	-Т	Yes 🗌 No
(Did the student receive Form 1098-T from this institution for 2022 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2022 with b 7 checked?		Yes 🗌 No
((4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. (4) Enter the institution's employer ide if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can 1098-T or from the institution. 			credit or if you
	37-0986220			
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	Yes — Stop! Go to line 31 for this student. X No	– Go to	o line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		– Stop his stud	! Go to line 31 dent.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	Yes — Stop! Go to line 31 for this student. No	– Go to	o line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?	· · · · · · · · · · · · · · · · · · ·		plete lines 27 for this student.
CAUT	You can't take the American opportunity credit and the layou complete lines 27 through 30 for this student, don't don'		in the s	same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor		27	
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28	
29	. ,		29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a		00	
	enter the result. Skip line 31. Include the total of all amounts f Lifetime Learning Credit	rom an Parts III, line 30, on Part I, line 1.	30	
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Parts		
υı	III, line 31, on Part II, line 10		31	3,713.

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858**

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

Identifying number

RAM	CHARAN BATHULA & SAI JYOT	HI NARRA			181	-89-	4990
Pa	rt I 2023 Passive Activity Los	S			·		
	Caution: Complete Parts IV a	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Prance for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a	mount from Part IV	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo				14,760.)		
С	Prior years' unallowed losses (enter the	ne amount from Pa	rt IV, column (c))	1c ()		
d	Combine lines 1a, 1b, and 1c					1d	-14,760.
All O	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	. column (a)) .	2a			
b	Activities with net loss (enter the amo)		
C	Prior years' unallowed losses (enter the		* **)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d and subtrazero or more, stop here and include prior year unallowed losses entered	nct any prior year u this form with you	ınallowed CRD. S ır return; all losse	ee instructions. If s are allowed, inc	this line is luding any		
	normally used					3	-14,760.
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.					
	• Line 2d is a	loss (and line 1d is	zero or more), ski	p Part II and go to	line 10.		
	on: If your filing status is married filing	separately and yo	u lived with your	spouse at any tim	e during the	year,	do not complete
	I. Instead, go to line 10.		A -1 1-1 1-1-1				
Par	Special Allowance for Re			•			
	Note: Enter all numbers in Pai	<u> </u>		tions for an examp	ile.		
4	Enter the smaller of the loss on line 1					4	14,760.
5	Enter \$150,000. If married filing separ	-			50,000.		
6	Enter modified adjusted gross income				15,588.		
	Note: If line 6 is greater than or equa on line 9. Otherwise, go to line 7.	I to line 5, skip line	s / and 8 and ent	er -0-			
7	_			7	24 410		
7	Subtract line 6 from line 5			7	34,412.		
9	8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions						17 206
	Enter the amallar of line 4 or line 9 If					8	17,206.
Dar	Enter the smaller of line 4 or line 8. If					8 9	17,206. 14,760.
	t III Total Losses Allowed	line 3 includes any	CRD, see instruc	etions		9	14,760.
10	Total Losses Allowed Add the income, if any, on lines 1a ar	line 3 includes any	total	etions			
	Total Losses Allowed Add the income, if any, on lines 1a ar Total losses allowed from all passis	line 3 includes any and 2a and enter the reactivities for 20.	total	tions	ons to find	9	14,760.
10 11	Add the income, if any, on lines 1a ar Total losses allowed from all passis out how to report the losses on your t	line 3 includes any and 2a and enter the re activities for 20 ax return	total	tions	ons to find	9	14,760.
10 11	Total Losses Allowed Add the income, if any, on lines 1a ar Total losses allowed from all passis	ine 3 includes any ad 2a and enter the reactivities for 20 ax return	total	tions	ons to find	9 10 11	14,760. 0. 14,760.
10 11	Add the income, if any, on lines 1a ar Total losses allowed from all passis out how to report the losses on your total Complete This Part Before	line 3 includes any and 2a and enter the re activities for 20 ax return	total	tions	ons to find	9 10 11	14,760.
10 11	Add the income, if any, on lines 1a ar Total losses allowed from all passis out how to report the losses on your t	ine 3 includes any ad 2a and enter the reactivities for 20 ax return	total	tions	ons to find	9 10 11 rall ga	14,760. 0. 14,760.
10 11 Par	Add the income, if any, on lines 1a ar Total losses allowed from all passis out how to report the losses on your total total Complete This Part Before Name of activity	id 2a and enter the ve activities for 20 vax return Part I, Lines 1a Currer (a) Net income	total	d 10. See instructions. ee instructions. Prior years (c) Unallowed	ons to find	9 10 11 rall ga	14,760. 0. 14,760. in or loss
10 11 Par	Add the income, if any, on lines 1a ar Total losses allowed from all passis out how to report the losses on your total Complete This Part Before	ine 3 includes any ad 2a and enter the activities for 20 ax return Part I, Lines 1a Currer (a) Net income (line 1a)	total	d 10. See instructions. ee instructions. Prior years (c) Unallowed	ons to find	9 10 11 rall ga	14,760. 0. 14,760. in or loss (e) Loss
10 11 Par	Add the income, if any, on lines 1a ar Total losses allowed from all passis out how to report the losses on your total total Complete This Part Before Name of activity	ine 3 includes any ad 2a and enter the activities for 20 ax return Part I, Lines 1a Currer (a) Net income (line 1a)	total	d 10. See instructions. ee instructions. Prior years (c) Unallowed	ons to find	9 10 11 rall ga	14,760. 0. 14,760. in or loss (e) Loss

14,760.

0.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			•
Name of activity	Current year				Prior years (c) Unallowed loss (line 2c)		wed (d) Gain		ain or loss
Name of activity		(a) Net income (line 2a)		Net loss ne 2b)					(e) Loss
Total. Enter on Part I, lines 2a, 2b, and 2c									
Part VI Use This Part if an Amour	nt Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.			
Name of activity	Fo an to	rm or schedule nd line number be reported on se instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).
3-169,KAPILESWARAPURAM		E Ln 22		14,760.	1.0000	0000	14,76	0.	0.
·				·			,		
Total				14,760.	1.00	0	14,76	0.	0.
Part VII Allocation of Unallowed L	.oss	ses. See instr			1		,		I
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss		(b) Ratio	(с) Unallowed loss
Total							1.00		
Part VIII Allowed Losses. See instr	ucti	ons.							
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss
					<u> </u>				
		l							
Total									

or for fiscal year ending	/	
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

Α								
RAM SAI	-89-4990 CHARAN JYOTHI 35 N CAVE CR	1994 REEK RD AZ	820-12-9663 BATHULA NARRA 85024 BATHULA.RAM9	1997 271 4@GMAIL.C	OM			
					filing separately Widowe			
		•			s a dependent. See instruction		•	
		applies to	you during 2023:	Nonreside	ent - Attach Sch. NR 🗵 Par	t-year resident -		h. NR le dollars only)
Ste _l 1 2 3 4		empt intere	est and dividend inc hedule M.		or 1040-SR, Line 11. ur federal Form 1040 or 1040)-SR, Line 2a.	1 2 3 4	100,828.00 .00 .00 100,828.00
Step 5 6 7 8 9	in Line 1. Attach Illinois Income Ta Schedule 1, Ln. Other subtraction Add Lines 5, 6, a	penefits an n Page 1 o ax overpay 1. ns. Attach and 7. This	f federal return. ment included in fed	deral Form 10	received if included 40 or 1040-SR,	5 6 7		.00 100,828.00
Ste	o 4: Exemption	ıs - See in	structions for incon	ne limitations				
•	a Enter the exerb Check if 65 oc Check if legald If you are claimAttach Schedu	mption amo r older: lly blind: ning depen ule IL-E/EIC	ount for yourself and You + Spo You + Spo Odents, enter the amo	d your spouse buse # of buse # of bunt from Sche	checkboxes X \$1,000 =		.00	4,850.00
Ste	5: Net Incom	e and Ta	x					
11 12 13	Residents: Net Nonresidents a Residents: Mult Nonresidents a Recapture of inv	income. Some part-year tiply Line 1 and part-year restment to	Subtract Line 10 froi Pear residents: Ente 1 by 4.95% (.0495) Pear residents: Ente Ex credits. Attach S	or the Illinois n . Cannot be leter the tax from the control of	n Schedule NR. 5.	Attach Schedule	12 13	1,993.00 .00 1,993.00
14			and 13. Cannot be	iess than zer	O		14	1, 999.00
15 16 17	Property tax, K-1 from Schedule IC Credit amount fr Add Lines 15, 16	to another 12 education CR. Attach com Schede 6, and 17.	state while an Illing on expense, and vo on Schedule ICR. ule 1299-C. Attach	Schedule 12 our credits. Ca	annot exceed the tax amount	15 16 17 on Line 14.	.00 .00 .00 18	0.00 1,993.00
20 21 22 22	Use tax on interring the instruction	loyment ta net, mail or is. Do not Use of Med	leave blank. lical Cannabis Prog		ses from UT Worksheet or U ⁻ ale of assets by gaming licens		20 21 22 23	.00 0.00 .00 1,993.00

IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.





24 Tot	al tax from Page 1, Line 23.					24	1,993.00
Step 8:	Payments and Refunda	ble Credit					
-	ois Income Tax withheld. Atta		/IT.		25 2	, 055. 00	
26 Estir	mated payments from Forms	IL-1040-ES and I	L-505-I,				
inclu	ıding any overpayment appli	ed from a prior yea	ar return.		26	.00	
27 Pass	s-through withholding. Attach	Schedule K-1-P c	or K-1-T.		27	.00	
28 Pass	s-through entity tax credit. At	ach Schedule K-1	-P or K-1-T.		28	.00	
29 Earn	ned Income Credit from Sche	dule IL-E/EIC, Steր	o 4, Line 9. 🗛	Attach Schedule IL-E/EIC	. 29	.00	
30 Tota	l payments and refundable	credit. Add Lines	s 25 through	29.		30	2,055. <u>00</u>
Step 9:	Total						
-	ne 30 is greater than Line 24, s	subtract Line 24 fro	m Line 30.			31	62.00
	ne 24 is greater than Line 30, s					32	.00
	: Underpayment of Esti			onations			
•	-payment penalty for underp		-		33	.00	
	Check if at least two-thirds	-		s from farming.			
	Check if you or your spous			-	g home.		
c [Check if your income was n	ot received evenly	during the	year and you annuali	zed your income o	on Form IL-221	0.
	Attach Form IL-2210.						
d □	Check if you were not requ	ired to file an Illino	is Individual	Income Tax return in	the previous tax	year.	
34 Volu	ntary charitable donations. A	ttach Schedule G) .		34	.00	
35 Tota	Il penalty and donations. A	dd Lines 33 and 3	4.			35	.00
Step 11	: Refund or Amount you	ı owe					
36 If yo	u have an amount on Line 3	1 and this amount	is greater th	an Line 35, subtract	Line 35 from Line	31.	
	is your overpayment .					36	62.00
37 Amo	ount from Line 36 you want re	funded to you. Cl	heck one bo	x on Line 38. See ins	tructions.	37	62.00
38 I cho	oose to receive my refund by						
a ⊠	direct deposit - Complete	the information be	low if you ch	neck this box.			
	You may also contribute	Routing number	1 2 2 1	00024	X Checkir	ng or Savin	ags
	to college savings funds	_				.g	90
	here. See instructions!	Account number	5 6 5 0	0 6 6 3 8 5			
b 🗆] paper check.						
39 Amo	ount to be credited forward. S	Subtract Line 37 fro	om Line 36.	See instructions.		39	.00
40 If vo	ou have an amount on Line	32 . add Lines 32	and 35. If vo	ou have an amount	on Line 31. and th	nis amount	
	ss than Line 35, subtract Line						
	Line 35. This is the amount			(//	40	.00
	2: Health Insurance Che	•					
	Check this box and include y agencies in order to determine						
	agencies in order to determin	le your eligibility i	oi nealli ins	urance benenis. See	IIISTIUCTIONS TOI III	ore information	
Signatu	ıre - Note: If this is a joint retu	rn. both you and yo	our spouse n	nust sian below.			
	enalties of perjury, I state th				my knowledge, it	is true, correct	, and complete.
				•		·	•
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here						(320) 266	-4768
	Print/Type paid preparer's name	e	Paid prepare	er's signature	Date (mm/dd/yyyy)	<u> </u>	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR GUPTA :			RAM SAGAR GUPTA TALLAM			P02082703
Preparer		TAXES LLC				843171965	
Use Only					T IIIII O T EII C		
Third			BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	
Third Party	Designee's name (please print)			Designee's phone nun	nber	_	Department may turn with the third
Designee				()			e shown in this step.
_ 00.9.100		22 11 1040 154	atruation	e for the addre	ss to mail :		2 ш.е стор.
	Refer to the 202	.J IL- I U4U I/IS	วแนบแบท	s ioi lile addre	33 ω man yC	our reculli.	

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 02/12/24 PRO





Illinois Department of Revenue 2023 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

	R BATHULA & S NARRA	1 8 1	_ 8 9	_ 4 9 9 0	
	Your name as shown on your Form IL-1040	Your Social Se	ecurity numb	er	
S	tep 1: Provide the following informa	ation			
1	Were you, or your spouse if "married filing jointly," a full-ye	ear r <u>es</u> ident of Illinois du	ring the tax	year?	
	Yes X No If you answered "Yes	s," STOP you cannot use	this form (s	ee instructions).	
2	If you, or your spouse if "married filing jointly," were a part	t-year resident during the	tax year, te	ell us your residency da	ates for 2023.
i	a I lived in Illinois from $01 / 01 / 23$ to $04 / 30 / 2$ Month Day Year Month Day Year			n <u>05</u> / <u>01</u> / 2 3 to <u>1</u> Month Day Year M	
l	b My spouse lived in Illinois from <u>01</u> / <u>01</u> / <u>2 3</u> to <u>04</u> Month Day Year Month		ona fron te	n <u>05</u> / <u>01</u> / 2 3 to <u>1</u> Month Day Year M	
3	If you were a resident of any of the states listed below du was in the military, or if you elected to use your service m				
4	Iowa Kentucky Michiga List any state other than Illinois or any states already indice Enter the two-letter abbreviation of that state.			Military Spouse claimed residency for t	ax purposes in 2023.
Co	tep 2: Complete Form IL-1040 complete Lines 1 through 10 of your Form IL-1040, Individue remainder of this schedule following the instructions for your				
	tep 3: Figure the Illinois portion of ynter the amounts from your federal return in Column A.		•	_	
				Column A Federal Total	Column B Illinois Portion
	5 Wages, salaries, tips, etc. (federal Form 1040 or 1040)	40-SR, Line 1z)	5	115,988. <u>00</u>	42,303.00
	6 Taxable interest (federal Form 1040 or 1040-SR, Lin	ne 2b)	6	1.00	0.00
	7 Ordinary dividends (federal Form 1040 or 1040-SR,	Line 3b)	7	292. 00	0.00

			i ederai iotai	illillois i ditioli
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1z)	5 _	115 , 988.00	42,303.00
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6_	1.00	0.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	292. 00	0.00
8	Taxable refunds, credits, or offsets of state and local income taxes			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	-699. <u>00</u>	0.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14	.00	.00
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15_	-14 , 760. 00	0.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16	.00	.00
17	Unemployment compensation (federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line	9)		
	Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	6.00	0.00
20	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	ncome	20	42,303.00
	Continue with Step 3 on Page 2	\rightarrow		



Schedule NR - Page 2

Step	3: Continued - Adjustments to Income		Column A Federal Total	Column B Illinois Portion
21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	42,303.00
22	Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22 _	.00	.00
23	Certain business expenses of reservists, performing artists, and fee-basis			
	government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23 _	.00	.00
24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24 _		.00
25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
	Schedule 1, Line 14)	25 _	.00	.00
26	Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26 _	.00	.00
27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,			
	Schedule 1, Line 16)	27 _	.00	.00
28	Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28 _	.00	.00
	Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18			.00
30			.00	.00
31		31	.00	.00
_	Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32		
	RESERVED		.00	.00
	Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	_		.00
	Other adjustments (see instructions)		.00	.00
		JJ _	.00	
36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal		200	0.0
	adjustments to income.		36	
37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 _	100,828.00	
38	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss in	ncome. 38	42,303.00
	ructions for Column B to properly complete this step.		Form IL-1040 Total	Illinois Portion
20				
	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 _	.00	
40	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)	39 ₋ 40 ₋	.00 .00	.00
	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39 ₋ 40 ₋	.00 .00	
40 41	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3)	39 __ 40 __	.00 .00 4 1	.00
40 41 42	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	39 __ 40 __	.00 .00 4 1	
40 41 42	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	39 ₋ 40 ₋ 42 ₋	.00 .00 4 1	
40 41 42 43	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00	
40 41 42 43	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00	.00 .00 .00 .00 .00
40 41 42 43 44 45	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00 .00	.00 .00 42,303.00 .00
40 41 42 43 44 45 Step	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00 .00 .00 .45	
40 41 42 43 44 45 Step	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00 .00	.00 .00 42,303.00 .00
40 41 42 43 44 45 Step	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00 .00 .00 .45	
40 41 42 43 44 45 Step 46	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	39 _ 40 _ 42 _ 43 _	.00 .00 41 .00 .00 .00 .45	
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40 41 42 43 44 45 Step 46 47 48	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	39 _ 40 _ 42 _ 43 _ 44 _ 47 _ 48	.00 .00 41 .00 .00 .00 45 46 100,828.00 0 • 420 4,850.00	
40 41 42 43 44 45 Step 46 47 48 49 50	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	39 _ 40 _ 42 _ 43 _ 44 _ 47 _ 48	.00 .00 41 .00 .00 .00 .45 46 100,828.00	
40 41 42 43 44 45 Step 46 47 48 49 50	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	39 _ 40 _ 42 _ 43 _ 44 _ 47 _ 48	.00 .00 41 .00 .00 .00 .45 46 100,828.00 0 • 420 4,850.00	
40 41 42 43 44 45 Step 46 47 48 49 50 51	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 49 _ 49 _ 49	.00 .00 41 .00 .00 .00 45 46 100,828.00 0 • 420 4,850.00	
40 41 42 43 44 45 Step 46 47 48 49 50 51	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than 2	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 49 _ 49 _ 49	.00 .00 41 .00 .00 .00 .45 46 100,828.00 0 • 420 4,850.00	
40 41 42 43 44 45 Step 46 47 48 49 50 51	Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	39 _ 40 _ 42 _ 43 _ 44 _ 44 _ 48 _ 49 _ 49 _ 49	.00 .00 41 .00 .00 .00 .45 46 100,828.00 0 • 420 4,850.00	





Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A		
W-2	W	1099-DIV	D		
W-2G	WG	1099-INT	I		
1099-R	R	1042-S	S		
1099-G	G	1099-B	В		
1099-MISC	М	1099-K	K		
1099-OID	0	1099-NEC	N		

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

our name as shown	OII FOITH IL-1040		four Social Se	curity fluifib	8 9 – —— er		
Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ages, Winnings, Gross ns, Compensation, etc.	Illinois Wa	Column D ages, Winnings, Gros ns, Compensation, e	ss III	Column E inois Income ax Withheld
W	85-4325756	\$	112 , 166 .00	\$	38,481 .00	\$	1,866 _• 0
		\$	•00	\$	•00		<u>•0</u>
		\$	•00	\$	•00	\$	<u>•0</u>
		\$	•00	\$	•00	\$	<u>•0</u>
		_		•		•	•
tep 2: Provide s	spouse's withholding re	ecords (ind		1099 form	ns that show III	linois	
tep 2: Provide s	spouse's withholding r	ecords (ind	clude all W-2 and	1099 form O Social Secur	ns that show II	linois 9 6	withhold-
tep 2: Provide sing) AI JYOTHI NAR: bur spouse's name since the column A Form type	RA as shown on Form IL-1040 Column B Employer/Payer	ecords (ind	Elude all W-2 and 8 2 Your spouse's Column C ages, Winnings, Gross	1099 form	ns that show III 1 2 rity number Column D ages, Winnings, Gros	9 6	withhold-
tep 2: Provide sing) AI JYOTHI NAR: pur spouse's name since the column A Form type	RA as shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal Wand	Elude all W-2 and 8 2 Your spouse's Column C ages, Winnings, Gross ns, Compensation, etc.	1099 form O Social Securitions War Distribution	ns that show III 1 2 - rity number Column D Iges, Winnings, Gros	linois 9 6 (sss IIII stc. T	ewithhold-
tep 2: Provide sing) AI JYOTHI NAR: bur spouse's name since the column A Form type	RA as shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal Wandstribution \$\$	8 2 Your spouse's Column C ages, Winnings, Gross ns, Compensation, etc. 3,822.00	0Social Securion Wand Distribution \$\$	that show III 1 2 rity number Column D ages, Winnings, Gros	9 6 ss	6 3 Column E inois Income ax Withheld
tep 2: Provide sing) AI JYOTHI NAR pur spouse's name since	RA as shown on Form IL-1040 Column B Employer/Payer Identification Number	Federal Wandstribution \$\$	Solude all W-2 and 8 2 Your spouse's Column C ages, Winnings, Gross ns, Compensation, etc. 3,822•00 •00	1099 form O Social Secur Illinois Wa Distribution \$ \$ \$	that show III 1 2 rity number Column D Iges, Winnings, Gros ns, Compensation, e	9 6 ss III stc. T \$	withhold- 6 3 Column E inois Income fax Withheld 189.0

→ Attach all Schedules IL-WIT to your IL-1040. ←

Enter this amount here and on Form IL-1040, Line 25.

2,055.00

11 \$



Illinois Department of Revenue

			_						_				
				S	ubmi	ssior	ı ID						

			Income Tax Elec	ctronic Filing Declaration ess it is requested for review.)
Step	1: Provide taxpayer information	·	inent of Neverlue unit	ess it is requested for review.)
	RAM CHARAN SAI JYOTI		- 	$\frac{1}{2} \cdot \frac{8}{1} \cdot \frac{1}{1} - \frac{8}{1} \cdot \frac{9}{1} - \frac{4}{1} \cdot \frac{9}{1} \cdot \frac{9}{1} = 0$
Drint	·	me (and last name if differer	nt) Last name	Social Security number
OI	19635 N CAVE CREEK RD 271			8 2 0 - 1 2 - 9 6 6 3
type		7.5	05004	Spouse's Social Security number (320) 266-4768
	PHOENIX	AZ	85024	
_	City	State	ZIP	Daytime phone number
	2: Complete information from ta		Choose one: X	
	Net income from Form IL-1040 or IL-104			1 40,266 00
	Tax from Form IL-1040 or IL-1040-X, Lin			2 1,993 00
	Ilinois Income Tax withheld from Form II		• `	
	Overpayment from Form IL-1040, Line 3			4 <u>62</u> l <u>00</u> 5 l 00
	Total amount due from Form IL-1040, Li			<u> </u>
6 F	Filing status: Single _X_ Married fi	ing jointly Marrie	d filing separately vvic	lowed Head of nousehold
To in does within 7 F 8 A 9 T 10 E	not support international ACH transaction the United States or those not funded by Routing no. (RN): $\frac{1}{2}$ $\frac{2}{2}$ $\frac{1}{2}$ $\frac{0}{2}$ Account no. (AN): $\frac{5}{2}$ $\frac{6}{2}$ $\frac{5}{2}$ $\frac{0}{2}$ $\frac{6}{2}$ Type of account: $\frac{1}{2}$ Checking Date the payment is to be electronically Electronic funds withdrawal amount:	the information in the instance of the information in the instance of the inst	nis Step must be included form direct transactions (e.g	I within the electronic transmission. Illinois g., debit, deposit) with financial institutions located to be accepted and refunds will be via paper check
	Name on account:		<u> </u>	
Step	4: Taxpayer declaration and signate	ature (Sign only aft	er completing Step 2 a	nd, if applicable, Step 3.)
×				re the information on Lines 7 through 9 is use as an agent to receive the refund.
	I authorize the Illinois Department of withdrawal as designated in the electr financial institutions involved in the processary to answer inquiries and re I do not want direct deposit of my reference.	onic portion of my 2023 rocessing of an electro solve issues related to	B Illinois Original or Amenda onic overpayment of taxes of the payment.	
			·	
returr and a	n originator (ERO) are identical. To the best accompanying information may be sent to	st of my knowledge, my IDOR by my ERO. I au	return is true, correct, and o thorize IDOR to inform my E	and the information I provided to my electronic complete. I consent that my return, this declaration, ERO and/or the transmitter when my return has be corrected and retransmitted if possible.
Sigr		Dete		if i inter-town heath much airm
	Your signature	Date		if joint return, both must sign) Date
l dec inforr		s electronic Form IL-10 of this program and d	040 or IL-1040-X, the infor eclare, under penalties of μ and complete.	mation on this Form IL-8453, and accompanying perjury, that to the best of my knowledge the
	ERO's signature		02/16/2024 Date	Check if paid preparer: (See instructions.)
	GLOBAL TAXES LLC			
ERO	Firm's name or your name if self-employed			$\frac{P}{Your} \frac{0}{PTIN} \frac{2}{} \frac{0}{} \frac{8}{} \frac{2}{} \frac{7}{} \frac{0}{} \frac{3}{}$
use	245 ROONEY CT			8 4 - 3 1 7 1 9 6 5
only	Mailing address			Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

State



Daytime phone number

SPOUSE'S PEN AND INK SIGNATURE

E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** RAM CHARAN BATHULA 181 | 89 | 4990 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). NARRA 12 ı 9663 SAI JYOTHI PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 78,020 **00** 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,258 00 ROUTING NUMBER 1,560 00 ☑ Checking 2 1 0 0 | ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: |5|6|5|0|6|6|3|8|5 302|00 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE იი DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

THE RETURN			Arizona Form 140PY	Part-Year Res	ident Persona	Income	Tax Retur		CALENDAR YEAR 2023
图图	82F		heck box 82F filing under extension	OR FISCAL YEAR BEG	SINNING L	12.0.2.3	AND ENDING		
			First Name and Middle Initial		Last Name		Ento	Your So	cial Security Numbe
ANY ITEMS TO			CHARAN		BATHULA		Enter	181	89 4990
<u>S</u>		Spous	e's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your	Spouse's	s Social Security No
巨	1	SAI	JYOTHI		NARRA		SSN(82 0	12 9663
Ξ		Curre	nt Home Address - number and	d street, rural route	'	Apt. No.	Dayti	me Phone (wi	ith area code)
\leq	2	196	35 N CAVE CREEK RD			271	94	(320) 266-	-4768
E		City, 1	own or Post Office	State	ZIP Code	•	Last Names Used	in Last Four Pr	rior Year(s) (if different
귈	3	PHO:	ENIX	AZ	85024				9
ĭ	US	4	Married filing joint return	4a Injured Spouse	Protection of Joint Ov	/erpayment	REVENUE USE	ONLY. DO NOT	MARK IN THIS AREA
<u> </u>	STATUS	5	Head of household: Ente	r name of qualifying child or	dependent on next line:		88R		
2					· 				
DO NOT STAPLE	FILING	6	☐ Married filing separate re	turn: Enter spouse's name	and Social Security Numb	per above.			
	닖	7	Single	·	,				
	·		♦ Enter the number claime	ed. Do not put a check	mark.				
	p	8	Age 65 or over (you and/	or spouse) If completing I	ines 8, 9, and 11a, also com	plete lines 46,	81P PM	8	0R RCVD
	and 10b	9	Blind (you and/or spouse	47, and 49. For	r lines 10a and 10b, also cor	mplete line 59.		_	
	ano	10a	Dependents: Under age of	of 17. 10b De	ependents: Age 17 and	l over.			
	10a	11a	Qualifying parents and gr	andparents					
	nts	12-1	3 Residency Status (check	one): 12 🛛 Part-Year R	esident Other than Act	tive Military	13 🔲 Part-Year	Resident Activ	re Military
	and 11a - Dependents 10a		(Box 10a and 10b): Depend	ent Information. See inst		· ·			e 4, Part 1.
	epe		(a) FIRST AND LA	OT NAME	(b) SOCIAL SECURITY	(c) RELATIONSH	(d) IIP NO. OF MONTHS	(e) ✓ Dependent Age included in:	(f) ✓ if you did not clain
	a - [(Do not list yoursel		NUMBER	RELATIONS	LIVED IN YOUR	included in:	this person on your federal return due to
	113						HOME IN 2023	(Box 10a) (Box 1	
		10c							<u> </u>
۲.	3, 9,	10d					<u> </u>]
9	ns {		(Box 11a): Qualifying parent	s and grandparents. See			1		-
ents after Form 140PY.	Exemptions 8,		(a) FIRST AND LA	STNAME	(b) SOCIAL SECURITY	(c) RELATIONSH	(d) IIP NO. OF MONTHS	(e) ✓ IF AGE 65 C	OR
Ē	kem		(Do not list yoursel		NUMBER	TILE, THORIGI	LIVED IN YOUR HOME IN 2023	OVER	2023
В	Ű	11 _b					TIOME III ZOZO		
ter		11c							
af		14	Dates of Arizona residency: From	0,5 0,1 2,0,2,	3 to [1, 2 3, 1 2	0,2,3	2023 FEDEI	RAL	2023 ARIZONA
nts			List other state(s) of residency:	IL			Amount from Fede	ral Return	Amount Only
		15	Wages, salaries, tips, etc				15 115,	, 988 00	78 , 020 0 0
docum		16	Interest				16	1 00	0 00
ş		17	Dividends				17	292 00	0 00
	o)	18	Arizona income tax refunds				18	00	00
둦	Income	19	Business income (or loss) from					00	00
5	Inc	20	Gains (or losses) from federal	Schedule D. See instruction	ons for ARIZONA column			-699 00	0 00
SS	Arizona	21	Rents, royalties, partnerships, esta					760 00	0 00
H	Ariz	22	Other income reported on you				22	6 00	0 00
eq		23	Total income: Add lines 15 throu				1	828 00	78,020 00
등		24	Other federal adjustments: Inc					00	00
AZ schedules or other		25	Federal adjusted gross income					828 00	
φ		_	Arizona gross income: Subtract						78,020 0 0
an		27	Arizona income ratio: Divide						0.7174
ਗ਼	ons	28	Small Business income: 28S						70,000,00
g	Additions	29	Modified Arizona gross income						78,020 0 0
ě	Ad	30	Total depreciation included in A	_					00
eq	2	31	Other Additions to Income. Co						78,020 0 0
Ē	page	32	Subtotal: Add lines 29, 30 and 3					0 00	70,020
ed	on p	33	Total Arizona net capital gain of Total Arizona net short-term ca					00	
anv required federal and	cont.	34	Total Arizona net long-term ca					00	
ā	1	35 36	Net long-term capital gain fron					0 00	
306	ions	36 37	Multiply line 36 by 25% (.25) a						00
Place	Subtractions	38	Net capital gain derived from i						00
39 Subtract lines 37 and 38 from line 32. Enter the difference									78,020 0 0

	Your I	Name (as shown on page 1)	our Social Security N	umber		
	RAM	1 CHARAN BATHULA & SAI JYOTHI NARRA	181-89-499	0		
-	40	Recalculated Arizona depreciation		. 40	(00
Subtractions nt. from page 1	41		00 add 41a and 41b			00
acti	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills				00
Subtraction from	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income				00
Sont	44	Other Subtractions from Income. Complete Other Subtractions from Arizona Gross Income sched				00
٥		Subtract lines 40 through 44 from line 39. Enter the difference			78,020	
	45				70,020	UC
	46	Age 65 or over: Multiply the number in box 8 by \$2,100		00		
ous	47	Blind: Multiply the number in box 9 by \$1,500		00		
npti	48	Other Exemptions. See instructions48E Multiply the number in box 48E by \$2,300 4		00		
Exemptions	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 4		00		
ш	50	Add lines 46 through 49. Enter the total		00	- 1	
	51	Multiply line 50 by the Arizona income ratio on line 27			0 (
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"			78,020	
	53	Deductions: Check box and enter amount. See instructions53I ITEMIZED 535	S⊠ STANDARD	53	27,700	
	54	If you checked box 53S and claim charitable contributions check 54C Complete page 3. See instru	ctions	.54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"			50,320	
ă	56	Tax: Multiply line 55 by 2.5% (.025). Enter the result		.56	1,258	<u> </u>
٠ <u>.</u>	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31		. 57		00
nce	58	Subtotal of tax: Add lines 56 and 57. Enter the total		. 58	1,258	<u> </u>
Balance of Tax	59	Dependent Tax Credit. See instructions		. 59		00
ш	60	Family income tax credit (from the worksheet - see instructions)		. 60		00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 62				00
	62	Balance of tax: Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line			1,258	
ی م	63	2023 AZ income tax withheld			1,560(
s an			00 Add 64a and 64b			00
e Cr	65	2023 AZ extension payment (Form 204)				00
ayır	66	Increased Excise Tax Credit (from the worksheet - see instructions)				00
Total Payments and Refundable Credits	67	Other refundable credits: Check the box(es) and enter the total amount				00
₽ ₩		Total payments and refundable credits: Add lines 63 through 67. Enter the total			1,560	
=	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70				00
e or		OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpaymen	•		302	
c Du		Amount of line 70 to be applied to 2024 estimated tax				00
Tax Due or Overpayment	72	Balance of overpayment: Subtract line 71 from line 70. Enter the difference.			302	
		Solutions Teams			302	<u>UC</u>
Voluntary Gifts	13.	83 Voluntary Gifts to: Assigned to Schools				
2						
nta						
9				<u>/</u>		
		Political Party (if amount is entered on line 77- check only one): 841 Democratic 842 Libertarian 843		05		~
돭	85	Estimated payment penalty		. 85		00
Penalty	86	861 Annualized/Other 862 Farmer or Fisherman 863 Form 221 included Add lines 73 through 83 and 85; enter the total		07	T,	00
-	87	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89				00
9	88				302	UC
Refund or Amount Owed		Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see ROUTING NUMBER ACCOUNT NUMBER	instructions. 88A			
i i		98 S ☐ Savings Saving				
Amo	90	3	us CCN an naumant	90		00
	89	AMOUNT OWED: Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write yo	ur SSN on payment.	09		UC
		Index populies of porture I declare that I have read this return and any decuments with it, and to	the heat of my kn	owlodgo o	nd holiof thoy are	\Box
2	_ t	Under penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	parer has any knowle	edge.	iliu bellel, tiley ale	ء
	→_		ACKEND DEVE	LOPER		_
ラ	_		CUPATION			
9	→ [TUDENT DUSE'S OCCUPATION			-
S		SYAM PRIYA RAM SAGAR GUPTA TALLAM 02162024 GLOBAL TAXES LL				
Ä.		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)			-
A	=	245 ROONEY CT	84-31719			_
PLEASE SIGN HERE		PAID PREPARER'S STREET ADDRESS E BRUNSWICK NJ 08816	PAID PREPARER'S (678) 965			
۵		PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARER'S		MBER	-

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

Additional Information From Form 140PY: Part-Year Resident Personal Return

Form 140PY: Part-Year Resident Personal Return Other Income Reported on Federal Return

Continuation Statement

Description	Amount
Other Income from box 3 of 1099-Misc	6