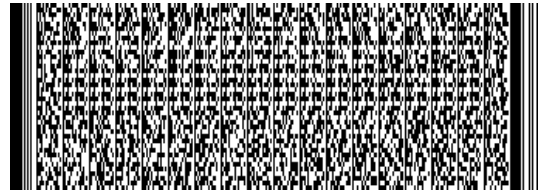


State of Rhode Island Division of Taxation
2023 Form RI-1040NR
 Nonresident Individual Income Tax Return



23100415550101

Your social security number		Spouse's social security number	
845-42-1136			
Your first name	MI	Last name	Suffix
SRIKANTH REDDY		BEREDDY	
Spouse's name	MI	Last name	Suffix
Address			
7214 W 115TH ST APT 704			
City, town or post office		State	ZIP code
OVERLAND PARK		KS	66210
City or town of legal residence		Check each box that applies. Otherwise, leave blank.	Primary deceased? <input type="checkbox"/>
OUT OF STATE			Spouse deceased? <input type="checkbox"/>
			New address? <input type="checkbox"/>
			Amended Return? * <input type="checkbox"/>
ELECTORAL CONTRIBUTION	If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.)		Yes <input type="checkbox"/>
	If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.		<input type="checkbox"/>



FILING STATUS
Check one

Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

INCOME, TAX AND CREDITS

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11	1	80847	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	80847	00
4	RI Standard Deduction from left. If line 3 is over \$233,750, see Standard Deduction Worksheet.....	4	10000	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	70847	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,700 and enter result on line 6. If line 3 is over \$233,750, see Exemption Worksheet	6	4700	00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	66147	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	2480	00
9	RI percentage of allowable Federal credit from page 3, RI Sch I, line 25.....	9		00
10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8 ...	10	2480	00
11	RI allocated income tax. Check only one box. <input type="checkbox"/> All income is from RI, enter amount from line 10 on this line. <input type="checkbox"/> Nonresident with income from outside RI, complete Sch II and enter result on this line. <input checked="" type="checkbox"/> Part-year resident with income from outside RI, complete Sch III and enter result on this line.	11	1007	00
12	Other Rhode Island Credits from RI Schedule CR, line 9	12		00
13a	Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero)	13a	1007	00
13b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 12.....	13b	0	00
14	RI checkoff contributions from page 3, RI Checkoff Schedule, line 33. Contributions reduce your refund or increase your balance due	14	0	00
15a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies. Check <input type="checkbox"/> to certify use tax amount on line 15a is accurate.	15a		00
15b	Individual Mandate Penalty (see instructions). Check <input checked="" type="checkbox"/> to certify full year coverage.	15b		00
16a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14, 15a and 15b.....	16a	1007	00

Rhode Island Standard Deduction
 Single **\$10,000**
 Married filing jointly or Qualifying widow(er) **\$20,050**
 Married filing separately **\$10,025**
 Head of household **\$15,050**

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

* If filing an amended return, attach the Explanation of Changes supplemental page

State of Rhode Island Division of Taxation
2023 Form RI-1040NR
 Nonresident Individual Income Tax Return - page 2



23100415550102

Name(s) shown on Form RI-1040 or RI-1040NR SRIKANTH REDDY BEREDDY	Your social security number 845-42-1136
--	--

16b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a.....	16b	1007	00
17a RI 2023 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding.	17a	1248	00
b 2023 estimated tax payments and amount applied from 2022 return....	17b		00
c Nonresident withholding on real estate sales in 2023.....	17c		00
d RI earned income credit from page 3, RI Schedule EIC, line 38.....	17d		00
e Other payments.....	17e		00
f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e.....	17f	1248	00
g Previously issued overpayments (if filing an amended return).....	17g		00
h NET PAYMENTS. Subtract line 17g from line 17f.....	17h	1248	00
18a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b.....	18a		00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies.....	18b	0	00
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹️	18c	0	00
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19..... 😊	19	241	00
20 Amount of overpayment to be refunded.....	20	241	00
21 Amount of overpayment to be applied to 2024 estimated tax.....	21		00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
			(913) 749-8707
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
SYAM PRIYA RAM SAGAR GUPTA		03/23/2024	(678) 965-9522
Paid preparer address	City, town or post office	State	ZIP code PTIN
245 ROONEY CT	E BRUNSWICK	NJ	08816 P02082703

May the Division of Taxation contact your preparer? YES



23100415550103

Name(s) shown on Form RI-1040 or RI-1040NR SRIKANTH REDDY BEREDDY	Your social security number 845-42-1136
--	--

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22	RI income tax from page 1, line 8	22		00
23	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2.....	23		00
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500).....	24		00
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9.....	25		00

RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.
 RI Schedule II is located on page 13.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.
 RI Schedule III is located on page 15.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other			
26	Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26		00
27	Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					27		00
28	RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28		00
29	RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29		00
30	Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30		00
31	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31		00
32	RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32		00
33	TOTAL CONTRIBUTIONS. Add lines 26 through 32. Enter here and on RI-1040NR, page 1, line 14.....					33		00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

34	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27.....	34		00
35	Rhode Island percentage	35	15%	
36	RI EARNED INCOME CREDIT. Multiply line 34 by line 35	36		00
37	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000.....	37		
38	TOTAL RI EARNED INCOME CREDIT. Multiply line 36 by line 37. Enter here and on RI-1040NR, pg 2, line 17d.....	38		00

State of Rhode Island Division of Taxation
2023 RI Schedule III
 Part-year Resident Tax Calculation



23100615550101

Name(s) shown on Form RI-1040NR	Your social security number
SRIKANTH REDDY BEREDDY	845-42-1136

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS.
 FULL YEAR NONRESIDENTS COMPLETE RI SCHEDULE II.**

A part-year resident is a person who changed his legal residence by moving into or out of Rhode Island at any time during the year 2023. If you are a part-year resident you should complete this schedule. If you did not earn any income outside the state of Rhode Island while you were living in Rhode Island, complete part 1 below. If any of your income earned while you were living in Rhode Island was taxed by another state, complete Part 1 and Part 2 of this Schedule.

If at any time during 2023 you were not a legal resident of RI, DO NOT COMPLETE THIS SCHEDULE. Complete RI Schedule II.

PART 1: ALLOCATION AND TAX WORKSHEET Instructions for this schedule can be found on page I-8.

Enter the dates you were a RI resident:	FEDERAL INCOME	RI RESIDENT PERIOD	RI NONRESIDENT PERIOD	
From <u>01 / 01 / 2023</u>	Column A	Column B	Column C	Column D
to <u>06 / 30 / 2023</u>	Income from	Income from Col A	Income from Col A	Income from Col C
	Federal Return	from RI Resident time	from NonResident time	from RI sources
1 Wages, salaries, tips, etc from Federal Form 1040 or 1040-SR, line 1z.....	82984 00	32830 00	50154 00	0 00
2 Interest and dividends from Federal Form 1040 or 1040-SR, lines 2b and 3b.....	863 00	0 00	863 00	0 00
3 Business income from Federal Form 1040 or 1040-SR, Schedule 1, line 3.....	00	00	00	00
4 Sale or exchange of property from Fed Form 1040 or 1040-SR, line 7 and Sch 1, line 4....	-3000 00	0 00	-3000 00	0 00
5 Pension and annuities; rents, royalties, etc. from Fed Form 1040 or 1040-SR, lines 4b and 5b, and Schedule 1, line 5..	0 00	0 00	0 00	0 00
6 Farm income from Federal Form 1040 or 1040-SR, Schedule 1, line 6.....	00	00	00	00
7 Miscellaneous income from Federal Form 1040 or 1040-SR, line 6b, and Schedule 1, lines 1, 2a, 7, and 9.....	00	00	00	00
8 TOTAL. Add lines 1 through 7.....	80847 00	32830 00	48017 00	0 00
9 Adjustments to AGI from Federal Form 1040 or 1040-SR, line 10.....	00	00	00	00
10 Adjusted gross income. Subtract line 9 from line 8.....	80847 00	32830 00	48017 00	0 00
11 Net modifications to Fed AGI from RI-1040NR, RI Schedule M, line 3.....	0 00	00	0 00	00
12 Modified Fed AGI. Combine lines 10 and 11. Amount in column A must equal the amount on RI-1040NR, page 1, line 3.....	80847 00	32830 00	48017 00	0 00
13 TOTAL RI INCOME. Add line 12 from column B and line 12 from column D.....			13	32830 00
14 Allocation. Divide line 13 by line 12, column A. If line 13 is greater than line 12, column A, enter 1.0000.....			14	0.4061
15 RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10.....			15	2480 00
16 RI INCOME TAX. Multiply line 15 by line 14. If you have income earned in another state while you were a resident of RI, complete Part 2. Otherwise, enter tax here and on RI-1040NR, pg 1, line 11. Check the Part-year resident box.....			16	1007 00



23100615550102

Name(s) shown on Form RI-1040NR	Your social security number
SRIKANTH REDDY BEREDDY	845-42-1136

**THIS SCHEDULE IS ONLY TO BE COMPLETED BY PART-YEAR RESIDENTS.
 ATTACH A SIGNED COPY OF THE RETURN FILED WITH THE OTHER STATE.**

PART 2 - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE AND TAX WORKSHEET

17	RI income tax from RI-1040NR, RI Schedule III, part 1, line 16	17		00
18	Income taxed by other state while a RI resident included on RI Sch III, line 10, col B	18		00
19	Total RI income from RI Schedule III, part 1, line 13.....	19		00
20	Divide line 18 by line 19.....	20		
21	Multiply line 17 by line 20.....	21		00
22	Tax due and paid to other state. Insert abbreviation for name of state paid _____	22		00
23	Amount from line 18 above	23		00
24	Total adjusted gross income from other state's income tax return (attach copy of return)	24		00
25	Divide line 23 by line 24. If the amount on line 23 is greater than line 24, enter 1.0000.....	25		
26	Multiply line 22 by line 25.....	26		00
27	MAXIMUM TAX CREDIT. Line 17, 21 or 26, whichever is the smallest	27		00
28	RI INCOME TAX. Subtract line 27 from line 17. Enter here and on RI-1040NR, page 1, line 11. Check the Part-year resident box.....	28		00

IF YOU WORKED IN MORE THAN ONE STATE WHILE A RI RESIDENT, SEE INSTRUCTIONS.

State of Rhode Island Division of Taxation
2023 RI Schedule W
 Rhode Island Withholding Information - Page 4



23101015550101

Name(s) shown on Form RI-1040 or RI-1040NR SRIKANTH REDDY BEREDDY	Your social security number 845-42-1136
--	--

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s, 1099s, etc. showing Rhode Island Income Tax withheld. ***W-2s, 1099s, etc. showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2, 1099, etc.	Enter letter code from chart below	Employer's Name from Box C of your W-2 or Payer's Name from your other forms	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from other forms	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		INFOSYS LIMITED	581760235	1248 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			1248 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld			1

Schedule W Reference Chart								
Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	11
1099-B	B	16	1099-MISC	M	16	RI K-1	P	Sect. IV, line 2
1099-DIV	D	16	1099-NEC	N	5			

State of Rhode Island Division of Taxation
2023 RI Schedule E
 Exemption Schedule for RI-1040 and RI-1040NR



23105915550101

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
SRIKANTH REDDY BEREDDY	845421136

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

1a	Yourself	<input checked="" type="checkbox"/>
b	Spouse	<input type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	1
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	0
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	1

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number on Page 4 and Quick Reference (QR) Code, on Page 5.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Schedule CT-CHET; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
3. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
4. **Do not attach or send copies of forms W-2 or 1099.**
5. Verify that the address lines on the return are correct and proper abbreviations are used.
6. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
7. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
8. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
9. Send **all** completed pages of CT-1040NR/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2023 Form CT-1040NRPY" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2977
 - Hartford CT 06104-2977
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 2976
 - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited. Alpha characters are not allowed in Routing or Account Number fields.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

NRPY1223V011555



Form CT-1040NR/PY - 2023
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/23)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QSS
845 - 42 - 1136 - -
SRIKANTH REDDY BEREDDY N Dec. Y P
N Dec. N N
7214 W 115TH ST N CT-8379 N CT-2210 N CT-19IT
APT 704 USA N CT-1040 CRC N Federal Form 1310
OVERLAND PARK KS 66210 -

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing federal adjusted gross income, deductions, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



NRPY1223V011555

Form CT-1040NR/PY, Page 2 of 4

NRPY1223V021555



• 845421136

19. Amount from Line 18

19. • 2541

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	58 - 1760235	• 50154	• N	3505
20b.	-	• 0	•	0
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 3505

21. All 2023 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 3505

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 964

25. Amount of Line 24 you want applied to your 2024 estimated tax 25. 0

26. Amount of Line 24 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 964

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type Y Ck. N Sv. 27b. Rout. # 101100045 27c. Acct. # 518009554434

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 0.00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number
•	•	9137498707
Spouse's signature (if joint return)	Date	Daytime telephone number
•	•	•
Paid preparer's signature	Date	Telephone number
• SYAM PRIYA RAM SAGAR GU	• 032324	• 6789659522
Paid preparer's name	Paid Preparer's PTIN	
SYAM PRIYA RAM SAGAR GUPTA	P02082703	
Firm's name, address and ZIP code	FEIN	
GLOBAL TAXES LLC 245 ROONEY CT E BRUNSWI NJ 08816 -	Self-employed	
	N	

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

NRPY1223V021555

Sign Here
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1223V031555



• 845421136

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	38.	0
38a. 80% of Section 179 federal deduction.	38a.	0
39. Other - specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 50% of income received from Connecticut Teachers' Retirement System	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions made in 2023 or an excess carried forward from a prior year Acct. #	50.	0
50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding four years.	50a.	0
50b. 100% of pension or annuity income.	50b.	0
50c. Ordinary and necessary business expenses for taxpayers licensed under Chapter 420f or 420h that are not claimed for federal income tax purposes.	50c.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Allowable income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

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Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. Total Contributions: Add Lines 63a through 63h.	63.	0

Taxpayer email



NRPY1223V041555



Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources



Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial SRIKANTH REDDY	Last name BEREDDY	Your Social Security Number 8 4 5 : 4 2 : 1 1 3 6
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

Visit portal.ct.gov/DRS/Individuals/Individual-Income-Tax before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation**. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	▶ 1.	50,154	
2. Taxable interest	▶ 2.	0	
3. Ordinary dividends	▶ 3.	0	
4. Alimony received	▶ 4.		
5. Business income or (loss)	▶ 5.		
6. Capital gain or (loss)	▶ 6.	0	
7. Other gains or (losses)	▶ 7.		
8. Taxable amount of IRA distributions	▶ 8.		
9. Taxable amounts of pension and annuities	▶ 9.		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶ 10.	0	
11. Farm income or (loss)	▶ 11.		
12. Unemployment compensation	▶ 12.		
13. Taxable amount of social security benefits	▶ 13.		
14. Other income: See instructions.	▶ 14.		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	▶ 15.	50,154	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses.....	▶ 16.		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	▶ 17.		
18. Health savings account deduction.....	▶ 18.		
19. Moving expenses for members of the armed forces	▶ 19.		
20. Deductible part of self-employment tax	▶ 20.		
21. Self-employed SEP, SIMPLE, and qualified plans	▶ 21.		
22. Self-employed health insurance deduction	▶ 22.		
23. Penalty on early withdrawal of savings	▶ 23.		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____	▶ 24.		
25. IRA deduction	▶ 25.		
26. Student loan interest deduction.....	▶ 26.		
27. Archer MSA deduction.....	▶ 27.		
28. Other adjustments	▶ 28.		
29. Total adjustments: Add Lines 16 through 28.	▶ 29.		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	▶ 30.	50,154	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

A. Working days (or other basis) outside Connecticut.....	A	
B. Working days (or other basis) inside Connecticut	B	
C. Total working days: Add Line A and Line B.	C	
D. Nonworking days (Holidays, weekends, etc.).....	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E	
F. Total income being apportioned	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G	

Schedule CT-1040AW

Part-Year Resident Income Allocation



2023

Part-year residents must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

Your first name and middle initial SRIKANTH REDDY	Last name BEREDDY	Your Social Security Number 8 4 5 : 4 2 : 1 1 3 6
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

		Federal Income as Modified <small>See instructions.</small>	Connecticut Resident Period	Connecticut Nonresident Period	
		Column A Income from federal return	Column B Income from Column A for this period	Column C Income from Column A for this period	Column D Income from Column C from Connecticut sources
1. Wages, salaries, tips, etc.	1.	82,984	50,154	32,830	0
2. Taxable interest.....	2.	716	0	716	0
3. Ordinary dividends.....	3.	147	0	147	0
4. Alimony received	4.				
5. Business income or (loss).....	5.				
6. Capital gain or (loss).....	6.	-3,000	0	-3,000	0
7. Other gains or (losses)	7.				
8. Taxable amount of IRA distributions	8.	0		0	
9. Taxable amounts of pension and annuities.....	9.				
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10.	0	0	0	0
11. Farm income or (loss).....	11.				
12. Unemployment compensation	12.				
13. Taxable amount of social security benefits	13.	0		0	
14. Other income: See instructions.	14.				
15. Add Lines 1 through 14.	15.	80,847 00	50,154 00	30,693 00	0 00

Part 2 – Adjustments to Income

16. Educator expenses	16.				
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	17.				
18. Health savings account deduction	18.				
19. Moving expenses for members of the armed forces	19.				
20. Deductible part of self-employment tax	20.				
21. Self-employed SEP, SIMPLE, and qualified plans..	21.				
22. Self-employed health insurance deduction	22.				
23. Penalty on early withdrawal of savings.....	23.				
24. Alimony paid	24.				
25. IRA deduction	25.				
26. Student loan interest deduction	26.				
27. Archer MSA deduction	27.				
28. Other adjustments	28.				
29. Total adjustments: Add Lines 16 through 28.	29.				
30. Subtract Line 29 from Line 15.	30.	80,847 00	50,154 00	30,693 00	0 00

Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.

Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.

Part 3 – Part-Year Resident Information

Moved Into Connecticut

- Date **you** moved into Connecticut 07 / 01 / 23 and state of **prior** residence: RI
- Date **your spouse** moved into Connecticut / / and state of **prior** residence:

Moved Out of Connecticut

- Date **you** moved out of Connecticut / / and state of **new** residence:
- Date **your spouse** moved out of Connecticut / / and state of **new** residence:

Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period? Yes No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period? Yes No