

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br>PRASHANTH BOMMIDENI | Social security number<br>678-73-6211          |
| Spouse's name<br>VAMSHI PRIYA SRIRAM   | Spouse's social security number<br>987-94-4737 |

## 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 | 116,312. |
| 2 Total tax . . . . .   | 2 | 10,217.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 20,451.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 10,234.  |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 6 | 2 | 1 | 1 |
|---|---|---|---|---|

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

Enter five digits, but don't enter all zeros

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 ▶ 02/08/2024

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 4 | 4 | 7 | 3 | 7 |
|---|---|---|---|---|

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

Enter five digits, but don't enter all zeros

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<br><b>PRASHANTH</b>  | Last name<br><b>BOMMIDENI</b> | Your social security number<br><b>678   73   6211</b>     |
| If joint return, spouse's first name and middle initial<br><b>VAMSHI PRIYA</b>                                  | Last name<br><b>SRIRAM</b>    | Spouse's social security number<br><b>987   94   4737</b> |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>11771 MIRA LOGA BLVD</b>      |                               | Apt. no.<br><b>1353</b>                                   |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>FARMERS BRANCH</b> |                               | State<br><b>TX</b>  |
|   |                               | ZIP code<br><b>75234</b>                                  |
| Foreign country name  | Foreign province/state/county | Foreign postal code                                       |

**Presidential Election Campaign**  
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.  
 You  Spouse

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

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  **Yes**  **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

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here <input type="checkbox"/> | (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 |
|  |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

|                            | Income   |   | Amount   |
|----------------------------|--|---|----------|
|                            | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)  | <b>1a</b>   | 129,920. |
|                            | <b>b</b> Household employee wages not reported on Form(s) W-2  | <b>1b</b>   |          |
|                            | <b>c</b> Tip income not reported on line 1a (see instructions)   | <b>1c</b>   |          |
|                            | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                                     | <b>1d</b>   |          |
|                            | <b>e</b> Taxable dependent care benefits from Form 2441, line 26   | <b>1e</b>   |          |
|                            | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29   | <b>1f</b>   |          |
|                            | <b>g</b> Wages from Form 8919, line 6  | <b>1g</b>   |          |
|                            | <b>h</b> Other earned income (see instructions)  | <b>1h</b>   | 0.       |
|                            | <b>i</b> Nontaxable combat pay election (see instructions) <input type="checkbox"/> <b>1i</b>                        |   |          |
|                            | <b>z</b> Add lines 1a through 1h   | <b>1z</b>   | 129,920. |
| Attach Sch. B if required. | <b>2a</b> Tax-exempt interest  | <b>2a</b>   |          |
|                            | <b>3a</b> Qualified dividends  | <b>3a</b>   | 67.      |
|                            | <b>4a</b> IRA distributions  | <b>4a</b>   |          |
|                            | <b>5a</b> Pensions and annuities   | <b>5a</b>   |          |
|                            | <b>6a</b> Social security benefits   | <b>6a</b>   |          |
|                            |  | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/> |          |
|                            | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | <b>7</b>  |          |
|                            | <b>8</b> Additional income from Schedule 1, line 10  | <b>8</b>  | -13,678. |
|                            | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                | <b>9</b>  | 116,312. |
|                            | <b>10</b> Adjustments to income from Schedule 1, line 26   | <b>10</b>   |          |
|                            | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                    | <b>11</b>   | 116,312. |
|                            | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)   | <b>12</b>   | 27,700.  |
|                            | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A  | <b>13</b>   | 0.       |
|                            | <b>14</b> Add lines 12 and 13  | <b>14</b>   | 27,700.  |
|                            | <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>              | <b>15</b>   | 88,612.  |

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

|                        |           |  |           |         |
|------------------------|-----------|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . . | <b>16</b> | 10,183. |
|                        | <b>17</b> | Amount from Schedule 2, line 3 . . . . .   | <b>17</b> |         |
|                        | <b>18</b> | Add lines 16 and 17 . . . . .  | <b>18</b> | 10,183. |
|                        | <b>19</b> | Child tax credit or credit for other dependents from Schedule 8812 . . . . .   | <b>19</b> |         |
|                        | <b>20</b> | Amount from Schedule 3, line 8 . . . . .   | <b>20</b> |         |
|                        | <b>21</b> | Add lines 19 and 20 . . . . .  | <b>21</b> |         |
|                        | <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .  | <b>22</b> | 10,183. |
|                        | <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .   | <b>23</b> | 34.     |
|                        | <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b> . . . . .   | <b>24</b> | 10,217. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2 . . . . .   | <b>25a</b> | 20,446. |
|                 | <b>b</b>  | Form(s) 1099 . . . . .  | <b>25b</b> | 5.      |
|                 | <b>c</b>  | Other forms (see instructions) . . . . .  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c . . . . .   | <b>25d</b> | 20,451. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return . . . . .                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC) . . . . .  | <b>27</b>  |         |
|                 | <b>28</b> | Additional child tax credit from Schedule 8812 . . . . .  | <b>28</b>  |         |
|                 | <b>29</b> | American opportunity credit from Form 8863, line 8 . . . . .  | <b>29</b>  |         |
|                 | <b>30</b> | Reserved for future use . . . . .   | <b>30</b>  |         |
|                 | <b>31</b> | Amount from Schedule 3, line 15 . . . . .   | <b>31</b>  |         |
|                 | <b>32</b> | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . . | <b>32</b>  |         |
|                 | <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .                                 | <b>33</b>  | 20,451. |

|                                      |            |  |            |         |
|--------------------------------------|------------|--|------------|---------|
| <b>Refund</b>                        | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .                         | <b>34</b>  | 10,234. |
|                                      | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>              | <b>35a</b> | 10,234. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number: 1 1 1 0 0 0 0 2 5 . . . . . <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |         |
|                                      | <b>d</b>   | Account number: 4 8 8 0 9 4 4 3 8 9 4 1 . . . . .  |            |         |
|                                      | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . .   | <b>36</b>  |         |

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

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

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

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

|   |                                    |                                      |   |
|---|------------------------------------|--------------------------------------|---|
| Your signature _____  | Date _____                         | Your occupation<br>SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. _____ | Date _____                         | Spouse's occupation<br>HOME MAKER    | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (813) 534-3112  | Email address PBOMMIDENI@GMAIL.COM |                                      |   |

**Paid Preparer Use Only**

|  |   |                    |                   |   |
|--|---|--------------------|-------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/09/2024 | PTIN<br>P02082703 | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    |                   | Phone no. (678) 965-9522                            |
|  |   |                    |                   | Firm's EIN 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](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

PRASHANTH BOMMIDENI & VAMSHI PRIYA SRIRAM

Your social security number

678-73-6211

**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>  | -13,850. |
| <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> 172. |           |          |
| <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 ABLE 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>  | 172.     |
| <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> | -13,678. |

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 8I 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 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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. **02**

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

PRASHANTH BOMMIDENI & VAMSHI PRIYA SRIRAM

Your social security number

678-73-6211

**Part I Tax**

|          |  |          |  |
|----------|--|----------|--|
| <b>1</b> | Alternative minimum tax. Attach Form 6251 . . . . .                                    | <b>1</b> |  |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .                | <b>2</b> |  |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . . | <b>3</b> |  |

**Part II Other Taxes**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .  | <b>4</b>  |  |
| <b>5</b>  | Social security and Medicare tax on unreported tip income. Attach Form 4137 . . . . .  | <b>5</b>  |  |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach Form 8919 . . . . .  | <b>6</b>  |  |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .   | <b>7</b>  |  |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here . . . . . <input type="checkbox"/> | <b>8</b>  |  |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .  | <b>9</b>  |  |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .   | <b>10</b> |  |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .  | <b>11</b> |  |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .  | <b>12</b> |  |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12 . . . . .                          | <b>13</b> |  |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots and timeshares . . . . .                                       | <b>14</b> |  |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000 . . . . .                                    | <b>15</b> |  |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .   | <b>16</b> |  |

(continued on page 2)

**Part II Other Taxes** *(continued)*

|           |   |            |     |     |
|-----------|---|------------|-----|-----|
| <b>17</b> | Other additional taxes:   |            |     |     |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:<br>_____  | <b>17a</b> |     |     |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home see instructions . . . . .   | <b>17b</b> |     |     |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .   | <b>17c</b> | 34. |     |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889 . . . . .   | <b>17d</b> |     |     |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853 . . . . .  | <b>17e</b> |     |     |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 . . . . .  | <b>17f</b> |     |     |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property . . . . .   | <b>17g</b> |     |     |
| <b>h</b>  | Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A . . . . .                                  | <b>17h</b> |     |     |
| <b>i</b>  | Compensation you received from a nonqualified deferred compensation plan described in section 457A . . . . .  | <b>17i</b> |     |     |
| <b>j</b>  | Section 72(m)(5) excess benefits tax . . . . .  | <b>17j</b> |     |     |
| <b>k</b>  | Golden parachute payments . . . . .   | <b>17k</b> |     |     |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .  | <b>17l</b> |     |     |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated corporation . . . . .  | <b>17m</b> |     |     |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . . . . .  | <b>17n</b> |     |     |
| <b>o</b>  | Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR . . . . .   | <b>17o</b> |     |     |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund . . . . .                                | <b>17p</b> |     |     |
| <b>q</b>  | Any interest from Form 8621, line 24 . . . . .  | <b>17q</b> |     |     |
| <b>z</b>  | Any other taxes. List type and amount: _____  | <b>17z</b> |     |     |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .   | <b>18</b>  |     | 34. |
| <b>19</b> | Reserved for future use . . . . .   | <b>19</b>  |     |     |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .   | <b>20</b>  |     |     |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . | <b>21</b>  |     | 34. |

**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

PRASHANTH BOMMIDENI & VAMSHI PRIYA SRIRAM

Your social security number

678-73-6211

**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)

|          |   |
|----------|---|
| <b>A</b> | 8-81/1 AMBEDKAR NAGAR 4-INCLINE, CHUNCHUPA LLI, RUDRAMPUR, BHADRADRI KOTHAGUDEM TELANGANA IN 507119 |
| <b>B</b> |   |
| <b>C</b> |   |

| <b>1b</b> | Type of Property (from list below) | <b>2</b> | 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                      |
|-----------|------------------------------------|----------|--|------------------|----------|-------------------|--------------------------|
|           |                                    |          |  | <b>A</b>         | <b>B</b> | <b>C</b>          | <input type="checkbox"/> |
| <b>A</b>  | 3                                  |          |  | 320              |          | 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:           |          |          |
|---|-----------------------|----------|----------|
|   | <b>A</b>              | <b>B</b> | <b>C</b> |
| <b>3</b> Rents received . . . . .   | <b>3</b> 720.         |          |          |
| <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> 1,059.       |          |          |
| <b>8</b> Commissions . . . . .  | <b>8</b>              |          |          |
| <b>9</b> Insurance . . . . .  | <b>9</b>              |          |          |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>             |          |          |
| <b>11</b> Management fees . . . . .   | <b>11</b> 2,055.      |          |          |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>             |          |          |
| <b>13</b> Other interest . . . . .  | <b>13</b>             |          |          |
| <b>14</b> Repairs . . . . .   | <b>14</b> 2,500.      |          |          |
| <b>15</b> Supplies . . . . .  | <b>15</b> 3,850.      |          |          |
| <b>16</b> Taxes . . . . .   | <b>16</b>             |          |          |
| <b>17</b> Utilities . . . . .   | <b>17</b> 2,015.      |          |          |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b> 3,091.      |          |          |
| <b>19</b> Other (list) _____  | <b>19</b>             |          |          |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 14,570.     |          |          |
| <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> -13,850.    |          |          |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 13,850. ) |          |          |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 720.       |          |          |
| <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> 3,091.     |          |          |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 14,570.    |          |          |
| <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> ( 13,850. ) |          |          |
| <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> -13,850.    |          |          |

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-13,850.

Schedule E (Form 1040) 2023



**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

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

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

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
678-73-6211

PRASHANTH BOSSIDENI

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

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

|    |  |    |   |
|----|--|----|---|
| 1  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .   |    | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2  | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | 2  | 0.  |
| 3  | If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3  | 7,750.  |
| 4  | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | 4  | 0.  |
| 5  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | 5  | 7,750.  |
| 6  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .   | 6  | 7,750.  |
| 7  | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .   | 7  |   |
| 8  | Add lines 6 and 7 . . . . .  | 8  | 7,750.  |
| 9  | Employer contributions made to your HSAs for 2023 . . . . .  | 9  | 4,200.  |
| 10 | Qualified HSA funding distributions . . . . .  | 10 |   |
| 11 | Add lines 9 and 10 . . . . .   | 11 | 4,200.  |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 | 3,550.  |
| 13 | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | 13 | 0.  |

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

|     |  |     |      |
|-----|--|-----|------|
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) . . . . .  | 14a | 172. |
| b   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | 14b |      |
| c   | Subtract line 14b from line 14a . . . . .  | 14c | 172. |
| 15  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | 15  |      |
| 16  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .  | 16  | 172. |
| 17a | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |     |      |
| b   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | 17b | 34.  |

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

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

## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment  
Sequence No. **55**

Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

PRASHANTH BO MMIDENI & VAMSHI PRIYA SRIRAM

Your taxpayer identification number

678-73-6211

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1   | (a) Trade, business, or aggregation name  | (b) Taxpayer identification number | (c) Qualified business income or (loss) |
|-----|---|------------------------------------|---|
| i   |   |                                    |   |
| ii  |   |                                    |   |
| iii |   |                                    |   |
| iv  |   |                                    |   |
| v   |   |                                    |   |
| 2   | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)  | 2                                  |   |
| 3   | Qualified business net (loss) carryforward from the prior year  | 3                                  | ( )                                     |
| 4   | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-  | 4                                  |   |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20)  |                                    | 5                                       |
| 6   | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)  | 6                                  | 2.                                      |
| 7   | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year  | 7                                  | ( )                                     |
| 8   | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-  | 8                                  | 2.                                      |
| 9   | REIT and PTP component. Multiply line 8 by 20% (0.20)   |                                    | 9                                       |
| 10  | Qualified business income deduction before the income limitation. Add lines 5 and 9   |                                    | 10                                      |
| 11  | Taxable income before qualified business income deduction (see instructions)  | 11                                 | 88,612.                                 |
| 12  | Enter your net capital gain, if any, increased by any qualified dividends (see instructions)  | 12                                 | 67.                                     |
| 13  | Subtract line 12 from line 11. If zero or less, enter -0-   | 13                                 | 88,545.                                 |
| 14  | Income limitation. Multiply line 13 by 20% (0.20)   |                                    | 14                                      |
| 15  | Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) |                                    | 15                                      |
| 16  | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-  |                                    | 16                                      |
| 17  | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-  |                                    | 17                                      |

# 2023 AR1000NR



# P1

## ARKANSAS INDIVIDUAL INCOME TAX RETURN Nonresident and Part Year Resident

### CHECK BOX IF AMENDED RETURN

Software ID

Jan. 1 - Dec. 31, 2023 or fiscal year ending \_\_\_\_\_, 20\_\_\_\_

PROSERIES

TAXPAYER INFORMATION

|   |                           |                          |   |   |
|---|---------------------------|--------------------------|---|---|
| Primary's legal first name<br>● PRASHANTH   | MI<br>●                   | Last name<br>● BOMMIDENI | Check if Deceased<br>● <input type="checkbox"/> | Primary's social security number<br>● 678-73-6211         |
| Spouse's legal first name<br>● VAMSHI PRIYA   | MI<br>●                   | Last name<br>● SRIRAM    | Check if Deceased<br>● <input type="checkbox"/> | Spouse's social security number<br>● 987-94-4737          |
| Mailing address (number and street, P.O. box or rural route)<br>● 11771 MIRA LOGA BLVD, APT. 1353 |                           |                          |   | <input type="checkbox"/> Check if address is outside U.S. |
| City<br>● FARMERS BRANCH  | State or province<br>● TX | ZIP<br>● 75234           | Foreign country name                            |   |
| Primary email   |                           | Secondary ema            |   |   |

### ATTACH PAGE 1 AND 2 OF YOUR FEDERAL RETURN

Primary - Remote Worker  ● Primary - Military Spouse  ● ●  **NONRESIDENT:** ●  **PART YEAR RESIDENT:** Dates lived in AR: \_\_\_\_\_  
 Spouse - Remote Worker  ● Spouse - Military Spouse  ● List state of residence: TEXAS From: \_\_\_\_\_ To: \_\_\_\_\_

●  We no longer automatically mail 1099-G forms. Instead, we ask that you get this information from our website (www.atap.arkansas.gov). Check the box if you still want us to mail you a paper Form 1099-G next year.

●  Check here if you want a tax booklet mailed to you next year. ●  Check this box if you have filed a state extension or an automatic federal extension

DL# / State ID \_\_\_\_\_ Your state \_\_\_\_\_ Issue date (mm/dd/yyyy) \_\_\_\_\_ Expiration date (mm/dd/yyyy) \_\_\_\_\_  
 DL# / State ID \_\_\_\_\_ Spouse state \_\_\_\_\_ Issue date (mm/dd/yyyy) \_\_\_\_\_ Expiration date (mm/dd/yyyy) \_\_\_\_\_

FILING STATUS

1. ●  Single (Or widowed before 2023 or divorced at end of 2023)  
 2. ●  Married filing joint (Even if only one had income)  
 3. ●  Head of household (See instructions)  
 If the qualifying person was your child, but not your dependent enter child's name here: \_\_\_\_\_  
 4. ●  Married filing separately on the same return  
 5. ●  Married filing separately on different returns  
 Enter spouse's name here and SSN above \_\_\_\_\_  
 6. ●  Surviving spouse with dependent child  
 Year spouse died: (See instructions) \_\_\_\_\_

PERSONAL TAX CREDITS

7A.  Yourself ●  65 or over ●  65 Special ●  Blind ●  Deaf  Head of household/surviving spouse (Filing status 3 only) (Filing status 6 only)  
 Spouse ●  65 or over ●  65 Special ●  Blind ●  Deaf

Multiply number of boxes checked ..... 7A  X \$29 =

### Dependents (Do not list yourself or spouse)

| First name | Last name | Dependent's social security number | Dependent's relationship to you |
|------------|-----------|------------------------------------|---------------------------------|
| 1.         |           |                                    |                                 |
| 2.         |           |                                    |                                 |
| 3.         |           |                                    |                                 |
| 4.         |           |                                    |                                 |
| 5.         |           |                                    |                                 |
| 6.         |           |                                    |                                 |

7B. Multiply number of **DEPENDENTS** from above.....7B ●  X \$29 =

7C. **TOTAL PERSONAL TAX CREDITS:** (Add lines 7A and 7B. Enter total here and on line 34) .....7C

**Individuals with Developmental Disabilities Credit (AR1000-DD - formerly AR1000RC5) now on Form AR1000TC**



Primary SSN 678-73-6211

|  |   | (A) Primary/Joint Income  | (B) Spouse's Income Status 4 Only | (C) Arkansas Income Only |          |
|--|---|---|-----------------------------------|--------------------------|----------|
| <b>ROUND ALL AMOUNTS TO WHOLE DOLLARS</b>  |   |   |                                   |                          |          |
| INCOME   | 8. Wages, salaries, tips, etc: (Attach W-2s) .....  | 8   | ● 129,920.00                      | ● 3,690.00               |          |
|  | 9. Military pay: Primary <input type="checkbox"/> Spouse <input type="checkbox"/>   |   |                                   |                          |          |
|  | 10. Interest income: (If over \$1,500, attach AR4) .....  | 10  | ● 00.00                           | ● 00.00                  |          |
|  | 11. Dividend income: (If over \$1,500, attach AR4) .....  | 11  | ● 70.00                           | ● 0.00                   |          |
|  | 12. Alimony and separate maintenance received: .....  | 12  | ● 00.00                           | ● 00.00                  |          |
|  | 13. Business or professional income: (Attach federal Sch. C) .....  | 13  | ● 00.00                           | ● 00.00                  |          |
|  | 14. Capital gains/(losses) from stocks, bonds, etc: (Attach federal Sch. D) ..  | 14  | ● 00.00                           | ● 00.00                  |          |
|  | 15. Other gains or (losses): (See instructions) .....   | 15  | ● 00.00                           | ● 00.00                  |          |
|  | 16. Non-qualified IRA distributions and taxable annuities: (Attach all 1099Rs) ...  | 16  | ● 00.00                           | ● 00.00                  |          |
|  | 17. Military retirement Primary <input type="checkbox"/> Spouse <input type="checkbox"/>  |   |                                   |                          |          |
|  | 18A. Primary employer pension plan(s)/qualified IRA(s): (Attach 1099Rs)<br>Gross <input type="checkbox"/> Taxable <input type="checkbox"/> Less \$6,000 | 18A   | ● 00.00                           | ● 00.00                  |          |
|  | 18B. Spouse employer pension plan(s)/qualified IRA(s): (Attach 1099Rs)<br>Gross <input type="checkbox"/> Taxable <input type="checkbox"/> Less \$6,000  | 18B   | ● 00.00                           | ● 00.00                  |          |
|  | 19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Sch. E) .....  | 19  | ● -13,850.00                      | ● 0.00                   |          |
|  | 20. Farm income: (Attach federal Sch. F) .....  | 20  | ● 00.00                           | ● 00.00                  |          |
|  | 21. Unemployment: .....   | 21  | ● 00.00                           | ● 00.00                  |          |
|  | 22. Other income/depreciation differences: (Attach Form AR-OI) .....  | 22  | ● 172.00                          | ● 0.00                   |          |
|  | 23. <b>TOTAL INCOME:</b> (Add lines 8 through 22) .....   | 23  | ● 116,312.00                      | ● 3,690.00               |          |
|  | 24. <b>TOTAL ADJUSTMENTS:</b> (Attach Form AR1000ADJ) .....   | 24  | ● 00.00                           | ● 0.00                   |          |
|  | 25. <b>ADJUSTED GROSS INCOME:</b> (Subtract line 24 from line 23) .....   | 25  | ● 116,312.00                      | ● 3,690.00               |          |
|  | TAX COMPUTATION   | 26. Select tax table: (Select only one)   | 26                                |                          |          |
|  |   | 27. <input type="checkbox"/> Low income table (\$0), See line 26 instructions<br><input checked="" type="checkbox"/> Standard deduction (See instructions)<br><input type="checkbox"/> Itemized deductions (Attach AR3) | 27                                | ● 4,680.00               | ● 00.00  |
|  |   | 28. <b>NET TAXABLE INCOME:</b> (Subtract line 27 from line 25) .....  | 28                                | ● 111,632.00             | ● 00.00  |
|  |   | 29. <b>TAX:</b> (Enter tax from tax table) .....  | 29                                | ● 5,091.00               | ● 00.00  |
|  |   | 30. Combined tax: (Add amounts from line 29, columns A and B) .....   | 30                                |                          | 5,091.00 |
|  |   | 31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD) .....  | 31                                |                          | 00.00    |
| 32. Additional tax on IRA and qualified plan withdrawal and overpayment: (See Instructions) .....      |   | 32  |                                   | 00.00                    |          |
| 33. <b>TOTAL TAX:</b> (Add lines 30 through 32) .....  | 33  |   | ● 5,091.00                        |                          |          |
| TAX CREDITS  | 34. Personal tax credit(s): (Enter total from line 7C) .....  | 34  |                                   | ● 58.00                  |          |
|  | 35. Child care credit: (Attach AR2441) .....  | 35  |                                   | ● 00.00                  |          |
|  | 36. Other credits: (Attach AR1000TC) .....  | 36  |                                   | ● 00.00                  |          |
|  | 37. <b>TOTAL CREDITS:</b> (Add lines 34 through 36) .....   | 37  |                                   | ● 58.00                  |          |
| 38. <b>NET TAX:</b> (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0) ..... | 38  |   | ● 5,033.00                        |                          |          |
| APPORTIONMENT  | 38A. Enter the amount from line 25, Column C: .....   | 38A   |                                   | ● 3,690.00               |          |
|  | 38B. Enter the total amount from line 25, Columns A and B: .....  | 38B   |                                   | ● 116,312.00             |          |
|  | 38C. Divide line 38A by 38B: (See instructions) .....   | 38C   | 0.031725                          |                          |          |
|  | 38D. <b>APPORTIONED TAX LIABILITY:</b> (Multiply line 38 by line 38C) .....   | 38D   |                                   | ● 160.00                 |          |



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|   |  |      |      |    |
|---|--|------|------|----|
| PAYMENTS  | 39. Arkansas income tax withheld: (Attach copies of W-2, 1099R, W2-G,1099-PT, and/or AR-K1) ..... 39 | ●    | 170. | 00 |
|   | 40. Estimated tax paid or credit brought forward from 2022: ..... 40                                 | ●    |      | 00 |
|   | 41. Payment made with extension: (See instructions) ..... 41   | ●    |      | 00 |
|   | 42. <b>AMENDED RETURNS ONLY</b> - Previous payments: (See instructions) ..... 42                     | ●    |      | 00 |
|   | 43. Early childhood program: Certification number: _____<br>(Attach AR1000EC and AR2441) ..... 43    | ●    |      | 00 |
|   | 44. <b>TOTAL PAYMENTS:</b> (Add lines 39 through 43) ..... 44  | ●    | 170. | 00 |
|   | 45. <b>AMENDED RETURNS ONLY</b> - Previous refund: (See instructions) ..... 45                       | ●    |      | 00 |
| 46. Adjusted total payments: (Subtract line 45 from line 44) ..... 46 | ●  | 170. | 00   |    |

|  |   |   |     |     |    |
|--|---|---|-----|-----|----|
| REFUND OR TAX DUE  | 47. <b>AMOUNT OF OVERPAYMENT/REFUND:</b> (If line 46 is greater than line 38D, enter difference) ..... 47                             | ● | 10. | 00  |    |
|  | 48. Amount to be applied to 2024 estimated tax: ..... 48  | ● |     | 00  |    |
|  | 49. Amount of Check-Off contributions: (Attach Form AR1000CO) ..... 49  | ● |     | 00  |    |
|  | 50. <b>AMOUNT TO BE REFUNDED TO YOU:</b> (Subtract lines 48 and 49 from line 47) ..... <b>REFUND</b> 50                               | ● | ⊕   | 10. | 00 |
|  | 51. <b>AMOUNT DUE:</b> (If line 46 is less than line 38D, enter difference; If over \$1,000, continue to 52A) ..... <b>TAX DUE</b> 51 | ● | ⊕   |     | 00 |
|  | 52A. <b>UEP:</b> Attach Form AR2210 or AR2210A. If required, enter exception in box 52A   | ● |     |     | 00 |
| 52B. Penalty 52B   | ●   |   |     | 00  |    |
| 52C. Add lines 51 and 52B: (See instructions) ..... <b>TOTAL DUE</b> 52C | ●   |   |     | 00  |    |

Direct deposit allowed to U.S. banks only. Check if either deposit(s) will ultimately be placed in a foreign account. ●

**Routing number 1**      **Account number 1**      ●  Checking or ●  Savings      **Direct deposit 1 amt.**

● 1 1 1 0 0 0 0 2 5      ● 4 8 8 0 9 4 4 3 8 9 4 1      ● 10. 00

**Routing number 2**      **Account number 2**      ●  Checking or ●  Savings      **Direct deposit 2 amt.**

●      ●      ●      00

**PLEASE 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.

|                     |      |                             |   |
|---------------------|------|-----------------------------|---|
| Primary's signature | Date | Telephone<br>(813) 534-3112 | <b>May the Arkansas Revenue Division discuss this return with the preparer?</b> |
| Spouse's signature  | Date | Telephone                   |   |

|               |   |                               |   |
|---------------|---|-------------------------------|---|
| PAID PREPARER | Paid preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/09/2024 | PTIN/ID number<br>● 843171965 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|               | Preparer's name<br>GLOBAL TAXES LLC                                       | Telephone<br>(678) 965-9522   | <b>For Department Use Only</b>                                      |
|               | Address<br>245 ROONEY CT  |                               |   |
|               | City<br>E BRUNSWICK   | State<br>NJ                   | ZIP<br>08816  |
|               | E-mail<br>SYAM@GTAXFILE.COM   |                               |   |

|  |  |  |  |
|--|--|--|--|
| <b>PAY ONLINE:</b><br>Please visit our secure website ATAP (Arkansas Taxpayer Access Point) at <a href="http://www.atap.arkansas.gov">www.atap.arkansas.gov</a> . ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours. |  | <b>Mail Return &amp; Payment to:</b><br><br><b>Refund:</b><br>Arkansas State Income Tax<br>P.O. Box 1000<br>Little Rock, AR 72203-1000 | <b>Tax Due/No Tax:</b><br>Arkansas State Income Tax<br>P.O. Box 2144<br>Little Rock, AR 72203-2144 |
|--|--|--|--|



**ARKANSAS INDIVIDUAL INCOME TAX  
OTHER INCOME/LOSS AND DEPRECIATION DIFFERENCES**

|  |   |
|--|---|
| Primary's legal name<br>P BOMMIDENI & V SRIRAM | Primary's social security number<br>678-73-6211 |
|--|---|

**Full Year Resident Filers** - Complete columns **(A)** and **(B)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete column **(A) only**.

**Nonresident or Part Year Resident Filers** - Complete columns **(A), (B), and (C)** if using filing status 4 (married filing separately on the same return). All other filing statuses must complete columns **(A)** and **(C) only**.

**Additions to Income**

|   | (A)<br>Primary/Joint | (B)<br>Spouse (Status 4) | (C)<br>Arkansas Only |
|---|----------------------|--------------------------|----------------------|
| 1. Federal depreciation: <b>(Attach Schedule)</b> ..... 1           | 00                   | 00                       | 00                   |
| 2. HSA and/or MSA taxable distributions ..... 2                     | 172.00               | 00                       | 0.00                 |
| 3. Long-term care insurance contracts ..... 3                       | 00                   | 00                       | 00                   |
| 4. Gambling winnings: <b>(Attach W2-G)</b> ..... 4                  | 00                   | 00                       | 00                   |
| 5. Lottery / contest winnings: ..... 5                              | 00                   | 00                       | 00                   |
| 6. Scholarships / fellowships / stipends: ..... 6                   | 00                   | 00                       | 00                   |
| 7. Pass-Through Entity adjustment: <b>(Attach Schedule)</b> ..... 7 | 00                   | 00                       | 00                   |
| 8. Other: <b>(See Instructions)</b> ..... 8                         | 00                   | 00                       | 00                   |
| 9. <b>INCOME TOTAL: (Add lines 1-8 and enter total):</b> ..... 9    | 172.00               | 00                       | 0.00                 |

**Subtractions from Income**

|   | (A)<br>Primary/Joint | (B)<br>Spouse (Status 4) | (C)<br>Arkansas Only |
|---|----------------------|--------------------------|----------------------|
| 10. State depreciation: <b>(Attach Schedule)</b> ..... 10   | 00                   | 00                       | 00                   |
| 11. Net operating loss: <b>(Attach Form AR1000NOL)</b> ..... 11   | 00                   | 00                       | 00                   |
| 12. Foreign earned income exclusion: ..... 12   | 00                   | 00                       | 00                   |
| 13. Loss on excess deferral distribution ..... 13   | 00                   | 00                       | 00                   |
| 14. Pass-Through Entity adjustment: <b>(Attach Schedule)</b> ..... 14   | 00                   | 00                       | 00                   |
| 15. Other: <b>(See Instructions)</b> ..... 15   | 00                   | 00                       | 00                   |
| 16. <b>LOSSES TOTAL: (Add lines 10-15 and enter total)</b> ..... 16   | 00                   | 00                       | 00                   |
| 17. <b>NET TOTAL: (Subtract line 16 from line 9 and enter total of each column on line 22 of Form AR1000F / AR1000NR).</b> 17 | 172.00               | 00                       | 0.00                 |