

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 VEDAVYAS Last name TUNGALA Your social security number 803 87 0959

If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1503 E MCNAIR DRIVE Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State AZ ZIP code 85283 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes header 'Dependents (see instructions):' and a note 'If more than four dependents, see instructions and check here.' with a checkbox.

Income table with columns 1a-1z and 1a-1z. Rows include: 1a Total amount from Form(s) W-2, box 1 (see instructions) 159,914.; 1b Household employee wages not reported on Form(s) W-2; 1c Tip income not reported on line 1a (see instructions); 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions); 1e Taxable dependent care benefits from Form 2441, line 26; 1f Employer-provided adoption benefits from Form 8839, line 29; 1g Wages from Form 8919, line 6; 1h Other earned income (see instructions) 0.; 1i Nontaxable combat pay election (see instructions); 1z Add lines 1a through 1h 159,914.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. Rows include: 2a Tax-exempt interest; 2b Taxable interest 29.; 3a Qualified dividends 156.; 3b Ordinary dividends 156.; 4a IRA distributions; 4b Taxable amount; 5a Pensions and annuities; 5b Taxable amount; 6a Social security benefits; 6b Taxable amount.

Table with columns 7-15. Rows include: 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 3,367.; 8 Additional income from Schedule 1, line 10 -18,154.; 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 145,312.; 10 Adjustments to income from Schedule 1, line 26; 11 Subtract line 10 from line 9. This is your adjusted gross income 145,312.; 12 Standard deduction or itemized deductions (from Schedule A) 13,850.; 13 Qualified business income deduction from Form 8995 or Form 8995-A; 14 Add lines 12 and 13 13,850.; 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 131,462.

Attach Sch. B if required.

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

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 24,936. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 24,936. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20  | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 24,936. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.      |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>   | <b>24</b> | 24,936. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 31,307. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c   | <b>25d</b> | 31,307. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> NO  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>  | 31,307. |

|                                      |            |   |            |        |
|--------------------------------------|------------|---|------------|--------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 6,371. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 6,371. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 1 1 1 0 0 0 0 2 5 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 4 8 8 0 3 9 5 7 6 1 2 7  |            |        |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>  | <b>36</b>  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |                                     |                                      |   |
|---|-------------------------------------|--------------------------------------|---|
| Your signature  | Date                                | Your occupation<br>RESEARCH ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                                | Spouse's occupation                  | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (573) 612-8696                                      | Email address VYASTUNGALA@GMAIL.COM |                                      |   |

**Paid Preparer Use Only**

|   |  |                    |                   |   |
|---|--|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA   | Date<br>03/17/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC               | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816 |                    |                   | Phone no. (678) 965-9522                            |
| Firm's EIN                                    |  |                    |                   |   |

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

VEDAVYAS TUNGALA

Your social security number

803-87-0959

**Part I Additional Income**

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  | -5,170.  |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   | <b>5</b>  | -12,984. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |          |
| <b>8</b>  | Other income:   |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> | ( )      |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b> |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b> |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> | ( )      |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b> |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b> |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b> |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b> |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b> |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b> |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b> |          |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b> |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b> |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b> |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b> |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b> |          |
| <b>q</b>  | Taxable distributions from an ABLÉ account (see instructions) . . . . .   | <b>8q</b> |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b> |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> | ( )      |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b> |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b> |          |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   | <b>9</b>  |          |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         | <b>10</b> | -18,154. |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

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

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

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

Name of proprietor: VEDAVYAS TUNGALA. Social security number (SSN): 803-87-0959. Principal business: IT SERVICES. Business name: CUMULATIVE SOLUTIONS LLC. Business address: 1503 E MCNAIR DRIVE, TEMPE, AZ 85283. Accounting method: Cash. Did you materially participate? Yes.

Part I Income

Table with 7 rows for income calculation. Line 1: Gross receipts or sales. Line 2: Returns and allowances. Line 3: Subtract line 2 from line 1. Line 4: Cost of goods sold. Line 5: Gross profit. Line 6: Other income. Line 7: Gross income.

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

Table with 32 rows for expense calculation. Lines 8-17: Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depletion, Depreciation, Employee benefit programs, Insurance, Interest, Legal and professional services. Lines 18-27b: Office expense, Pension and profit-sharing plans, Rent or lease, Repairs and maintenance, Supplies, Taxes and licenses, Travel and meals, Utilities, Wages, Other expenses. Line 28: Total expenses before home use. Line 29: Tentative profit or loss. Line 30: Expenses for business use of home. Line 31: Net profit or loss. Line 32: Investment risk options.

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

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

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

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

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

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

**44** Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:  
**a** Business \_\_\_\_\_    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other \_\_\_\_\_

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

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

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

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

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

|   |           |  |
|---|-----------|--|
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
| <b>48</b> <b>Total other expenses.</b> Enter here and on line 27a . . . . . | <b>48</b> |  |

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **12**

Name(s) shown on return

VEDAVYAS TUNGALA

Your social security number

803-87-0959

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

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

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

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

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

|  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 9,711.                           | 5,310.                          |   | 4,401.  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  | 0.                               | 1,034.                          |   | -1,034.   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 3,367.   |

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

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

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

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

**Part III Summary**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .  | <b>16</b> | 3,367. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.   |           |        |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . .   | <b>18</b> |        |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . .   | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and you are not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                             |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | <b>21</b> | ( )    |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 16.<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.  |           |        |





**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

Name(s) shown on return

Social security number or taxpayer identification number

VEDAVYAS TUNGALA

803-87-0959

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

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

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

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

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

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|--|---|---|--|--|--|--------------------------------|--|
|                  |  |   |   |  |  | (f)<br>Code(s) from<br>instructions  | (g)<br>Amount of<br>adjustment |  |
|                  | ROBINHOOD SECURITIES LLC   | 01/01/23                                | 12/31/23  | 0.   | 1,034.   |  |                                | -1,034.  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
|                  |  |   |   |  |  |  |                                |  |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |   |   | 0.   | 1,034.   |  |                                | -1,034.  |

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

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

VEDAVYAS TUNGALA

803-87-0959

**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** D/NO: 2-467 2ND WARD AVANIGADDA, KRISHNA ANDHRA PRADESH IN 521121

**B** \_\_\_\_\_  
**C** \_\_\_\_\_

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

**Type of Property:**

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

| Income:   | Properties:           |   |   |
|---|-----------------------|---|---|
|   | A                     | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 641.         |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>              |   |   |
| <b>Expenses:</b>  |                       |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>              |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>              |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 1,787.       |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 2,141.      |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,658.      |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 2,321.      |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,121.      |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 2,597.      |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>             |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 13,625.     |   |   |
| <b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b> -12,984.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 12,984. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 641.       |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>            |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>            |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b> 2,597.     |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 13,625.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>             |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 12,984. ) |   |   |
| <b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b> -12,984.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-12,984.

Schedule E (Form 1040) 2023

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
803-87-0959

VEDAVYAS TUNGALA

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

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

|           |  |   |
|-----------|--|---|
| <b>1</b>  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .   | <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family |
| <b>2</b>  | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | 2 0.  |
| <b>3</b>  | If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3 3,850.  |
| <b>4</b>  | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | 4 0.  |
| <b>5</b>  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | 5 3,850.  |
| <b>6</b>  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .   | 6 3,850.  |
| <b>7</b>  | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .   | 7 0.  |
| <b>8</b>  | Add lines 6 and 7 . . . . .  | 8 3,850.  |
| <b>9</b>  | Employer contributions made to your HSAs for 2023 . . . . .  | 9 2,000.  |
| <b>10</b> | Qualified HSA funding distributions . . . . .  | 10  |
| <b>11</b> | Add lines 9 and 10 . . . . .   | 11 2,000.   |
| <b>12</b> | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 1,850.   |
| <b>13</b> | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | 13 0.   |

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

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

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

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

**Additional Information From 2023 Federal Tax Return****Schedule C (IT SERVICES): Profit or Loss from Business****Line 25****Itemization Statement**

| Description    | Amount        |
|----------------|---------------|
| PHONE BILLS    | 1,450.        |
| INTERNET BILLS | 980.          |
| <b>Total</b>   | <b>2,430.</b> |

**2023 Form OR-40-P**  
**Oregon Individual Income Tax Return for Part-year Residents**

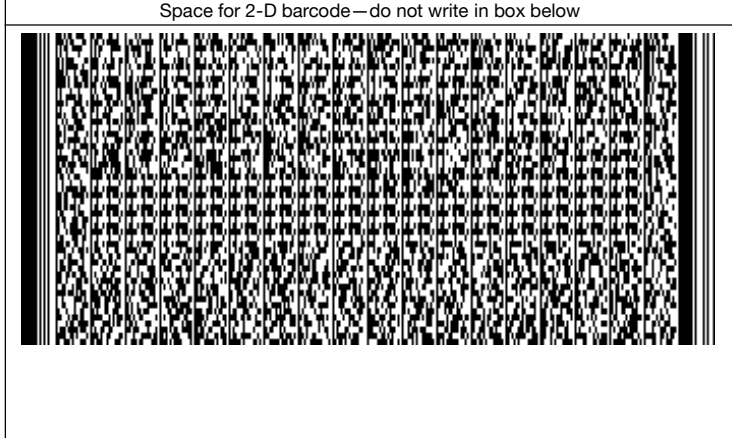
Oregon Department of Revenue

Page 1 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Fiscal year ending date (MM/DD/YYYY)

Space for 2-D barcode—do not write in box below

- Extension filed
- Amended return.  
If amending for an NOL tax year (YYYY)  
NOL, tax year the  
NOL was generated:
- Form OR-24
- Form OR-243
- Calculated with "as if" federal return
- Federal Form 8379
- Short-year tax election
- Federal Form 8886
- Employment exception
- Disaster relief
- Military



Oregon resident dates: From (MM/DD/YYYY) 04/01/2023 To (MM/DD/YYYY) 12/31/2023

First name VEDAVYAS Initial Date of birth (MM/DD/YYYY) 07/22/1987

Last name

TUNGALA

Social Security number (SSN)

803-87-0959

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Spouse first name Initial Spouse date of birth (MM/DD/YYYY)

Spouse last name

Spouse SSN

- First time using this SSN (see instructions)
- Applied for ITIN
- Deceased

Current mailing address

1503 E MCNAIR DRIVE

City

TEMPE

Country

USA

State

AZ

Phone

ZIP code

85283

573-612-8696



Page 2 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

TUNGALA

803-87-0959

Note: Reprint page 1 if you make changes to this page.

Filing Status (check only one box)

- 1. [X] Single 2. [ ] Married filing jointly 3. [ ] Married filing separately (enter spouse information on page 1) 4. [ ] Head of household (with qualifying dependent) 5. [ ] Qualifying surviving spouse

Exemptions

6a. Credits for yourself.....6a. 1

Check boxes that apply: [X] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

6b. Credits for your spouse .....6b.

Check boxes that apply: [ ] Regular [ ] Severely disabled [ ] Someone else can claim you as a dependent

Dependents

List your dependents in order from youngest to oldest. If you have more than three dependents, complete and include Schedule OR-ADD-DEP.

Dependent 1: First name Initial Dependent 1: Last name

Dependent 1: Date of birth (MM/DD/YYYY) Dependent 1: SSN Code \*

[ ] Dependent 1: Check if child has a qualifying disability

Dependent 2: First name Initial Dependent 2: Last name

Dependent 2: Date of birth (MM/DD/YYYY) Dependent 2: SSN Code \*

[ ] Dependent 2: Check if child has a qualifying disability

Dependent 3: First name Initial Dependent 3: Last name

Dependent 3: Date of birth (MM/DD/YYYY) Dependent 3: SSN Code \*

[ ] Dependent 3: Check if child has a qualifying disability

\*Dependent relationship code (see instructions).

6c. Total number of dependents .....6c.

6d. Total number of dependent children with a qualifying disability (see instructions).....6d.



Page 3 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name TUNGALA SSN 803-87-0959

Note: Reprint page 1 if you make changes to this page.

6e. Total exemptions. Add lines 6a through 6d..... Total 6e. 1

Table with 4 columns: Description, Federal column (F), Oregon column (S), and sub-labels (7F, 7S, etc.). Rows include Wages, salaries, interest income, dividend income, state and local income tax refunds, alimony received, business income or loss, capital gain or loss, and other gains or losses.





Page 4 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

TUNGALA

803-87-0959

Note: Reprint page 1 if you make changes to this page.

|  | Federal column (F) |      | Oregon column (S) |
|--|--------------------|------|-------------------|
| 15. IRA distributions from Form 1040 or 1040-SR, line 4b.  |                    |      |                   |
| 15F.   |                    | 15S. |                   |
| 16. Pensions and annuities from Form 1040 or 1040-SR, line 5b.   |                    |      |                   |
| 16F.   |                    | 16S. |                   |
| 17. Schedule E income or loss from federal Schedule 1, line 5.   |                    |      |                   |
| 17F.   | 0.00               | 17S. | 0.00              |
| 18. Farm income or loss from federal Schedule 1, line 6.   |                    |      |                   |
| 18F.   |                    | 18S. |                   |
| 19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 9. |                    |      |                   |
| 19F.   |                    | 19S. |                   |
| 20. Total income. Add lines 7 through 19.  |                    |      |                   |
| 20F.   | 158,296.00         | 20S. | 119,252.00        |

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 16 and 20.

21F.

21S.

22. Education deductions from federal Schedule 1, lines 11 and 21.

22F.

22S.



Page 5 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name TUNGALA SSN 803-87-0959

Note: Reprint page 1 if you make changes to this page.

Table with 3 columns: Adjustments (continued), Federal column (F), Oregon column (S). Rows include items 23-29 with descriptions and numerical values.

Additions

Table with 3 columns: Adjustments (continued), Federal column (F), Oregon column (S). Row 30: Total additions from Schedule OR-ASC-NP, line B7 for the federal column and line B8 for the Oregon column.



Page 6 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name SSN  
 TUNGALA 803-87-0959

**Note: Reprint page 1 if you make changes to this page.**

| Additions (continued)                            | Federal column (F) |      | Oregon column (S) |
|--|--------------------|------|-------------------|
| 31. Income after additions. Add lines 29 and 30. |                    |      |                   |
| 31F.   | 158,296.00         | 31S. | 119,252.00        |

**Subtractions**

|   |            |      |            |
|---|------------|------|------------|
| 32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.                           |            |      |            |
| 32F.  |            | 32S. |            |
| 33. Total subtractions from Schedule OR-ASC-NP, line C7 for the federal column and line C8 for the Oregon column. |            |      |            |
| 33F.  |            | 33S. |            |
| 34. Income after subtractions. Line 31 minus lines 32 and 33.   |            |      |            |
| 34F.  | 158,296.00 | 34S. | 119,252.00 |
| 35. <b>Oregon percentage</b> (see instructions; not more than 100.0%).....35.                                     |            |      | 75.3 %     |

**Deductions and modifications**

|   |                   |                                   |   |  |                              |
|---|-------------------|-----------------------------------|---|--|------------------------------|
| 36. Amount from line 34F..... 36.   |                   | 158,296.00                        |   |  |                              |
| 37. <b>Oregon itemized deductions.</b> Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0..... 37.  |                   | 3,825.00                          |   |  |                              |
| 38. <b>Standard deduction.</b> Enter your standard deduction ..... 38.  |                   | 2,605.00                          |   |  |                              |
| <p><b>You were:</b>    38a. <input type="checkbox"/> 65 or older    38b. <input type="checkbox"/> Blind    Your spouse was:    38c. <input type="checkbox"/> 65 or older    38d. <input type="checkbox"/> Blind</p> |                   |                                   |   |  |                              |
| <b>Standard deductions</b>  | Single<br>\$2,605 | Married filing jointly<br>\$5,210 | Married filing separately<br>\$2,605 or \$0 | Qualifying surviving spouse<br>\$5,210 | Head of household<br>\$4,195 |
| See instructions if you are age 65 or older, blind, or if someone can claim you as a dependent.<br>See instructions if you are married filing separately.   |                   |                                   |   |  |                              |
| 39. Enter the larger of line 37 or 38..... 39.  |                   | 3,825.00                          |   |  |                              |
| 40. 2023 federal tax liability ( <b>see instructions</b> )..... 40.   |                   | 0.00                              |   |  |                              |



Page 7 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name TUNGALA SSN 803-87-0959

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Deductions and modifications (continued)

41. Total modifications from Schedule OR-ASC-NP, line D7 ..... 41.
42. Add lines 39, 40, and 41 ..... 42. 3,825.00
43. Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter 0 ..... 43. 154,471.00

Oregon tax

44. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 44. 13,570.00
44a. [ ] Schedule OR-FIA-40-P 44b. [ ] Worksheet FCG 44c. [ ] Schedule OR-PTE-PY
45. Oregon income tax. Line 44 multiplied by the Oregon percentage from line 35 (see instructions)..... 45. 10,218.00
46. Interest on certain installment sales ..... 46.
47. Total tax recaptures from Schedule OR-ASC-NP, line E5..... 47.
48. Total additions to tax. Line 46 plus line 47..... 48.
49. Total tax before credits. Add lines 45 and 48..... 49. 10,218.00

Standard and carryforward credits

50. Exemption credit (see instructions)..... 50.
51. Total standard credits from Schedule OR-ASC-NP, line F16..... 51.
52. Total standard credits. Add lines 50 and 51 ..... 52.
53. Tax minus standard credits. Line 49 minus line 52. If line 52 is more than line 49, enter 0 ..... 53. 10,218.00



Page 8 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name TUNGALA SSN 803-87-0959

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Standard and carryforward credits (continued)

54. Total carryforward credits used this year (Schedule OR-ASC-NP, line G9). Line 54 can't be more than line 53 (Schedule OR-ASC and OR-ASC-NP Instructions)..... 54.
55. Tax after standard and carryforward credits. Line 53 minus line 54 ..... 55. 10,218.00

Payments and refundable credits

56. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099..... 56. 9,222.00
57. Amount applied from your prior year's tax refund ..... 57.
58. Estimated tax payments for 2023. Include all estimated payments you made by April 15, 2024, including any extension payment or tax withheld from real estate transactions. Do not include the amount you already reported on line 57 ..... 58.
59. Tax payments from a pass-through entity ..... 59.
60. Earned income credit (see instructions)..... 60.
61. Oregon Kids Credit (see instructions) ..... 61.
62. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). To donate your kicker to the State School Fund, enter 0 and see line 78 ..... 62. 0.00
63. Total refundable credits from Schedule OR-ASC-NP, line H7..... 63.
64. Total payments and refundable credits. Add lines 56 through 63 ..... 64. 9,222.00

Tax to pay or refund

65. Overpayment of tax. If line 55 is less than line 64, you overpaid. Line 64 minus line 55 ..... 65.
66. Net tax. If line 55 is more than line 64, you have tax to pay. Line 55 minus line 64 ..... 66. 996.00
67. Penalty and interest for filing or paying late (see instructions) ..... 67.



Page 9 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

TUNGALA

803-87-0959

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Tax to pay or refund (continued)

68. Interest on underpayment of estimated tax. Include Form OR-10 ..... 68.

Exception number from Form OR-10, line 1: 68a.

Check box if you annualized: 68b.

69. Total penalty and interest due. Add lines 67 and 68..... 69.

70. Net tax including penalty and interest.

Line 66 plus line 69. .... This is the amount you owe. 70.

996.00

71. Overpayment less penalty and interest.

Line 65 minus line 69. .... This is your refund. 71.

72. Estimated tax. Fill in the portion of line 71 you want applied to your open estimated tax account ..... 72.

73. Charitable checkoff donations from Schedule OR-DONATE, line 30 ..... 73.

74. Oregon 529 college savings plan deposits from Schedule OR-529, line 5 ..... 74.

75. Total. Add lines 72 through 74. The total can't be more than your refund on line 71..... 75.

76. Net refund. Line 71 minus line 75 ..... This is your net refund. 76.

Direct deposit

77. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:

Checking or

Savings

Account information:

Routing number

Account number

Kicker donation

78. If you elect to donate your kicker to the State School Fund, check this box..... 78a.

Complete the kicker worksheet in the instructions and enter the amount here. .... This election is irrevocable. 78b.



Page 10 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

TUNGALA

803-87-0959

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Your signature

X

Date (MM/DD/YYYY)

Spouse signature

X

Date (MM/DD/YYYY)

Signature of preparer other than taxpayer

XSAM PRIYA RAM SAGAR GUPTA

Date (MM/DD/YYYY)

Preparer phone

Preparer license number

03/17/2024

678-965-9522

Preparer first name

Initial

Preparer last name

SYAM

P

RAM SAGAR GUPTA

Preparer address

245 ROONEY CT

City

State

ZIP code

E BRUNSWICK

NJ

08816

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, or 1040-NR. We may adjust your return without it.

Pay the amount due (shown on line 69)

- Online: www.oregon.gov/dor.
By mail: Payable to the Oregon Department of Revenue. Write "2023 Oregon Form OR-40-P" and the last four digits of your SSN or ITIN on your check or money order. If you include a payment with your return, don't include Form OR-40-V payment voucher.

Mail your return

- Non-2-D barcode. If the large 2-D barcode box on the first page of this form is blank:
Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
2-D barcode. If the large 2-D barcode box on the first page of this form is filled in:
Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.



Page 11 of 11 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

SSN

TUNGALA

803-87-0959

**Note: Reprint page 1 if you make changes to this page.**

**Amended statement.** Complete this section only if you're amending your 2023 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.





**2023 Schedule OR-A  
Oregon Itemized Deductions**

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

TUNGALA

Social Security number (SSN)

803-87-0959

**Read instructions carefully before completing. If you itemize, you must include this schedule with your Oregon return.**

**Medical and dental expenses**

**Caution!** Don't include expenses reimbursed or paid by others.

- 1. Medical and dental expenses (see instructions) ..... 1.
- 2. Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7;  
or Form OR-40-N or OR-40-P, line 29F ..... 2. 158,296.00
- 3. AGI threshold. Multiply line 2 by 7.5% (0.075)..... 3. 11,872.00
- 4. **Medical and dental expense deduction.** Line 1 minus line 3. If line 3 is more  
than line 1, enter 0 ..... 4.

**Taxes you paid**

- 5. State and local income taxes. **Don't include Oregon income tax,  
including Oregon withholding**..... 5. 0.00
- 6. Real estate taxes (see instructions) ..... 6.
- 7. Personal property taxes..... 7.

Reserved

- 9. Total income and property taxes. Add lines 5 through 8. **Don't enter more than  
\$10,000 (\$5,000 if married filing separately)** ..... 9. 0.00
- 10. Other taxes. List type and amount: ..... 10.
- 11. **Taxes paid deduction.** Add lines 9 and 10..... 11. 0.00

*Continued on next page*



**2023 Schedule OR-A  
Oregon Itemized Deductions**

Page 2 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

**Interest you paid**

- 12. Mortgage interest and points reported on federal Form 1098 ..... 12. 3,825.00
  
- 13. Mortgage interest not reported on federal Form 1098 ..... 13.
  
- 14. Points not reported on federal Form 1098..... 14.

Reserved

- 16. Investment interest (see instructions) ..... 16.
  
- 17. **Interest paid deduction.** Add lines 12 through 16 ..... 17. 3,825.00

**Gifts to charity**

- 18. Gifts by cash or check (see instructions)..... 18.
  
- 19. Gifts other than by cash or check (see instructions) ..... 19.
  
- 20. Carryover from prior year ..... 20.
  
- 21. **Total gifts to charity.** Add lines 18 through 20 ..... 21.

**Other miscellaneous deductions**

- 22. List type and amount. **Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation** (see instructions) ..... 22.

**Oregon itemized deductions**

- 23. Add lines 4, 11, 17, 21, and 22. Enter the amount from line 23 on Form OR-40, line 16; or Form OR-40-N or OR-40-P, line 37 ..... 23. 3,825.00



DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2023

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,3 AND ENDING 66F

Your First Name and Middle Initial VEDAVYAS Last Name TUNGALA Your Social Security Number 803 87 0959 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

Current Home Address - number and street, rural route 1503 E MCNAIR DRIVE Apt. No. Daytime Phone (with area code) 94 (573) 612-8696 City, Town or Post Office State ZIP Code TEMPE AZ 85283 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household: Enter name of qualifying child or dependent on next line: 6 Married filing separate return: Enter spouse's name and Social Security Number above. 7 Single

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 11a Qualifying parents and grandparents

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NUMBER, (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2023, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2023.

14 Dates of Arizona residency: From 0,1,0,1,2,0,2,3 to 0,3,3,1,2,0,2,3 List other state(s) of residency: OR

Main income table with columns for 2023 FEDERAL Amount from Federal Return and 2023 ARIZONA Amount Only. Rows include Wages, Interest, Dividends, Arizona income tax refunds, Business income, Gains, Rents, Other income, Total income, Federal adjusted gross income, Arizona gross income, Arizona income ratio, Small Business income, Modified Arizona gross income, Total depreciation, Other Additions to Income, Subtotal, Total Arizona net capital gain, Total Arizona net short-term capital gain, Total Arizona net long-term capital gain, Net long-term capital gain from assets acquired after December 31, 2011, Multiply line 36 by 25%, Net capital gain derived from investment in qualified small business, Subtract lines 37 and 38 from line 32.

Place any required federal and AZ schedules or other documents after Form 140PY.

Exemptions 8, 9, and 11a - Dependents 10a and 10b Arizona Income Subtractions - cont. on page 2 Additions

Your Name (as shown on page 1) **VEDAVYAS TUNGALA** Your Social Security Number **803-87-0959**

|                                       |                             |   |    |        |   |    |
|---------------------------------------|-----------------------------|---|----|--------|---|----|
| Subtractions<br>cont. from page 1     | 40                          | Recalculated Arizona depreciation .....   | 40 |        | 00  |    |
|                                       | 41                          | Contributions to: 41a 529 College Savings Plans <input type="text"/> 00 41b 529A (ABLE accounts) <input type="text"/> 00 add 41a and 41b... 41c   |    |        | 00  |    |
|                                       | 42                          | Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....   | 42 |        | 00  |    |
|                                       | 43                          | U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income .....  | 43 |        | 00  |    |
|                                       | 44                          | Other Subtractions from Income. Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6 .....   | 44 |        | 00  |    |
|                                       | 45                          | Subtract lines 40 through 44 from line 39. Enter the difference .....   | 45 | 40,662 | 00  |    |
| Exemptions                            | 46                          | Age 65 or over: Multiply the number in box 8 by \$2,100.....  | 46 |        | 00  |    |
|                                       | 47                          | Blind: Multiply the number in box 9 by \$1,500 .....  | 47 |        | 00  |    |
|                                       | 48                          | Other Exemptions. See instructions.....48E <input type="text"/> Multiply the number in box 48E by \$2,300.....  | 48 |        | 00  |    |
|                                       | 49                          | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....  | 49 |        | 00  |    |
|                                       | 50                          | Add lines 46 through 49. Enter the total .....  | 50 |        | 00  |    |
|                                       | 51                          | Multiply line 50 by the Arizona income ratio on line 27 .....   | 51 |        | 00  |    |
|                                       | 52                          | <b>Arizona adjusted gross income:</b> Subtract line 51 from line 45. If less than zero, enter "0" .....   | 52 | 40,662 | 00  |    |
| Balance of Tax                        | 53                          | <b>Deductions: Check box and enter amount.</b> See instructions..... 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD 53                              | 53 | 13,850 | 00  |    |
|                                       | 54                          | If you checked box 53S and claim charitable contributions check 54C <input type="checkbox"/> Complete page 3. See instructions.....   | 54 |        | 00  |    |
|                                       | 55                          | Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....  | 55 | 26,812 | 00  |    |
|                                       | 56                          | Tax: Multiply line 55 by 2.5% (.025). Enter the result.....   | 56 | 670    | 00  |    |
|                                       | 57                          | Tax from recapture of credits from Arizona Form 301, Part 2, line 31 .....  | 57 |        | 00  |    |
|                                       | 58                          | Subtotal of tax: Add lines 56 and 57. Enter the total .....   | 58 | 670    | 00  |    |
|                                       | 59                          | Dependent Tax Credit. See instructions.....   | 59 |        | 00  |    |
|                                       | 60                          | Family income tax credit (from the worksheet - see instructions) .....  | 60 |        | 00  |    |
|                                       | 61                          | Nonrefundable credits from Arizona Form 301, Part 2, line 62.....   | 61 |        | 00  |    |
|                                       | 62                          | <b>Balance of tax:</b> Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 58, enter "0" .....   | 62 | 670    | 00  |    |
| Total Payments and Refundable Credits | 63                          | 2023 AZ income tax withheld.....  | 63 | 313    | 00  |    |
|                                       | 64                          | 2023 AZ estimated tax payments.. 64a <input type="text"/> 00 Claim of Right 64b <input type="text"/> 00 Add 64a and 64b. 64c  | 64 |        | 00  |    |
|                                       | 65                          | 2023 AZ extension payment (Form 204) .....  | 65 |        | 00  |    |
|                                       | 66                          | Increased Excise Tax Credit (from the worksheet - see instructions) .....   | 66 |        | 00  |    |
|                                       | 67                          | Other refundable credits: Check the box(es) and enter the total amount..... 671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 334 673 <input type="checkbox"/> 349 67         | 67 |        | 00  |    |
|                                       | 68                          | <b>Total payments and refundable credits:</b> Add lines 63 through 67. Enter the total .....  | 68 | 313    | 00  |    |
| Tax Due or Overpayment                | 69                          | <b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70, 71 and 72.....  | 69 | 357    | 00  |    |
|                                       | 70                          | <b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment.....  | 70 |        | 00  |    |
|                                       | 71                          | Amount of line 70 to be applied to 2024 estimated tax.....  | 71 |        | 00  |    |
|                                       | 72                          | Balance of overpayment: Subtract line 71 from line 70. Enter the difference.....  | 72 |        | 00  |    |
| Voluntary Gifts                       | 73 - 83 Voluntary Gifts to: |   |    |        |   |    |
|                                       |                             | Solutions Teams Assigned to Schools..... 73   |    | 00     | Arizona Wildlife..... 74                      | 00 |
|                                       |                             | Child Abuse Prevention..... 75  |    | 00     | Domestic Violence Services..... 76            | 00 |
|                                       |                             | Neighbors Helping Neighbors..... 78   |    | 00     | Special Olympics..... 79                      | 00 |
|                                       |                             | I Didn't Pay Enough Fund..... 81  |    | 00     | Sustainable State Parks and Road Fund..... 82 | 00 |
|                                       |                             |   |    | 00     | Veterans' Donations Fund..... 80              | 00 |
|                                       |                             |   |    | 00     | Spay/Neuter of Animals.. 83                   | 00 |
|                                       | 84                          | Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican |    |        |   |    |
| Penalty                               | 85                          | Estimated payment penalty .....   | 85 |        | 00  |    |
|                                       | 86                          | 861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included   |    |        |   |    |
|                                       | 87                          | Add lines 73 through 83 and 85; enter the total.....  | 87 |        | 00  |    |
| Refund or Amount Owed                 | 88                          | <b>REFUND:</b> Subtract line 87 from line 72. If less than zero, enter amount owed on line 89 .....   | 88 |        | 00  |    |
|                                       |                             | <b>Direct Deposit of Refund: Check box 88A</b> if your deposit will be ultimately placed in a <b>foreign account</b> ; see instructions. 88A <input type="checkbox"/>                       |    |        |   |    |
|                                       |                             | <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER<br><input type="checkbox"/> S <input type="checkbox"/> Savings                     |    |        |   |    |
|                                       | 89                          | <b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment. 89   | 89 | 357    | 00  |    |

**PLEASE SIGN HERE**

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ RESEARCH ENGINEER OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION

SYAM PRIYA RAM SAGAR GUPTA 03172024 GLOBAL TAXES LLC

PAID PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

245 ROONEY CT P02082703

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E BRUNSWICK NJ 08816 (678) 965-9522

PAID PREPARER'S CITY STATE ZIP CODE \_\_\_\_\_ PAID PREPARER'S PHONE NUMBER