

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--------------------------------------|---------------------------------------|
| Taxpayer's name RAM REDDY VASTALA | Social security number 006-81-2754 |
| Spouse's name | Spouse's social security number |

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

Enter whole dollars only on lines 1 through 5.

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

| | | |
|---|---|---------|
| 1 | Adjusted gross income | 79,696. |
| 2 | Total tax | 9,789. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 13,733. |
| 4 | Amount you want refunded to you | 3,944. |
| 5 | Amount you owe | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 7 | 5 | 4 |
|---|---|---|---|---|

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

Your signature ▶ *V. Reddy* Date ▶ 03/19/2024

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

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

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

Spouse's signature ▶ *Rashmitha* Date ▶ 03/19/2024

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

| | | |
|---|-----------------------------|---|
| Your first name and middle initial RAM REDDY | Last name VASTALA | Your social security number 006 81 2754 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number 887 71 3276 |

Home address (number and street). If you have a P.O. box, see instructions. **33 ROMAINE AVENUE** Apt. no. _____

City, town, or post office. If you have a foreign address, also complete spaces below. **JERSEY CITY** State **NJ** ZIP code **07306**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status Single Head of household (HOH)
 Married filing jointly (even if only one had income)
Check only one box. Married filing separately (MFS) Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: **RASHMITHA HANUMANDLA**

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

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

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

Dependents (see instructions):

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

| | | | |
|---------------|---|-----------|---------|
| Income | 1a Total amount from Form(s) W-2, box 1 (see instructions) | 1a | 93,303. |
| | b Household employee wages not reported on Form(s) W-2 | 1b | |
| | c Tip income not reported on line 1a (see instructions) | 1c | |
| | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | 1d | |
| | e Taxable dependent care benefits from Form 2441, line 26 | 1e | |
| | f Employer-provided adoption benefits from Form 8839, line 29 | 1f | |
| | g Wages from Form 8919, line 6 | 1g | |
| | h Other earned income (see instructions) | 1h | 0. |
| | i Nontaxable combat pay election (see instructions) 1i | | |
| | z Add lines 1a through 1h | 1z | 93,303. |

| | | | | | | |
|--|---|-----------|--|----------------------|-----------|----------|
| | 2a Tax-exempt interest | 2a | | b Taxable interest | 2b | |
| | 3a Qualified dividends | 3a | | b Ordinary dividends | 3b | |
| | 4a IRA distributions | 4a | | b Taxable amount | 4b | |
| | 5a Pensions and annuities | 5a | | b Taxable amount | 5b | |
| | 6a Social security benefits | 6a | | b Taxable amount | 6b | |
| | c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> | | | | | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | | | | 7 | |
| | 8 Additional income from Schedule 1, line 10 | | | | 8 | -13,607. |
| | 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | 9 | 79,696. |
| | 10 Adjustments to income from Schedule 1, line 26 | | | | 10 | |
| | 11 Subtract line 10 from line 9. This is your adjusted gross income | | | | 11 | 79,696. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | | | 12 | 13,850. |
| | 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | | 13 | |
| | 14 Add lines 12 and 13 | | | | 14 | 13,850. |
| | 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | | | | 15 | 65,846. |

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes amount overpaid, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

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

Sign Here section with declaration and signature fields for taxpayer and spouse, including occupation and ID protection PIN.

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **01**

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

Your social security number
006-81-2754

Part 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. Attach Schedule E | | 5 | -13,607. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| a | Net operating loss | 8a () | | |
| b | Gambling | 8b | | |
| c | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| e | Income from Form 8853 | 8e | | |
| f | Income from Form 8889 | 8f | | |
| g | Alaska Permanent Fund dividends | 8g | | |
| h | Jury duty pay | 8h | | |
| i | Prizes and awards | 8i | | |
| j | Activity not engaged in for profit income | 8j | | |
| k | Stock options | 8k | | |
| l | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8l | | |
| m | Olympic and Paralympic medals and USOC prize money (see instructions) | 8m | | |
| n | Section 951(a) inclusion (see instructions) | 8n | | |
| o | Section 951A(a) inclusion (see instructions) | 8o | | |
| p | Section 461(l) excess business loss adjustment | 8p | | |
| q | Taxable distributions from an ABL account (see instructions) | 8q | | |
| r | Scholarship and fellowship grants not reported on Form W-2 | 8r | | |
| s | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d | 8s () | | |
| t | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan | 8t | | |
| u | Wages earned while incarcerated | 8u | | |
| z | Other income. List type and amount: _____ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -13,607. |

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return

RAM REDDY VASTALA

Your social security number

006-81-2754

Part I Income or Loss From Rental Real Estate and Royalties

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

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

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

A PLOT NO:201,RDNO 10C PADMAVATI RESIDENCY GANESH NAGAR COLONY,NAGOLE,HYDERBAD IN 500068

B
C

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

Type of Property:

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

| Income: | Properties: | | |
|---|-----------------------|---|---|
| | A | B | C |
| 3 Rents received | 3 658. | | |
| 4 Royalties received | 4 | | |
| Expenses: | | | |
| 5 Advertising | 5 | | |
| 6 Auto and travel (see instructions) | 6 | | |
| 7 Cleaning and maintenance | 7 1,854. | | |
| 8 Commissions | 8 | | |
| 9 Insurance | 9 | | |
| 10 Legal and other professional fees | 10 | | |
| 11 Management fees | 11 1,774. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | |
| 13 Other interest | 13 | | |
| 14 Repairs | 14 2,869. | | |
| 15 Supplies | 15 1,840. | | |
| 16 Taxes | 16 | | |
| 17 Utilities | 17 2,524. | | |
| 18 Depreciation expense or depletion | 18 3,404. | | |
| 19 Other (list) _____ | 19 | | |
| 20 Total expenses. Add lines 5 through 19 | 20 14,265. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 -13,607. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 (13,607.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a 658. | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | |
| d Total of all amounts reported on line 18 for all properties | 23d 3,404. | | |
| e Total of all amounts reported on line 20 for all properties | 23e 14,265. | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 (13,607.) | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 -13,607. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

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.

Name(s) shown on return: **RAM REDDY VASTALA** Identifying number: **006-81-2754**

Part I 2023 Passive Activity Loss
Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | |
|--|-----------|-----|
| 1a Activities with net income (enter the amount from Part IV, column (a)) | 1a | |
| b Activities with net loss (enter the amount from Part IV, column (b)) | 1b | () |
| c Prior years' unallowed losses (enter the amount from Part IV, column (c)) | 1c | () |
| d Combine lines 1a, 1b, and 1c | 1d | |

All Other Passive Activities

| | | |
|---|-----------|--------------|
| 2a Activities with net income (enter the amount from Part V, column (a)) | 2a | 0. |
| b Activities with net loss (enter the amount from Part V, column (b)) | 2b | (0.) |
| c Prior years' unallowed losses (enter the amount from Part V, column (c)) | 2c | (-13,481.) |
| d Combine lines 2a, 2b, and 2c | 2d | -13,481. |

| | | |
|--|----------|----------|
| 3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used | 3 | -13,481. |
|--|----------|----------|

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), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation
Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | |
|--|----------|----|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3 | 4 | |
| 5 Enter \$150,000. If married filing separately, see instructions | 5 | |
| 6 Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7. | 6 | |
| 7 Subtract line 6 from line 5 | 7 | |
| 8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 8 | |
| 9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions | 9 | 0. |

Part III Total Losses Allowed

| | | |
|---|-----------|----|
| 10 Add the income, if any, on lines 1a and 2a and enter the total | 10 | 0. |
| 11 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return | 11 | 0. |

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 1a, 1b, and 1c | | | | | |

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| PLOT NO:201,RDNO 10C | 0. | 0. | 13,481. | | 13,481. |
| | | | | | |
| | | | | | |
| Total. Enter on Part I, lines 2a, 2b, and 2c | 0. | 0. | 13,481. | | |

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a). |
|------------------|---|----------|-----------|-----------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | 1.00 | | |

Part VII Allocation of Unallowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|----------------------|---|----------|------------|--------------------|
| PLOT NO:201,RDNO 10C | E Ln 22 | 13,481. | 1.00000000 | 13,481. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 13,481. | 1.00 | 13,481. |

Part VIII Allowed Losses. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|----------------------|---|----------|--------------------|------------------|
| PLOT NO:201,RDNO 10C | E Ln 22 | 13,481. | 13,481. | 0. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 13,481. | 13,481. | 0. |



Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank.**

Do not staple or clip the check or money order to the voucher. Detach any check stubs before mailing.

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

| | |
|---|---|
| Automated income tax refund status: | 518-457-5149 |
| Personal Income Tax Information Center: | 518-457-5181 |
| To order forms and publications: | 518-457-5431 |
| Text Telephone (TTY) or TDD equipment users | Dial 7-1-1 for the New York Relay Service |

◀ Detach (cut) here ▶



Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

Calendar-year filer due dates: April 15, 2024; June 17, 2024; September 16, 2024; and January 15, 2025. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2024 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

| | | | | | |
|--|--|----------------------|----------------|----|-----|
| Full SSN or taxpayer ID number 006812754 | Enter your 2-character special condition code if applicable (see instr.) <input type="text"/> | | New York State | 79 | .00 |
| Taxpayer's first name and middle initial RAM REDDY | Taxpayer's last name VASTALA | | New York City | | .00 |
| Mailing address (number and street or PO Box; see instructions) 33 ROMAINE AVENUE | | Apartment number | Yonkers | | .00 |
| City, village, or post office JERSEY CITY | State NJ | ZIP code 07306 | MCTMT | | .00 |
| Taxpayer's email address RAMREDDY99899@GMAIL.COM | | Total payment | | 79 | .00 |

STOP: Pay this electronically on our website

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Tips for Estimated Tax

Did you know? You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, note the following:

- **Social Security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your Social Security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

Note: If there is **no amount** to be entered for one or more lines, **leave them blank.**

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Need help?



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- get information and manage your taxes online
- check for new online services and features

Telephone assistance

| | |
|---|---|
| Automated income tax refund status: | 518-457-5149 |
| Personal Income Tax Information Center: | 518-457-5181 |
| To order forms and publications: | 518-457-5431 |
| Text Telephone (TTY) or TDD equipment users | Dial 7-1-1 for the New York Relay Service |

◀ Detach (cut) here ▶



Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

Calendar-year filer due dates: April 15, 2024; June 17, 2024; September 16, 2024; and January 15, 2025. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2024 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Estimated tax amounts

| | | | | | |
|--|--|-------------------|----------------|----------------------|--------|
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| City, village, or post office JERSEY CITY | State NJ | ZIP code 07306 | MCTMT | | .00 |
| Taxpayer's email address RAMREDDY99899@GMAIL.COM | | | | Total payment | 79 .00 |

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Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

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Estimated tax amounts

| | | | | | | |
|--|--|--|-------------------|----------------|---------|-----|
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| Mailing address (number and street or PO Box; see instructions) 33 ROMAINE AVENUE | | | Apartment number | | Yonkers | .00 |
| City, village, or post office JERSEY CITY | | State NJ | ZIP code 07306 | | MCTMT | .00 |
| Taxpayer's email address RAMREDDY99899@GMAIL.COM | | | | | | |

| | Dollars | Cents |
|----------------------|---------|-------|
| New York State | 79 | .00 |
| New York City | | .00 |
| Yonkers | | .00 |
| MCTMT | | .00 |
| Total payment | 79 | .00 |

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Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

IT-2105

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| | | | | | |
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| Taxpayer's first name and middle initial RAM REDDY | Taxpayer's last name VASTALA | | New York City | | .00 |
| Mailing address (number and street or PO Box; see instructions) 33 ROMAINE AVENUE | | Apartment number | Yonkers | | .00 |
| City, village, or post office JERSEY CITY | State NJ | ZIP code 07306 | MCTMT | | .00 |
| Taxpayer's email address RAMREDDY99899@GMAIL.COM | | Total payment | | 78 | .00 |

STOP: Pay this electronically on our website

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New York State E-File Signature Authorization for Tax Year 2023

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

| | |
|--------------------------------------|---|
| Taxpayer's name RAM REDDY VASTALA | Spouse's name (jointly filed return only) |
|--------------------------------------|---|

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2024 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

| | | |
|--|----|-----------|
| 1 Federal adjusted gross income (from applicable line) | 1. | 79696. |
| 2 Refund | 2. | 127. |
| 3 Amount you owe | 3. | |
| 4 Financial institution routing number | 4. | 044000037 |
| 5 Financial institution account number | 5. | 620835111 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2023 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2023 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2023 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

| | |
|--|------|
| Taxpayer's signature | Date |
| Spouse's signature (jointly filed return only) | Date |

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2023 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2023 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2023 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

| | | |
|---------------------------|---|------------------|
| ERO's signature | Print name GLOBAL TAXES LLC | Date |
| Paid preparer's signature | Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 03122024 |



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2023, through December 31, 2023, or fiscal year beginning

23
and ending

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | | | |
|---|--|---|-------------|---|-------------------------------|--|-----------------------------|
| Your first name and middle initial RAM REDDY | | Your last name (for a joint return, enter spouse's name on line below) VASTALA | | Your date of birth (mmddyyyy) 07261993 | | Your Social Security number 006812754 | |
| Spouse's first name and middle initial | | Spouse's last name | | Spouse's date of birth (mmddyyyy) | | Spouse's Social Security number 887713276 | |
| Mailing address (see instructions) (number and street or PO Box) 33 ROMAINE AVENUE | | | | Apartment number | | New York State county of residence NR | |
| City, village, or post office JERSEY CITY | | | State NJ | ZIP code 07306 | Country UNITED STATES | | School district name NR |
| Taxpayer's permanent home address (see instructions) (no. and street or rural route) | | | | Apartment no. | City, village, or post office | | School district code number |
| State | | ZIP code | | Country | | Decedent information | Taxpayer's date of death |
| | | | | | | | Spouse's date of death |

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' Social Security numbers above)
- ③ Married filing separate return (enter both spouses' Social Security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? Yes No



D2 (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2023? Yes No

If Yes: (2) Number of months you lived in Yonkers in 2023 ...

(3) Number of months your spouse lived in Yonkers in 2023 ...

If No: (4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 ... Yes No

E New York City part-year residents only (This includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)

(1) Number of months you lived in NY City in 2023

(2) Number of months your spouse lived in NY City in 2023

F Enter your 2-character special condition code(s) if applicable

G New York State part-year residents

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H Did you or your spouse maintain living quarters in NYS in 2023? Yes No

(if Yes, complete Form IT-203-B)

I Dependent information

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an X in the box.



203001233555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
006812754

Federal income and adjustments

Federal amount
Whole dollars only

New York State amount
Whole dollars only

| | | | | | |
|----|---|----|------------|----|-----------|
| 1 | Wages, salaries, tips, etc. | 1 | 93303 .00 | 1 | 93303 .00 |
| 2 | Taxable interest income | 2 | .00 | 2 | .00 |
| 3 | Ordinary dividends | 3 | .00 | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | .00 | 4 | .00 |
| 5 | Alimony received | 5 | .00 | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Sch. C, Form 1040) | 6 | .00 | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) | 7 | .00 | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 | 8 | .00 |
| 9 | Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> | 9 | .00 | 9 | .00 |
| 10 | Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/> | 10 | .00 | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | -13607 .00 | 11 | .00 |
| 12 | Rental real estate included in line 11 (federal amount) 12. <input type="text" value="-13607"/> | | -13607 .00 | | |
| 13 | Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | .00 | 13 | .00 |
| 14 | Unemployment compensation..... | 14 | .00 | 14 | .00 |
| 15 | Taxable amount of Social Security benefits (also enter on line 26) | 15 | .00 | 15 | .00 |
| 16 | Other income <i>Identify:</i> <input type="text"/> | 16 | .00 | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 79696 .00 | 17 | 93303 .00 |
| 18 | Total federal adjustments to income <i>Identify:</i> <input type="text"/> | 18 | .00 | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) .. | 19 | 79696 .00 | 19 | 93303 .00 |

New York additions

| | | | | | |
|----|---|----|-----------|----|-----------|
| 20 | Interest income on state and local bonds and obligations (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19 through 22 | 23 | 79696 .00 | 23 | 93303 .00 |

New York subtractions

| | | | | | |
|----|---|----|-----------|----|-----------|
| 24 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 24 | .00 |
| 25 | Pensions of NYS and local governments and the federal government | 25 | .00 | 25 | .00 |
| 26 | Taxable amount of Social Security benefits (from line 15) | 26 | .00 | 26 | .00 |
| 27 | Interest income on U.S. government bonds | 27 | .00 | 27 | .00 |
| 28 | Pension and annuity income exclusion | 28 | .00 | 28 | .00 |
| 29 | Other (Form IT-225, line 18) | 29 | .00 | 29 | .00 |
| 30 | Add lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 | New York adjusted gross income (subtract line 30 from line 23) .. | 31 | 79696 .00 | 31 | 93303 .00 |

32 Enter the amount from line 31, **Federal amount** column **32** 79696 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002233555



Standard deduction or itemized deduction

33 Enter your **standard deduction** or your **itemized deduction** (from Form IT-196).
Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

| | |
|---|----------|
| 33 | 8000.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 71696.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see instructions) | 000.00 |
| 36 New York taxable income (subtract line 35 from line 34) | 71696.00 |

Tax computation, credits, and other taxes

| | |
|---|----------|
| 37 New York taxable income (from line 36) | 71696.00 |
| 38 New York State tax on line 37 amount | 3779.00 |
| 39 New York State household credit | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 3779.00 |
| 41 New York State child and dependent care credit | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 3779.00 |
| 43 New York State earned income credit | .00 |

| | |
|--|---------|
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 3779.00 |
|--|---------|

| | | | |
|-----------------------------|------------------------------------|-----------------------------|----------------------------------|
| 45 Income percentage | New York State amount from line 31 | Federal amount from line 31 | Round result to 4 decimal places |
| | 93303.00 | 79696.00 | 1.1707 |

| | |
|---|---------|
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 4424.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 4424.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 4424.00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | | |
|---|-----|---------|---|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 | See instructions to compute New York City and Yonkers taxes, credits, and surcharges. |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 | |
| 52a Subtract line 52 from line 51 | 52a | .00 | |
| 52b MCTMT net earnings base for Zone 1 | 52b | .00 | See instructions to compute the MCTMT for each zone. |
| 52c MCTMT net earnings base for Zone 2 | 52c | .00 | |
| 52d MCTMT for Zone 1 | 52d | .00 | |
| 52e MCTMT for Zone 2 | 52e | .00 | |
| 52f Total MCTMT (add lines 52d and 52e) | 52f | .00 | |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 | |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 | |
| 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52f through 54) | 55 | .00 | |
| 56 Sales or use tax (Do not leave blank.) | 56 | 0.00 | |
| 57 Voluntary contributions (Form IT-227, Part 2, line 1) | 57 | .00 | |
| 58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 4424.00 | |

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
006812754

59 Enter amount from line 58 59 4424 .00

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return. Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See instructions for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2024 tax, amount owed, and estimated tax penalty.

See instructions for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal. If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 044000037 73c Account number 620835111

74 Electronic funds withdrawal Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Preparer information: Paid preparer must complete. Includes signature, printed name, firm name, address, PTIN, and employer ID.

Taxpayer(s) must sign here. Includes signature, occupation, spouse's signature, date, and phone number.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Passive Activity Loss Limitations

For Nonresidents and Part-Year Residents

IT-182

Submit with your Form IT-203 or IT-205.

| | |
|--|--|
| Name as shown on return RAM REDDY VASTALA | Identifying number as shown on return 006812754 |
|--|--|

See the instructions on page 4, before completing this form.

Part I – Passive activity loss (see instructions)

Rental real estate activities with active participation

| | | | |
|---|----|-----|-----|
| 1a Activities with net income from Part IV, column (a) | 1a | .00 | |
| 1b Activities with net loss from Part IV, column (b) | 1b | .00 | |
| 1c Prior years unallowed losses from Part IV, column (c) (see instructions) | 1c | .00 | |
| 1d Add lines 1a, 1b, and 1c..... | 1d | | .00 |

All other passive activities

| | | | |
|--|----|------------|------------|
| 2a Activities with net income from Part V, column (a) | 2a | 0 .00 | |
| 2b Activities with net loss from Part V, column (b) | 2b | 0 .00 | |
| 2c Prior years unallowed losses from Part V, column (c) (see instructions) | 2c | -13481 .00 | |
| 2d Add lines 2a, 2b, and 2c..... | 2d | | -13481 .00 |

3 Add lines 1d and 2d and subtract any prior year unallowed CRD (see instructions). **Note:** If this line is zero or more, stop here and submit this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used.

| | |
|---|------------|
| 3 | -13481 .00 |
|---|------------|

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), skip Part II and go to Part III, line 10.

Caution: If married filing separately, filing status ③, and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II – Special allowance for rental real estate activities with active participation (see instructions)

Note: Enter all numbers in Part II as positive amounts (greater than zero). See instructions.

| | | |
|---|---|-------|
| 4 Enter the smaller of the loss on line 1d or the loss on line 3..... | 4 | .00 |
| 5 Enter 150,000 (if married filing separately, see instructions) | 5 | .00 |
| 6 Enter federal modified adjusted gross income, but not less than zero (see instr.) | 6 | .00 |
| Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8, and leave line 9 blank. Otherwise, go to line 7. | | |
| 7 Subtract line 6 from line 5 | 7 | .00 |
| 8 Multiply line 7 by 50% (.5). Do not enter more than 25,000. (If married filing separately, filing status ③, see instr.) .. | 8 | .00 |
| 9 Enter the smaller of line 4 or line 8 (if line 3 includes any CRD, see instructions) | 9 | 0 .00 |

Part III – Total losses allowed

| | | |
|---|----|-------|
| 10 Add the income, if any, from lines 1a and 2a and enter the total | 10 | 0 .00 |
| 11 Total losses allowed from all passive activities for this year. (Add lines 9 and 10. See the instructions to find out how to report the losses on your return.) | 11 | 0 .00 |

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Part IV – For Part I, lines 1a, 1b, and 1c (see instructions)

| Name of activity/property description and address | Date of acquisition | Date of sale | Current year | | Prior years | Overall gain or loss | |
|---|---------------------|--------------|--------------------------------|------------------------------|------------------------------------|----------------------|-------------|
| | | | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| Totals. Enter on Part I, lines 1a, 1b, and 1c..... | | | .00 | .00 | .00 | | |

Part V – For Part I, lines 2a, 2b, and 2c (see instructions)

| Name of activity/property description and address | Date of acquisition | Date of sale | Current year | | Prior years | Overall gain or loss | |
|---|---------------------|--------------|--------------------------------|------------------------------|------------------------------------|----------------------|-------------|
| | | | (a) Net income (line 2a) | (b) Net loss (line 2b) | (c) Unallowed loss (line 2c) | (d) Gain | (e) Loss |
| PLOT NO:201,RDNO 10C | | | 0 .00 | 0 .00 | 13481 .00 | .00 | 13481 .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| | | | .00 | .00 | .00 | .00 | .00 |
| Totals. Enter on Part I, lines 2a, 2b, and 2c..... | | | 0 .00 | 0 .00 | 13481 .00 | | |

Part VI – Use this Part if an amount is shown on Part II, line 9 (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Ratio | (c) Special Allowance | (d) Subtract column (c) from column (a) |
|---|--|-------------|--------------|--------------------------|--|
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| | | .00 | | .00 | .00 |
| Totals..... | | .00 | 1.00 | .00 | .00 |

Part VII – Allocation of unallowed losses (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Ratio | (c) Unallowed loss |
|---|--|-------------|--------------|-----------------------|
| PLOT NO:201,RDNO 10C | E LN 22 | 13481 .00 | 1.00000000 | 13481 .00 |
| | | .00 | | .00 |
| | | .00 | | .00 |
| | | .00 | | .00 |
| Totals..... | | 13481 .00 | 1.00 | 13481 .00 |



Part VIII – Allowed losses (see instructions)

| Name of activity/property description and address | Form or schedule and line number to be reported on | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|---|--|-------------|-----------------------|---------------------|
| PLOT NO:201, RDNO 10C | E LN 22 | 13481 .00 | 13481 .00 | 0 .00 |
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| | | .00 | .00 | .00 |
| Totals | | 13481 .00 | 13481 .00 | 0 .00 |

Part IX – Activities with losses reported on two or more different forms or schedules (see instructions)

| Name of activity/property description and address: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|-----|--------------|-----------------------|---------------------|
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank | | .00 | | .00 | .00 |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank..... | | .00 | | .00 | .00 |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule | .00 | | | | |
| 1b Net income from form or schedule | .00 | | | | |
| 1c Subtract line 1b from line 1a. If zero or less, leave blank..... | | .00 | | .00 | .00 |
| Totals | | .00 | 1.00 | .00 | .00 |

182003233555





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

006812754

Box b Employer identification number (EIN)

562463758

Box c Employer's information

| | | | |
|---|-------------|-------------------|---------|
| Employer's name M&A PROJECTS INC | | | |
| Employer's address (number and street) 18 DIVISION PL | | | |
| City BROOKLYN | State NY | ZIP code 11222 | Country |

Box 1 Wages, tips, other compensation

93303.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

31.00
Description: NYSDI

Box 14b Amount

399.00
Description: NYPFL

Box 14c Amount

.00
Description:

Box 14d Amount

.00
Description:

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.

93303.00

Box 17a NYS income tax withheld

4551.00

Other state information:

Box 15b other state

.00

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a: 93303.00
Locality b: .00

Box 19 Local income tax withheld
Locality a: 0.00
Locality b: .00

Box 20 Locality name
Locality a: NYC
Locality b:

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

| | | | |
|---|-------|----------|---------|
| Employer's name | | | |
| Employer's address (number and street) | | | |
| City | State | ZIP code | Country |

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

.00
Description:

Box 14b Amount

.00
Description:

Box 14c Amount

.00
Description:

Box 14d Amount

.00
Description:

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

.00

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a: .00
Locality b: .00

Box 19 Local income tax withheld
Locality a: .00
Locality b: .00

Box 20 Locality name
Locality a:
Locality b:

NO HANDWRITTEN ENTRIES ON THIS FORM

102001233555

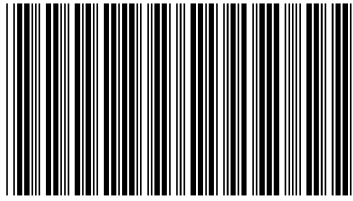


2023 NJ-1040
New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

NJ-1040
2023
Page 1



040MP01230

Your Social Security Number (required)
006812754

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
VASTALA RAM REDDY

Spouse's/CU Partner's SSN (if filing jointly)
887713276

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
33 ROMAINE AVENUE

City, Town, Post Office
JERSEY CITY

State ZIP Code
NJ 07306

Driver's License Number (Voluntary) (See instructions)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

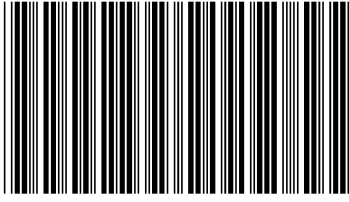
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You | Yes | No |
| If joint return, does your spouse want to designate \$1? | Spouse/CU Partner | Yes | No |

Direct Deposit Information

| | | | |
|--|------|---|-----------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | dd1. | 1 | |
| dd2. Account type (C for checking, S for savings) | dd2. | C | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | | |
| dd4. Routing number | dd4. | | 044000037 |
| dd5. Account number | dd5. | | 620835111 |





040MP02230

Name(s) as shown on Form NJ-1040
VASTALA RAM REDDY

Your Social Security Number
006812754

1555

Part-year residents, provide months/days you were a New Jersey resident during 2023:
From: To:

Fiscal year filers only:
Enter month of your year end 2 0 2 4

Filing Status
Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2021 2022

887713276
Enter spouse's/CU partner's SSN

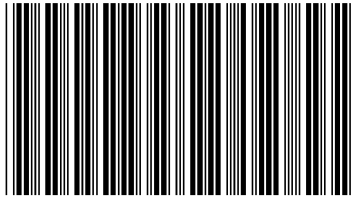
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

| | | | | | | | |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|-------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1958 or earlier) | | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | 13. | 1000 . |

14. Dependent Information. Provide the following information for each dependent.

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____ | | | |
| b. | _____ | | | |
| c. | _____ | | | |
| d. | _____ | | | |



040MP03230

Name(s) as shown on Form NJ-1040
VASTALA RAM REDDY

Your Social Security Number
006812754

1555

| | | | | |
|------|--|--------|-------|---|
| 15. | Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 93303 | . |
| 16a. | Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | . | . |
| 16b. | Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a | 16b. | . | . |
| 17. | Dividends | 17. | . | . |
| 18. | Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C) | 18. | . | . |
| 19. | Net gains or income from disposition of property (Schedule NJ-DOP, line 4) | 19. | . | . |
| 20a. | Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions) | 20a. | . | . |
| 20b. | Excludable pension, annuity, and IRA distributions/withdrawals | 20b. | . | . |
| 21. | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1) | 21. | . | . |
| 22. | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22. | . | . |
| 23. | Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) | 23. | . | . |
| 24. | Net gambling winnings (See instructions) | 24. | . | . |
| 25. | Alimony and separate maintenance payments received | 25. | . | . |
| 26. | Other (Enclose documents) (See instructions) | 26. | . | . |
| 27. | Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) | 27. | 93303 | . |
| 28a. | Pension/Retirement Exclusion (See instructions) | 28a. | . | . |
| 28b. | Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20) | 28b. | . | . |
| 28c. | Total Exclusion Amount (Add lines 28a and 28b) | 28c. | . | . |
| 29. | New Jersey Gross Income (Subtract line 28c from line 27) (See instructions) | 29. | 93303 | . |
| 30. | Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 1000 | . |
| 31. | Medical Expenses (See Worksheet F and instructions) | 31. | . | . |
| 32. | Alimony and separate maintenance payments (See instructions) | 32. | . | . |
| 33. | Qualified Conservation Contribution | 33. | . | . |
| 34. | Health Enterprise Zone Deduction | 34. | . | . |
| 35. | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | . |
| 36. | Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37a. | NJBEST Deduction | 37a. | . | . |
| 37b. | NJCLASS Deduction | 37b. | . | . |
| 37c. | NJ Higher Ed. Tuition Deduction | 37c. | . | . |
| 38. | Total Exemptions and Deductions (Add lines 30 through 37c) | 38. | 1000 | . |
| 39. | Taxable Income (Subtract line 38 from line 29) | 39. | 92303 | . |
| 40a. | Total Property Taxes (18% of Rent) Paid (See instructions page 25) | 40a. | 864 | . |
| 40b. | Indicate your residency status during 2023 (fill in only one) | | | |
| | Homeowner | Tenant | Both | |
| 41. | Property Tax Deduction (From Worksheet H) (See instructions) | 41. | . | . |
| 42. | New Jersey Taxable Income (Subtract line 41 from line 39) | 42. | 92303 | . |
| 43. | Tax on amount on line 42 (Tax Table page 52) | 43. | 3755 | . |
| 44. | Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 44. | 3755 | . |
| | Enter Code | | 32 | |
| 45. | Balance of Tax (Subtract line 44 from line 43) | 45. | 0 | . |
| 46. | Sheltered Workshop Tax Credit | 46. | . | . |
| 47. | Gold Star Family Counseling Credit (See instructions) | 47. | . | . |
| 48. | Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 48. | . | . |
| 49. | Total Credits (Add lines 46 through 48) | 49. | . | . |
| 50. | Balance of Tax After Credits (Subtract line 49 from line 45) If zero or less, make no entry | 50. | . | . |
| 51. | Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 | 51. | 0 | . |
| 52. | Interest on Underpayment of Estimated Tax | 52. | . | . |
| | Fill in if Form NJ-2210 is enclosed | | | |
| 53a. | Fill in if anyone in your tax household does not currently have health insurance. (Enclose NJ-EZ Enroll form) (See instructions) | 53a. | | . |



Name(s) as shown on Form NJ-1040
VASTALA RAM REDDY

Your Social Security Number
006812754

1555

| | | | |
|---|---|------|------|
| 53b. If you indicated at line 53a that someone in your tax household does not have health insurance, fill in to allow Get Covered New Jersey to assist with obtaining coverage (See instructions) | | 53b. | |
| 53c. Shared Responsibility Payment (See instructions) | REQUIRED Enclose Schedule NJ-HCC and fill in X | 53c. | 0 . |
| 54. Total Tax Due (Add lines 50 through 53c) | | 54. | 0 . |
| 55. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part-year residents, see instructions) | | 55. | . . |
| 56. Property Tax Credit (See instructions page 24) | | 56. | 25 . |
| 57. New Jersey Estimated Tax Payments/Credit from 2022 tax return | | 57. | . . |
| 58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | | 58. | . . |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | | 59. | . . |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | | 60. | . . |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | | 61. | . . |
| 62. Wounded Warrior Caregivers Credit (See instructions) | | 62. | . . |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions) | | 63. | . . |
| 64. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit | | 64. | . . |
| 65. New Jersey Child Tax Credit (See instructions) Number of dependents age 5 or younger on 12/31/2023 | | 65. | . . |
| 66. Total Withholdings, Credits, and Payments (Add lines 55 through 65) | | 66. | 25 . |
| 67. If line 66 is less than line 54, you have tax due. Subtract line 66 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 70 through 77. | | 67. | . . |
| 68. If the total on line 66 is more than line 54, you have an overpayment. Subtract line 54 from line 66 and enter the overpayment | | 68. | 25 . |
| 69. Amount from line 68 you want to credit to your 2024 tax | | 69. | . . |
| 70. Contribution to N.J. Endangered Wildlife Fund | | 70. | . . |
| 71. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | | 71. | . . |
| 72. Contribution to N.J. Vietnam Veterans' Memorial Fund | | 72. | . . |
| 73. Contribution to N.J. Breast Cancer Research Fund | | 73. | . . |
| 74. Contribution to U.S.S. New Jersey Educational Museum Fund | | 74. | . . |
| 75. Other Designated Contribution (See instructions) | Enter Code | 75. | . . |
| 76. Other Designated Contribution (See instructions) | Enter Code | 76. | . . |
| 77. Other Designated Contribution (See instructions) | Enter Code | 77. | . . |
| 78. Total Adjustments to Tax Due/Overpayment amount (Add lines 69 through 77) | | 78. | . . |
| 79. Balance due (If line 67 is more than zero, add line 67 and line 78) | | 79. | . . |
| 80. Refund amount (If line 68 is more than zero, subtract line 78 from line 68) | | 80. | 25 . |

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date _____ Spouse's/CU Partner's Signature (required if filing jointly) Date _____
Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703

GLOBAL TAXES LLC 84-3171965
Firm's Name Firm's Federal Employer Identification Number

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payments
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

| | |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040 VASTALA RAM REDDY | Social Security Number 006-81-2754 |
|---|---------------------------------------|

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2023

| Part I Net Profits From Business | | List the net profit (loss) from business(es). See instructions. | |
|---|---|---|------------------|
| | Business Name | Social Security Number/ Federal EIN | Profit or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.) | | 4. |

| Part II Distributive Share of Partnership Income | | List the distributive share of income (loss) from partnership(s). See instructions. | |
|---|---|---|--|
| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) | | 4. |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040.) | | 5. |

| Part III Net Pro Rata Share of S Corporation Income | | List the pro rata share of income (usable loss) from S corporation(s). See instructions. | |
|--|--|--|--|
| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.) | | 4. |
| 5. | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 63, NJ-1040) | | 5. |

| Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights | | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights | |
|---|---|--|-------------------------------------|
| | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type – Enter number from list above |
| 1. | PLOT NO:201,RDNO 10C | 006812754 | 1 |
| 2. | | | |
| 3. | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) | | 4. |

Schedule NJ-BUS-2
(Form NJ-1040)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2023

| Part I Income (Loss) | | Column A | | | Column B | | |
|--|---|------------------------------------|------|--|------------------------------------|-------------|--|
| | | Reportable Regular Business Income | | | Alternative Business Income (Loss) | | |
| 1. | Net Profits From Business | 1a. | 0. | | 1b. | 0. | |
| 2. | Distributive Share of Partnership Income | 2a. | 0. | | 2b. | 0. | |
| 3. | Net Pro Rata Share of S Corporation Income | 3a. | 0. | | 3b. | 0. | |
| 4. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a. | 0. | | 4b. | -13,607. | |
| 5. | Loss Carryforward From Tax Year 2022 | | | | 5b. | () | |
| 6. | Totals | 6a. | 0. | | 6b. | -13,607. | |
| Part II Adjustment Calculation | | | | | | | |
| 7. | Total Regular Business Income | 7. | 0. | | | | |
| 8. | Total Alternative Business Income/(Loss) (If loss, enter zero) | 8. | 0. | | | | |
| 9. | Business Increment (Subtract line 8 from line 7) | 9. | 0. | | | | |
| 10. | Adjustment Percentage | 10. | 0.50 | | | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.50) | 11. | 0. | | | | |
| Part III Loss Carryforward to Tax Year 2024 | | | | | | | |
| 12. | Loss Carryforward to Tax Year 2024 | | | | 12. | (13,607.) | |

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2022 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2023 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

| | |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040 VASTALA RAM REDDY | Social Security Number 006-81-2754 |
|---|---------------------------------------|

Schedule NJ-HCC

Health Care Coverage

2023

If your income on line 29 is at or below the filing threshold (see instructions), do not complete this schedule.

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2023? (See instructions for line 53c, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53c, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

If you or any member of your tax household does not **currently** have minimum essential health coverage, also complete the NJ-EZ Enroll form. (See instructions for lines 53a and 53b, NJ-1040.)

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53c, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |

| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Name | Social Security Number | | | | | | | | | | | | |
| Exemption number: | <input type="text"/> | Check box if this individual has more than one exemption number <input type="checkbox"/> | | | | | | | | | | | |