

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 Last name Your social security number
AJITHA KUNUKUNTLA 349 45 8189

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.
2901 S KING DR 1304 Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
CHICAGO IL 60616 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)
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.

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

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

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

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.

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

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

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

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

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

Sign Here section with declaration of preparer and signature lines for taxpayer and spouse, including occupation and ID information.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and phone/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

AJITHA KUNUKUNTLA

Your social security number

349-45-8189

**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>	
<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>	-7,482.
<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 ABL 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>	-7,482.

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 E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

AJITHA KUNUKUNTLA

Your social security number

349-45-8189

**Part I Income or Loss From Rental Real Estate and Royalties**

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

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

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

**A** PLOT NO:67, NYR COLONY VINAYAKA HILLS ALMASGUDA,BN REDDY NAGAR,RANGA REDDY TELANGANA IN 500058

**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> 612.		
<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> 1,578.		
<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> 1,231.		
<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> 1,612.		
<b>15</b> Supplies . . . . .	<b>15</b> 1,740.		
<b>16</b> Taxes . . . . .	<b>16</b>		
<b>17</b> Utilities . . . . .	<b>17</b> 1,933.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>		
<b>19</b> Other (list) _____	<b>19</b>		
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b> 8,094.		
<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> -7,482.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b> ( 7,482. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b> 612.		
<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>		
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b> 8,094.		
<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> ( 7,482. )		
<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> -7,482.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,482.

Schedule E (Form 1040) 2023

For calendar year 2023 or tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_

Your first name, middle initial, and last name: AJITHA KUNUKUNTLA Your Social Security Number: 349-45-8189

Spouse's first name, middle initial and last name: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

Home address, City, State, ZIP: 2901 S KING DR, 1304 CHICAGO IL 60616

**Part I Tax Return Information**

1. Federal total income (IA 1040, line 1).....	1.	<u>39,718</u>
2. Total Tax (IA 1040, line 7).....	2.	<u>1,324</u>
3. Iowa Income Tax Withheld (IA 1040, line 28).....	3.	<u>2,051</u>
4. Amount to be Refunded (IA 1040, line 32).....	4.	<u>767</u>
5. Total Amount Due (IA 1040, line 37).....	5.	_____

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

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

Name of financial institution: JP MORGAN CHASE

Routing Number 

0	7	1	0	0	0	0	1	3	
---	---	---	---	---	---	---	---	---	--

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

Account Number 

3	6	8	7	0	7	1	3	6									
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Type of Account: Savings  Checking

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

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

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

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

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

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) Address, City, State, ZIP	<u>GLOBAL TAXES LLC</u> <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>			FEIN <u>84-3171965</u> Phone Number (678) <u>965-9522</u>
Paid Preparer Signature	<u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>03/09/2024</u>	Check if self-employed <input type="checkbox"/>	Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) Address, City, State, ZIP	<u>GLOBAL TAXES LLC</u> <u>245 ROONEY CT E BRUNSWICK NJ 08816</u>			FEIN <u>84-3171965</u> Phone Number (678) <u>965-9522</u>

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

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

**Check the box if this is an amended return** ▶

Last Name First Name MI Social Security Number (SSN)  
 ▶ KUNUKUNTLA ▶ AJITHA ▶  ▶ 3 4 9 4 5 8 1 8 9

Spouse's Last Name Spouse's First Name MI Spouse's Social Security Number (SSN)  
 ▶  ▶  ▶  ▶

Current mailing address (number, street, apartment, lot, or suite number) or PO Box  
 ▶ 2901 S KING DR, 1304

City State ZIP  
 ▶ CHICAGO ▶ I L ▶ 6 0 6 1 6

County No. School District No.  
 ▶ 2 5 ▶ 6 9 5 7

**Use Residence as of 12/31/23:**

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

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

Yes No  
 ▶  ▶

▶ 3  00

**Step 3: Exemptions**

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

**Enter Dollars and Cents**

▶ 1 x \$40 = ▶  40 00

▶  x \$20 = ▶  00

▶  x \$40 = ▶  00

▶  40 00



Taxpayer's Name

AJITHA KUNUKUNTLA

Taxpayer's SSN

3 4 9 4 5 8 1 8 9

Dependent's first name	Dependent's last name	Dependent's SSN	Relationship to you
▶	▶	▶	▶
▶	▶	▶	▶
▶	▶	▶	▶

Step 4: Iowa Taxable Income

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

Enter Dollars and Cents

▶ 1	39,718 00
▶ 2	25,868 00
▶ 3	2,128 00
▶ 4	27,996 00

Step 5: Tax, Nonrefundable Credits, and Checkoff contributions

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

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

▶ 5	1,324 00
▶ 6	00
▶ 7	1,324 00
▶ 8	40 00
▶ 9	00
▶ 10	00
▶ 11	40 00
▶ 12	1,284 00
▶ 13	00
▶ 14	1,284 00
▶ 15	00
▶ 16	1,284 00
▶ 17	00
▶ 18	1,284 00
▶ 19	0 00
▶ 20	1,284 00

Fish/Wildlife  State Fair  Firefighters/Veterans  Child Abuse Prevention

Enter total here.....

▶ 21	00
▶ 22	1,284 00

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





Taxpayer's Name

AJITHA KUNUKUNTLA

Taxpayer's SSN

3 4 9 4 5 8 1 8 9

Step 6: Refundable Credits and Payments

Enter Dollars and Cents

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

▶ 23		00
▶ 24		00
▶ 25		00
▶ 26		00
▶ 27		00
▶ 28	2,051	00
▶ 29		00
▶ 30	2,051	00

Step 7: Refund

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

▶ 31	767	00
▶ 32	767	00

c. Account Type  Checking  Savings

▶ 33		00
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Step 8: Amount due

- 34. If line 30 is less than line 22, subtract line 30 from line 22 .....
- 35. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F.
 

Check if annualized income (IA 2210AI) or farmer/fisher (IA 2210F) method used
- 36. Penalty and Interest
 

36a. Penalty		00
36b. Interest		00

 Enter total here .....
- 37. TOTAL AMOUNT DUE. ADD lines 34, 35, and 36 .....

▶ 34		00
▶ 35		00
▶ 36		00
▶ 37		00



Taxpayer's Name

AJITHA KUNUKUNTLA

Taxpayer's SSN

3 4 9 4 5 8 1 8 9

IA 1040 Schedule 1

Enter Dollars and Cents

Iowa Modifications to Federal Total Income

A Additions

B Subtractions

1. Interest .....	▶ 1	00	▶	00
2. Dividends .....	▶ 2	00	▶	00
3. RESERVED FOR FUTURE USE .....	▶ 3		▶	
4. RESERVED FOR FUTURE USE .....	▶ 4		▶	
5. Social Security Benefits .....	▶ 5		▶	00
6. Active Duty Military Pay .....	▶ 6		▶	00
7. IRA/Pension/Railroad Retirement Income .....	▶ 7		▶	00
8. Railroad Unemployment Income .....	▶ 8		▶	00
9. Bonus Depreciation/Section 179 expenses .....	▶ 9	00	▶	00
10. Federal Net Operating Loss prior to 1/1/23. Include IA 124 ....	▶ 10	00	▶	
11. Other Income .....	▶ 11	00	▶	00
12. Total modifications to federal total income. Add lines 1 through 11 .....	▶ 12	00	▶	00
13. Net modifications to federal total income. Subtract line 12 column B from A .....	▶ 13		▶	00

Iowa Modifications to Federal Taxable Income

14. Federal income tax refund or overpayment received in 2023 ..	▶ 14	2,128 00	▶	
15. Health insurance deduction. See instructions .....	▶ 15		▶	00
16. Capital Gains Deduction. Include IA 100 .....	▶ 16		▶	00
17. Iowa Net Operating Loss prior to 1/1/23. Include IA 124 .....	▶ 17		▶	00
18. Federal tax paid for prior years .....	▶ 18		▶	0 00
19. Other Adjustments .....	▶ 19	00	▶	00
20. Total modifications to federal taxable income. Add lines 14 through 19 .....	▶ 20	2,128 00	▶	0 00
21. Net modifications to federal taxable income. Subtract line 20 column B from A .....	▶ 21		▶	2,128 00
22. Net Iowa Modifications. Add lines 13 and 21. Enter here and IA 1040, line 3 .....	▶ 22		▶	2,128 00



Taxpayer's Name

AJITHA KUNUKUNTLA

Taxpayer's SSN

3 4 9 4 5 8 1 8 9

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

Designee's Name

Mailing address

City State ZIP

Email

ID Number (optional)

Designee's phone number

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

Sign Here Your Signature

Date

Check if deceased:

Sign Here Spouse's Signature

Date

Check if deceased:

Taxpayer's phone number

Taxpayer's email address

Your Driver License or State Issued ID number

Spouse's Driver License or State Issued ID number

Paid Preparer Use

Preparer's Signature

Date

Preparer's PTIN, STIN, or SSN

Firm's FEIN

Preparer's phone number

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

