Department of the Treasury Calendar Year -Internal Revenue Service

Due 04/15/2024

2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

561.

REV 03/07/24 PRO

1555

784-03-2265 SRAVYA SIRNA

5802 1300E ZALT LAKE CITY UT 84705

Department of the Treasury Calendar Year — Internal Revenue Service

Due 06/17/2024

2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

561.

REV 03/07/24 PRO

1555

784-03-2265 SRAVYA SIRNA

5802 1300E ZALT LAKE CITY UT 84705

Department of the Treasury Calendar Year — Internal Revenue Service

Due 09/16/2024

2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

561.

REV 03/07/24 PRO

1555

784-03-2265 SRAVYA SIRNA

5802 1300E ZALT LAKE CITY UT 84705

Department of the Treasury Calendar Year — Internal Revenue Service

Due 01/15/2025

2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2024 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

561.

REV 03/07/24 PRO

1555

784-03-2265 SRAVYA SIRNA

5802 1300E ZALT LAKE CITY UT 84705

Form 1040-V (2022) 2023 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2023**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

2023

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment PREV 03/07/24 PRO 1555

SRAVYA SIRNA

580S 1300E SALT LAKE CITY UT 84102

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-007

IRS Use Only—Do not write or stable in this space

		04 0000		0000	alta a	02	20.	J, .		to or otapio in time opaco.
For the year Jai	1. 1-Dec	c. 31, 2023, or other tax year beginning		, 2023, en	ding 		, 20 	5	See sep	arate instructions.
Your first name	and m	niddle initial	Last na	ıme				١	our soc	ial security number
SRAVYA			SIRN	IA.					784	03 2265
If joint return, s	pouse'	s first name and middle initial	Last na	ıme				s	Spouse's	social security number
Home address	(numb	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.	F	Presiden	tial Election Campaigr
_580S 130	00E									ere if you, or your
City, town, or p	oost off	ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	ite	ZIP code			filing jointly, want \$3 this fund. Checking a
SALT LA	KE C	ITY			נט	Γ	84102	t	ox belo	w will not change
Foreign countr	y name			Foreign province/state	/count	ty	Foreign postal co	ode y	our tax	or refund.
										You Spouse
Filing Status	s 🗵	Single				☐ Head of h	ousehold (HOF	1)		
Check only	Ļ	Married filing jointly (even if only or	ne had	income)						
one box.	L	Married filing separately (MFS)					surviving spou			
		you checked the MFS box, enter the			u che	ecked the HOF	l or QSS box, e	enter	the child	d's name if the
	qι	ualifying person is a child but not you	ır deper	ndent:						
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	payr	ment for prope	rty or services)	; or (b) sell,	
Assets	excl	nange, or otherwise dispose of a dig	ital asse	et (or a financial inte	rest ir	n a digital asse	et)? (See instruc	ctions	.)	☐ Yes 🏻 No
Standard	Son	neone can claim:	penden	t Your spous	se as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien	1				
Age/Rlindnes	e Vou	: Were born before January 2, 1	959 F	Are blind Sp	ouse	. Mas box	rn before Janua	ary 2	1050	☐ Is blind
			303 [Ī			(A) Chook th			es for (see instructions):
Dependent		First name Last name		(2) Social securit number	У	(3) Relationsh to you	Child ta		1	Credit for other dependents
If more than four	(1)	Last name				10) 0 0		7		
dependents,								_		
see instruction	s —							\exists		
and check here [1 —							_		
	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)			L		1a	69,479.
Income	b	Household employee wages not re	,	•					1b	33,1131
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a		* *					1c	
attach Forms	d	Medicaid waiver payments not rep							1d	
W-2G and	e	Taxable dependent care benefits f		` '					1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene							1f	
If you did not	g	Wages from Form 8919, line 6.							1g	
get a Form	h	Other earned income (see instructi	ions)						1h	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i				
	z	Add lines 1a through 1h							1z	69,479.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interes	t		2b	58.
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds		3b	
	4a	IRA distributions	4a		b T	axable amoun	t		4b	
Standard 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	lection	method, check here	(see	instructions)				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D i	f required. If not req	uired	, check here			7	
jointly or	8	Additional income from Schedule							8	0.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total in	com	e			9	69,537.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1,	line 26					10	
household, 11 S		Subtract line 10 from line 9. This is	-	-					11	69,537.
\$20,800 If you checked	12	Standard deduction or itemized							12	13,850.
any box under Standard	13	Qualified business income deducti	ion fron	n Form 8995 or Form	n 899	05-A			13	
Deduction,	14	Add lines 12 and 13							14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is	your t	taxable incom	ne		15	55,687.

Form 1040 (202	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972 3		. 16	7,556.
Credits	17	· · · · · · · · · · · · · · · · · · ·	• •			. 17	·
	18	Add lines 16 and 17				. 18	7,556.
	19	Child tax credit or credit for other dependent	ts from Sched	ule 8812		. 19	
	20	Amount from Schedule 3, line 8				. 20	
	21	Add lines 19 and 20				. 21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0			. 22	7,556.
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your total tax				. 24	7,556.
Payments	25	Federal income tax withheld from:					
•	а	Form(s) W-2			25a 5,3	15.	
	b	Form(s) 1099			25b		
	С	Other forms (see instructions)		[25c		
	d	Add lines 25a through 25c				. 25d	5,315.
If you have a	26	2023 estimated tax payments and amount a	pplied from 20	22 return		. 26	
qualifying child,	27	Earned income credit (EIC)		No .	27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 8863	, line 8		29		
	30	Reserved for future use		[30		
	31	Amount from Schedule 3, line 15		[31		
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	nyments and refun	dable credits .	. 32	
	33	Add lines 25d, 26, and 32. These are your to	tal payments			. 33	5,315.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amount	you overpaid .	. 34	
	35a	Amount of line 34 you want refunded to you		is attached, check	here	□ 35a	
Direct deposit?	b	Routing number X X X X X X X X			Checking Sav	ings	
See instructions.	d	Account number X X X X X X X X	Х Х Х Х	XXXXXX	XX		
	36	Amount of line 34 you want applied to your	2024 estimate	d tax	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to <i>www.irs.go</i> .				. 37	2,317.
	38	Estimated tax penalty (see instructions) .			38	76.	
Third Party Designee		you want to allow another person to disc structions	cuss this retur	n with the IRS? S	_	olete below.	⊠ No
	De nai	signee's me	Phone no.		Personal number (identification PIN)	
Sign Here		der penalties of perjury, I declare that I have examined lief, they are true, correct, and complete. Declaration of					
11616	Yo	ur signature	Date	Your occupation		Protection P	nt you an Identity IN, enter it here
Joint return?				NETWORK ENG		(see inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	1		nt your spouse an ection PIN, enter it here

Email address

Preparer's signature

245 ROONEY CT E BRUNSWICK NJ 08816

SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA

GLOBAL TAXES LLC

(209)328-5773

Phone no.

Paid

Preparer

Use Only

Preparer's name

Firm's name

Firm's address

SRAVYA.SIRNA@GMAIL.COM

Date

04/11/2024

PTIN

P02082703

Firm's EIN

Self-employed

Check if:

Phone no. (678) 965-9522

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

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

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

Your social security number
784-03-2265

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 Schedule E .	5	0.
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		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
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:			
		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			
	1040, 1040-SR, or 1040-NR, line 8		10	0.

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 governing	ment		
	officials. Attach Form 2106	L	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	<u> </u>	17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction	-	21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:	- 1		
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the	- 1		
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 1		
	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			
h	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	- 1		
	from the IRS for information you provided that helped the IRS detect	- 1		
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	- 1		
	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 an			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. **13**

Your social security number

OMB No. 1545-0074

SRA	JYA SIRNA						784-0	3-2265		
Par	Income or Loss From Rental Real Estate an	nd Ro	yalties				•			
	Note: If you are in the business of renting personal proper	rty, use		C . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm	1
_	rental income or loss from Form 4835 on page 2, line 40.		- ()						57	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions .									
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u></u> Ye	es 📋	No
1a	Physical address of each property (street, city, state, ZII	P code	e)							
Α	VIJAYA NAGAR COLONY, KPHB HYDERABAD TI	ELANG	GANA IN	J 500	072					
В	·									
С										
1b	Type of Property 2 For each rental real estate property	ertv list	ted		Fa	ir Rental	Persor	nal Use		
	(from list below) above, report the number of fair					Days		ays	QJ	V
Α	g personal use days. Check the Q			Α		365		0]
В	if you meet the requirements to			В]
С	qualified joint venture. See instru	JCHONS	э.	С						
Туре	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land	1	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
	·									
						Propert	ies:			
Incor				A	35.	В			С	
3 4	Rents received	3		0	33.					
	Royalties received	4								
•		5						0		
5 6	Advertising	6								
7	Cleaning and maintenance	7		1 2	84.					
8	Commissions	8		1,2	01.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		7	45.					
12	Mortgage interest paid to banks, etc. (see instructions)	12			40.					
13	Other interest	13								
14	Repairs	14		1.8	54.					
15	Supplies	15		2,6						
16	Taxes	16								
17	Utilities	17		1,0	24.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		7,5	38.					
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	<u></u> _	-6 , 9	03.			<u></u>		
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(0.)	()	()
23 a	Total of all amounts reported on line 3 for all rental prope	erties			23a		635.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	7	7,538.			
24	Income. Add positive amounts shown on line 21. Do no		-				. 24			
25	Losses. Add royalty losses from line 21 and rental real estat							(0.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the to	tai on li	ne 41	on page 2	. 26			0.

Form **8582**

Passive Activity Loss Limitations

Department of the Treasury Internal Revenue Service

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

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

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

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Name(s) shown on return SRAVYA SIRNA

2023 Passive Activity Loss

Identifying number 784-03-2265

	Caution: Complete Parts IV ar	nd V before compl	eting Part I.					
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special			
1a b c d	b Activities with net loss (enter the amount from Part IV, column (b))							
All Ot	her Passive Activities							
2a b c d	Activities with net income (enter the an Activities with net loss (enter the amore Prior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co	olumn (b)) art V, column (c))	2b (2c (0. -6,903.))	2d	-6,903.	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered on normally used	ct any prior year on this form with you on line 1c or 2c. F	unallowed CRD. S ur return; all losse	See instructions. If es are allowed, inc	luding any	3	-6,903.	
	 Ine 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. Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Line 2d is a loss, go to line 10. 							
Par	Special Allowance for Ren	ntal Real Estate	Activities With	Active Participa	ation			
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	ole.			
4	Enter the smaller of the loss on line 1	d or the loss on lir	ne 3			4		
5	Enter \$150,000. If married filing separ	ately, see instructi	ions	5				
6	Enter modified adjusted gross income	e, but not less than	n zero. See instruc	tions 6				
	Note: If line 6 is greater than or equal	to line 5, skip line	s 7 and 8 and ent	er -0-				
	on line 9. Otherwise, go to line 7.							
7	Subtract line 6 from line 5			7				
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married fili	ng separately, see	instructions	8		
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	y CRD, see instruc	ctions		9	0.	
Par	Total Losses Allowed							
10	Add the income, if any, on lines 1a an	d 2a and enter the	etotal		[10	0.	
11	Total losses allowed from all passiv		23. Add lines 9 ar	nd 10. See instructi	ions to find			
	out how to report the losses on your to					11	0.	
Par	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.				
	Name of activity	Currer	nt year	Prior years	Over	all ga	ain or loss	
	Traine of activity	(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

Form 8582 (2023)										Page 2
Part V Comp	olete This Part Befo	re P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			
			Currer	nt year		Prior ye	ears	Overa	ll ga	ain or loss
Name			Net loss ne 2b)			(d) Gain		(e) Loss		
VIJAYA NAGAR C	COLONY, KPHB		0.	•	6,903.	,				6,903.
	l, lines 2a, 2b, and 2c his Part if an Amor	unt la	O. Chown on I	Dowt II	6,903.	oo inatrus	tiono			
Part VI USE I	nis Part II an Amoi			art II,	Line 9. S		tions.			
Name	of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(a) Loss	(b) Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a).
Total						1.00	,			
	ation of Unallowed			uction	S.	1.00	,			
	e of activity		Form or sche and line nur to be reporte	edule nber ed on		_oss	(b) Ratio	(c	e) Unallowed loss
	~~~~~		(see instruct			6 000	1 0	000000		
VIJAYA NAGAR (	COLONY, KPHB		E Ln 2	2		6,903.	1.0	000000		6,903.
Total						6,903.		1.00		6,903.
Part VIII Allow	ed Losses. See ins	tructi	ions.		1		I		1	
Nam	e of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	_OSS	<b>(b)</b> Ur	nallowed loss	(	(c) Allowed loss
VIJAYA NAGAR (	COLONY, KPHB		E Ln 2	2		6,903.		6,903.		0.
Takal						6 000		6 000		
Total						6,903.		6,903.		0.

40301 1555

Utah State Tax Commission

#### **Utah Individual Income Tax Return**

All state income tax dollars support education, children and individuals with disabilities.

Amended Return - enter code:

(see instructions)

2023 **TC-40** 

Full-yr Resident? Y/N

Υ

INTUIT

Your Social Security No. Your first name Your last name SIRNA 784032265 SRAVYA Spouse's last name Spouse's Soc. Sec. No. Spouse's first name Telephone number Address 580S 1300E 209-328-5773 If deceased, complete Foreign country (if not U.S.) State 7IP+4

	page 3, Part 1		State	ZIP+4	Foreign coun	try (if not U.S.)	
	SALT	LAKE CITY	UT	84102			
_							
1	Filing Status - enter code	• 2 Qualifying De	-		3 Election Camp	_	
	1 = Single		ents age 16 and	under	Does not increase		
•	1 2 = Married filing jointly		ependents		Enter the code for t		lf Spouse
	3 = Married filing separately		ents born in 2020		party of your choice		•
	4 = Head of household		ld lines a, b and	C)	See instructions f		utah way/alast
	5 = Qualifying surviving spo				code letters or go		.utan.gov/elect
- If u	using code 2 or 3, enter spouse's name and SS	SN above See instructions.			If no contribution, e	nter N.	
4	Federal adjusted gross income fr	om federal return				• 4	69537
5	Additions to income from TC-40A	, Part 1 (attach TC-40A, page	1)			• 5	
6	Total income - add line 4 and line	5				6	69537
7	State tax refund included on fede	ral form <b>1040, Schedule 1, li</b> i	ne 1 (if any)			• 7	
8	Subtractions from income from T	C-40A, Part 2 (attach TC-40A,	, page 1)			• 8	
9	Utah taxable income/loss - sub	tract the sum of lines 7 and 8	from line 6			• 9	69537
10	<b>Utah tax</b> - multiply line 9 by 4.65	% (.0465) (not less than zero)				• 10	3233
11	Utah personal exemption (multiply	y line 2d by \$1,941)		• 11	0		
12	2 Federal standard or itemized dec	luctions		• 12	13850	is quic	onic filing k, easy and
13	Add line 11 and line 12			13	13850		and will your refund.
14	State income tax included in fede	eral itemized deductions		• 14		<b>I</b>	arn more,
15	5 Subtract line 14 from line 13			15	13850	`	go to utah.gov
16	6 Initial credit before phase-out - m	ultiply line 15 by 6% (.06)		• 16	831		
17	7 Enter: \$16,742 (single or married household): or \$33.484 (n	I filing separately); <b>\$25,114</b> (honarried filing jointly or qualifying		• 17 se)	16742		•
18	B Income subject to phase-out - su			18	52795		
19	Phase-out amount - multiply line	18 by 1.3% (.013)		• 19	686		
20	) Taxpayer tax credit - subtract line	19 from line 16 (not less than	zero)			• 20	145

22 Utah income tax - subtract line 20 from line 10 (not less than zero)

21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.) • 21

• 22

40302	Utah Individual Income Tax Return (continued) SSN 784032265 Last name SIRNA	TC-40 2023	Pg. 2
23 Ente	r tax from TC-40, page 1, line 22	23	3088
24 Appo	ortionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	
	year resident, subtract line 24 from line 23 (not less than zero) or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 41	• 25	3088
	apportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	
27 Subt	ract line 26 from line 25 (not less than zero)	27	3088
28 Volu	ntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29 AME	NDED RETURN ONLY - previous refund	• 29	
30 Reca	apture of low-income housing credit	• 30	
31 Utah	use tax	• 31	
32 Tota	I tax, use tax and additions to tax (add lines 27 through 31)	32	3088
	withholding - If you have mineral production withholding or pass-through entity withholding, plete page 3, Part 5. If not, enter on line 33 the total of TC-40W, Part 1.	• 33	3111
	lit for Utah income taxes prepaid from TC-546 and 2022 refund applied to 2023	• 34	
35 AME	NDED RETURN ONLY - previous payments	• 35	
36 Nona	apportionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 36	
37 Appo	ortionable refundable credits from TC-40A, Part 6, line c (attach TC-40A, page 2)	• 37	
38 Total	withholding and refundable credits - add lines 33 through 37	38	3111
39 <b>TAX</b>	DUE - subtract line 38 from line 32 (not less than zero)	• 39	
40 Pena	alty and interest (see instructions)	40	
41 <b>TOT</b>	AL DUE - PAY THIS AMOUNT - add line 39 and line 40	• 41	
42 <b>REF</b>	UND - subtract line 32 from line 38 (not less than zero)	• 42	23
	ntary subtractions from refund (not greater than line 42)	• 43	
	r the total from page 3, Part 6  IAINING REFUND DIRECT DEPOSIT - your account information (see instructions for foreign accounts)	checking s	savings foreign
	outing number 011900254 • Account number 385025608458 Type	· ·	•
Under pena	alties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct	t and complete.	
	ur signature Date Spouse's signature (if filing jointly)		Date
HERE Third Party	y Name of designee (if any) you authorize to discuss this return Designee's telephone number	Designee PIN	
Designee		•	
	Preparer's signature Date Preparer's telephone number	Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR G 04/11/24 6789659522	•	P02082703
Preparer's		Preparer's EIN	040151005
Section	and address 245 ROONEY CT		843171965
	E BRUNSWICK NJ 08816		

INTUIT

**TC-40W** 

Pg. 1

3111

40309 SSN 784-03-2265

Line Explanations

Last name SIRNA

IMPORTANT

2023

<ul> <li>Employer/payer ID number from W-2 box "b" or 1099</li> <li>Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens)</li> <li>Employer/payer name and address from W-2 box "c" or 1099</li> <li>Enter "X" if reporting Utah withholding from form 1099</li> <li>Employee's Social Security number from W-2 box "a" or 1099</li> <li>Utah wages or income from W-2 box "16" or 1099</li> <li>Utah withholding tax from W-2 box "17" or 1099</li> </ul>	Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form.  Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax.  Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.					
First W-2 or 1099	Second W-2 or 1099					
1 222575929	1 863158460					
2 13027195003WTH (14 characters, no hyphens)	2 13027195003WTH (14 characters, no hyphens)					
3 CAPGEMINI AMERICA. INC PO BOX 17004	3 QUADTREE INC 9428 BAYMEADOWS RD SUITE137					
AUGUSTA GA30903	JACKSONVILLE FL32256					
4	4					
5 784032265	5 784032265					
6 31079	6 38400					
7 1288	7 1823					
Third W-2 or 1099	Fourth W-2 or 1099					
1	1					
2 (14 characters, no hyphens)	2 (14 characters, no hyphens)					
3	3					
4	4					
5	5					
6	6					
7	7					

Total Utah withholding tax from all lines 7:

If you have nothing to enter on TC-40W, page 2, enter this total on TC-40, page 2, line 33.

If you have entries on TC-40W, page 2, enter this total on TC-40, page 3, Part 5, line 1.

Submit page ONLY if data entered. Attach completed schedule to your Utah Income Tax Return. Do not attach W-2s or 1099s to your Utah return.