

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name AJITHA KUNUKUNTLA	Social security number 349-45-8189
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	39,718.
2	Total tax	2	2,885.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,562.
4	Amount you want refunded to you	4	2,677.
5	Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	8	1	8	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶  Date ▶ 03/08/2024

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

 Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial 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 Single Married filing jointly (even if only one had income) Head of household (HOH)
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 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-1i and 1z. 1a Total amount from Form(s) W-2, box 1 (see instructions) 47,200. 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 47,200.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b. 2a Tax-exempt interest. 2b Taxable interest. 3a Qualified dividends. 3b Ordinary dividends. 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. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10 -7,482. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 39,718. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income 39,718. 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 25,868.

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	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2,885.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,885.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,885.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your total tax	24	2,885.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	5,562.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,562.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	5,562.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,677.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,677.
Direct deposit? See instructions.	b	Routing number 071000013 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 368707136		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

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 03/08/2024	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (708) 654-7121	Email address AJITHAJANAKIRAM@GMAIL.COM		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2024	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816			Phone no. (678) 965-9522
Firm's EIN 84-3171965				

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

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

AJITHA KUNUKUNTLA

Your social security number

349-45-8189

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-7,482.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-7,482.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

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

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

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

2023

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

AJITHA KUNUKUNTLA

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	<input type="checkbox"/>
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:		
	A	B	C
3 Rents received	3 612.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,578.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 1,231.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,612.		
15 Supplies	15 1,740.		
16 Taxes	16		
17 Utilities	17 1,933.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 8,094.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -7,482.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (7,482.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 612.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 8,094.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (7,482.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -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

Table with 5 rows: Federal total income (39,718), Total Tax (1,324), Iowa Income Tax Withheld (2,051), Amount to be Refunded (767), Total Amount Due.

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. 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.

Name of financial institution: JP MORGAN CHASE

Routing Number: 071000013, Account Number: 368707136, 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.

03/08/2024
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.

Table with 2 main rows: ERO Signature (GLOBAL TAXES LLC) and Paid Preparer Signature (SYAM PRIYA RAM SAGAR GUPTA TALLAM), including dates and PTIN information.

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.....

▶ 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

▶ 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
▶ 33		00

c. Account Type Checking Savings

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

03 08 2024

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

SYAM PRIYA RAM SAGAR GUPTA TALLAM

0 3 0 9 2 0 2 4

Preparer's PTIN, STIN, or SSN

Firm's FEIN

Preparer's phone number

P 0 2 0 8 2 7 0 3

8 4 3 1 7 1 9 6 5

6 7 8 9 6 5 9 5 2 2

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

